



*Jay Tinklepaugh
Superintendent of Schools*

UPON COMPLETION OF THE PACKET, PLEASE CALL 315-484-1401 (STACEY REVETTE @ SHS), 315-487-7061 (GINA DIFLORIO @ SMS), or 315-488-5422 (DEBBIE ROLINCE @ SES) TO DETERMINE THE NEXT STEPS.

RESIDENCY AND AGE DETERMINATION

PLEASE NOTE: RESIDENCY DETERMINATION WILL BE MADE WITHIN THREE (3) BUSINESS DAYS OF THE INITIAL ENROLLMENT.

PROOF OF RESIDENCY:

Please submit evidence establishing you and your child's physical presence in the school district.

Such evidence may include:

- A copy of a residential lease or proof of ownership of a house or condominium, such as a deed or mortgage statement;
- A statement by a third-party landlord, owner or tenant from whom the parent(s) or person(s) in parental relation leases or with whom they share property within the District, which may be either sworn or unsworn; or
- Such other statement by a third party establishing the parent(s)' or person(s) in parental relation's physical presence in the district.

If the documents described above are not available, the District will consider other documentation, including but not limited to:

- Pay stub;
- Income tax form;
- Utility or other bills;
- Membership documents i.e., library card(s) based upon residency;
- Voter registration documents(s);
- Official driver's license, learner's permit or non-driver identification;
- State or other government issued identification;
- Documents issued by federal, state or local agencies (i.e., local social service agency, federal Office of Refugee Resettlement); or
- Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.

AGE DETERMINATION:

The District will require documentation and/or information establishing your child's age.

- In accordance with the Education Law § 3218, where a certified transcript of a birth certificate or record of baptism (including a certified transcript of a foreign birth certificate or record of Baptism) giving the date of birth is available, no other form of evidence may be used to determine a child's age; or
- If a certified transcript of a birth certificate or record of baptism is not available, a Passport may be used.

If the documents described above are not available, the District will consider other documentation in existence for at least two years, including but not limited to:

- Official driver's license;
- State or other government issued identification;
- School photo identification with date of birth;
- Consulate identification card;
- Hospital or health records;
- Military dependent identification card,
- Documents issued by federal, state or local agencies (i.e., local social services agency, federal, Office of Refugee Resettlement);
- Court orders or other court-issued documents;
- Native American tribal document; or
- Records from non-profit international aid agencies and voluntary agencies.

ADDITIONAL DOCUMENTS FOR STUDENT PLACEMENT/SERVICES:

- Most recent report card
- IEP/504 Plan (if applicable)
- Transcript of grades (if available)
- Custody Documents (if applicable)

EVIDENCE OF IMMUNIZATIONS & PHYSICAL:

In accordance with New York State's Public Health Law, the District must also receive evidence that your child has been immunized in accordance with the New York State Department of Health Immunization Bureau's Immunization Requirements for School Entrance/Attendance. These records will be necessary to ensure your child's continued attendance. Additionally, please provide us with the records of any recent physical examination your child has received. New York State mandates that each new student entering a public school is required to have a physical examination upon entering the District. A physical completed no more than twelve months before the first day of the school year in question will meet this requirement.

When you have completed the registration packet and have the required documents, please call 315-484-1401 (Stacey @ SHS), 315-487-7061 (Gina @ SMS), or 315-488-5422 (Debbie @ SES) to determine the next steps.

Thank you.

Sincerely,
Jay Tinklepaugh
Superintendent of Schools

SOLVAY UNION FREE SCHOOL DISTRICT STUDENT REGISTRATION

Student ID#:		SES <input type="checkbox"/>	Grade Entering:	Teacher/Homeroom #:
Date Registered:	School:	SMS <input type="checkbox"/> SHS <input type="checkbox"/>	Proof of Residency Primary <input type="checkbox"/> Secondary <input type="checkbox"/>	Records Release Sent <input type="checkbox"/> Date: _____
Start Date:	Age Determination Form: _____ <input type="checkbox"/>		IEP/504 Plan <input type="checkbox"/>	Acceptable Use Form <input type="checkbox"/>
Transportation Form <input type="checkbox"/>	Immunization Record <input type="checkbox"/>		Free/Reduced Lunch App <input type="checkbox"/>	
<i>Do not write above this line – office use only</i>				

