

## Solvay Union Free School District Housing Questionnaire

Name of School: ☐ SES ☐ SMS ☐ SHS

Name of Student: \_\_\_\_\_  
Last First Middle

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_ ID#: \_\_\_\_  
Month Day Year (preschool-12) (optional)

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
\_\_\_\_\_

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

**Where is the student currently living?** (Please check one box.)

- ☐ In permanent housing
- ☐ In a shelter
- ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe): \_\_\_\_\_

\_\_\_\_\_  
**Print name** of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

\_\_\_\_\_  
**Signature** of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

\_\_\_\_\_  
**Date**

NOTE: If ANY box other than "In Permanent Housing" is checked, then the student/family should be immediately referred to the McKinney-Vento Liaison.

## 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"/>	
<b>Do not write above this line – office use only</b>				

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 <sup>st</sup>	<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 <sup>nd</sup>	<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 <sup>rd</sup>	<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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 <sup>st</sup>	<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 <sup>nd</sup>	<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 <sup>rd</sup>	<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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 <sup>st</sup>	<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 <sup>nd</sup>	<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 <sup>rd</sup>	<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
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**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)? \_\_\_\_\_

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**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 #:** \_\_\_\_\_

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***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: \_\_\_\_\_

***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.***

**To be completed by a Solvay Union Free School District official.**

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





STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234  
Office of P-12

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.		
<b>STUDENT NAME:</b>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
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 <small>specify</small>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other <small>specify</small>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother <small>specify</small>	<input type="checkbox"/> Father <small>specify</small>
	<input type="checkbox"/> Guardian(s) <small>specify</small>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other <small>specify</small>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other <small>specify</small> <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other <small>specify</small> <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other <small>specify</small> <input type="checkbox"/> Does not write

### 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. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="margin-right: 20px;"> <b>Yes*</b>    <b>No</b>    <b>Not sure</b>  <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/> </div> <div>                         *If yes, please explain: _____                     </div> </div>
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? _____

\_\_\_\_\_  
*Signature of Parent or of Person in Parental Relation*

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
*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	
<b>**DATE OF INDIVIDUAL INTERVIEW:</b> <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Mo. _____</span> <span>DAY _____</span> <span>YR. _____</span> </div>	<b>OUTCOME OF INDIVIDUAL INTERVIEW:</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ADMINISTER NYSITELL  <input type="checkbox"/> ENGLISH PROFICIENT  <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM                         </div> </div>
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
<b>DATE OF NYSITELL ADMINISTRATION:</b> <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Mo. _____</span> <span>DAY _____</span> <span>YR. _____</span> </div>	<b>PROFICIENCY LEVEL ACHIEVED ON NYSITELL:</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ENTERING    <input type="checkbox"/> EMERGING    <input type="checkbox"/> TRANSITIONING    <input type="checkbox"/> EXPANDING    <input type="checkbox"/> COMMANDING                         </div> </div>
FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____ _____	





## IDENTIFICATION & RECRUITMENT PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

**Please take a few minutes to complete this questionnaire.**

**Has anyone in your family worked or looked for work at the following occupations during the past 3 years?**

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



**If you answered YES, please provide your contact information below:**

Parent/Guardian Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone number: (\_\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Best time to be reached: \_\_\_\_\_ AM/PM

Previous Address: \_\_\_\_\_

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**To submit this referral please fax to 607-436-3606 or send by mail to NYS Migrant Education Program- Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.**