STUDENT'S NAME: _____ MALE FEMALE

Last
First
Full Middle Name

ADDRESS: _____

Number
Street or Road
Apt. #
City
Zip Code

DATE OF BIRTH: _____

CHILD RESIDES WITH: Father Mother Both Parents Other/Relationship _____

CHILD'S PARENTS ARE: Married Separated Divorced Never Married

WHO HAS CUSTODY? Father Mother Mother & Father Jointly Other/Relationship _____

Foster Placement (*DSS-2999 must be provided*)

FAMILY STATUS

Living in household with student Yes No

Name		<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other/Relationship _____		
Home Address				
Employer Name				
Email				
Telephone Number in the order in which you prefer to be called	Classification?	Accept Text?	Unlisted?	Call for Attendance?
1 st	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Pager	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 nd	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Pager	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 rd	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Pager	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Solvay Union Free School District has my permission to share educational records with this person.				<input type="checkbox"/> Yes <input type="checkbox"/> No

SOLVAY UNION FREE SCHOOL DISTRICT STUDENT REGISTRATION (Page 2)

Student Name: _____

FAMILY STATUS
 Living in household with student Yes No

Name	<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other/Relationship _____			
Home Address				
Employer Name				
Email				
Telephone Number in the order in which you prefer to be called	Classification?	Accept Text?	Unlisted?	Call for Attendance?
1 st	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Pager	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 nd	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Pager	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 rd	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Pager	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Solvay Union Free School District has my permission to share educational records with this person.				<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL PARENT/GUARDIAN INFORMATION
 Living in household with student Yes No

Name	<input type="checkbox"/> Relationship _____			
Home Address				
Employer Name				
Email				
Telephone Number in the order in which you prefer to be called	Classification?	Accept Text?	Unlisted?	Call for Attendance?
1 st	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Pager	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 nd	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Pager	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 rd	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Pager	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Solvay Union Free School District has my permission to share educational records with this person.				<input type="checkbox"/> Yes <input type="checkbox"/> No

SIBLINGS AND ALL PERSONS RESIDING WITH STUDENT AT SAME ADDRESS

Name	Birth Date	Grade	Gender M/F	Relationship to Student

Note: District policy and legal requirements provide that both parents have equal access to their child(ren) and school records unless court papers are on file with the district. Court papers are not required as a condition of your child's enrollment with the District.

SOLVAY UNION FREE SCHOOL DISTRICT STUDENT REGISTRATION (Page 3)

Student Name: _____

Has Student attended Solvay Schools before? Yes No If yes, please provide dates: _____

Is the student receiving Special Education (IEP/504) services: Yes No Medicaid #: _____

If yes, please check any services listed below that your child has received in the past school year.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Resource Room | <input type="checkbox"/> School Counseling | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Special Class Placement | <input type="checkbox"/> Outside Counseling | <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Other |

Is the student receiving any Academic Intervention Services (AIS) for any of the following areas (check all that apply):

- | | | | |
|----------------------------------|-------------------------------|----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Math | <input type="checkbox"/> Science | <input type="checkbox"/> Social Studies |
|----------------------------------|-------------------------------|----------------------------------|---|

Did the student receive ESL (English as a Second Language) services from a prior school? Yes No

Do you have any other concerns about your child? Yes No If yes, please explain: _____

Has your student ever repeated a grade in school? Yes No If yes, what grade level(s)? _____

If this student is transferring from another school, please give the name and address of the former school.

LAST SCHOOL ATTENDED: _____ **GRADE:** _____

ADDRESS OF SCHOOL: _____ **FAX #** _____

_____ **PHONE #:** _____

Parent/Guardian Statement

Permission is hereby granted to the Solvay Union Free School District to obtain Health/Medical, Academic, CSE/IEP, Attendance, Discipline and Psychological/Social/Emotional records from the above listed school as well as transfer records to a new school in the event of a move to another district or state.

I certify that the information provided is accurate to the best of my knowledge and that I have legal custody of the above named child.

I understand that:

1. If I provide false information on this registration form to the Solvay Union Free School District, I may be committing the crime of perjury in the third degree (a class A misdemeanor);
2. If I provide false information on this registration form to the Solvay Union Free School District with the intent to defraud the Solvay Union Free School District, I may be committing the crime of perjury in the second degree (a class E felony); and
3. I may be prosecuted on criminal charges for such false information.

Signature of parent / guardian: _____

Date: _____

Solvay Union Free School District's Residency Determination

Student Name: _____

Please answer the following questions. This will help determine whether you are residents of the Solvay Union Free School District.

1. Is the current address and living arrangement in the Solvay Union Free School District the student's actual and only address/residence? Yes No
2. Is the place you claim as the base of operation where the child sleeps and resides? Yes No
3. Does the student intend to remain permanently in the district? Yes No
4. Does the student live with the adult having permanent physical custody (custodian parent or guardian) of the student? Yes No

I understand that:

- *If I provide false information on this registration form to the Solvay Union Free School District, I may be committing the crime of perjury in the third degree (a class A misdemeanor);*
- *If I provide false information on this registration form to the Solvay Union Free School District with the intent to defraud the Solvay Union Free School District, I may be committing the crime of perjury in the second degree (a class E felony); and*
- *I may be prosecuted on criminal charges for such false information.*

Signature of parent/guardian: _____ Date: _____

<i>These questions are asked in accordance with the McKinney-Vento Act 42 U.S.C. 1134a [2] and Education Law 3209 (1)(a). The answers to the following residency questions will provide information to help the Solvay Union Free School District determine the services a student may be eligible to receive.</i>	
<u>To be completed by a Solvay Union Free School District official.</u>	
Is the student in temporary living arrangements due to the loss of housing or economic hardship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is YES, please complete the remainder of this form. If the answer is NO, you may stop here. The student is currently living...	
In a household with the custodial parent and/or legal guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No
In a shelter	<input type="checkbox"/> Yes <input type="checkbox"/> No
With more than one family or relatives in a house or apartment	<input type="checkbox"/> Yes <input type="checkbox"/> No
In a place not designed for ordinary sleeping accommodations such as a car, park, or transportation center/station (i.e. train, bus etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
In a motel, hotel, trailer park, camping ground or other similar situation due to the lack of alternative, adequate housing	<input type="checkbox"/> Yes <input type="checkbox"/> No
In an abandoned apartment/building	<input type="checkbox"/> Yes <input type="checkbox"/> No
In an Office of Children and Family Services (OCFS) facility awaiting permanent foster care placement	<input type="checkbox"/> Yes <input type="checkbox"/> No
As a migratory child by moving from place to place	<input type="checkbox"/> Yes <input type="checkbox"/> No
As an unaccompanied youth for whom no parent or person in parental relation is available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temporary Address:	

Solvay Union Free School District's Federal Education Data Collection Form

Student Name: _____

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

- Yes, Hispanic
 No, not Hispanic

2. Select one or more races from the following five racial groups [For question 2, check (✓) all groups that apply to your child; check (✓) at least ONE box.]:

- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian/Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Black or African American:** A person having origins in any of the Black racial groups of Africa.
- White:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

3. Is your child a U.S. Citizen? Yes No (If no, please continue with questions 4-9 below.)

4. Country of Origin: _____

5. Immigration date: _____

6. Date student entered school in the United States: _____

7. What language is spoken at home: _____

8. What language does the student primarily speak? _____

9. Did the student receive English as a Second Language services from a prior school? Yes No



Lisette Colon-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	_____
			<i>specify</i>
	<input type="checkbox"/> Guardian(s)		_____
			<i>specify</i>
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not speak
			<i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read
			<i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not write
			<i>specify</i>

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School

Address

Home Language Questionnaire (HLQ)—Page Two

Educational History
8. Indicate the total number of years that your child has been enrolled in school _____
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. Yes* No Not sure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *If yes, please explain: _____ How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* <i>*Please complete 10b below</i>
10b. <i>*If referred for an evaluation</i> , has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____ Age at which services received <i>(Please check all that apply)</i> : <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes
11. Is there anything else you think is important for the school to know about your child? <i>(e.g., special talents, health concerns, etc.)</i> _____ _____ _____
12. In what language(s) would you like to receive information from the school? _____

Month: _____ Day: _____ Year: _____

Signature of Parent or of Person in Parental Relation *Date*

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	