

SMITHTOWN CENTRAL SCHOOL DISTRICT
Smithtown, New York 11787

ENROLLMENT FORM

Student Name: Phone:

Address: Town: Zip

Nearest Street Intersection to Home:

Date of Birth: Sex: Place of Birth:
City State/Country

Entering School Grade Foreign Exchange Student

Has child attended the Smithtown Central School District previously?

If Yes, list School, Grade, Year:

Previous Out of District School Attended:

Address Grade(s)

Mother's Name: Father's Name:

Employer's Name: Employer's Name:

Employer's Address: Employer's Address:

Cell Phone #: Cell Phone #:

Daytime Phone #: Daytime Phone #:

E-Mail Address: E-Mail Address:

- | | | | |
|--|--------------------------|---------------------|--------------------------|
| ETHNICITY (must select one): | | RESIDENCY/HOUSING: | |
| Hispanic Origin | <input type="checkbox"/> | Other Situation | <input type="checkbox"/> |
| Not Hispanic Origin | <input type="checkbox"/> | Abandoned Apartment | <input type="checkbox"/> |
| | | In a Motel/Hotel | <input type="checkbox"/> |
| | | In a Shelter | <input type="checkbox"/> |
| RACE (must select <u>at least one</u>): | <input type="checkbox"/> | Temporary Housing | <input type="checkbox"/> |
| African American | <input type="checkbox"/> | Train/ Bus Station | <input type="checkbox"/> |
| American Indian / Alaskan Native | <input type="checkbox"/> | With Relative | <input type="checkbox"/> |
| Asian | <input type="checkbox"/> | Permanent Housing | <input type="checkbox"/> |
| Native Hawaiian /Pacific Islander | <input type="checkbox"/> | Train/Bus/Car | <input type="checkbox"/> |
| White | <input type="checkbox"/> | Park/Campsite | <input type="checkbox"/> |

Languages spoken in the home:

Mailing required in a language other than English? Yes No

Are there any Divorce, Separation, Guardianship or Adoption issues? Yes No

Parent I.D.: _____



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

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* *Please complete 10b below
10b. <u>*If referred for an evaluation</u> , 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 (Please check all that apply): <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? (e.g., special talents, health concerns, etc.) _____ _____ _____
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: No Yes							
**DATE OF INDIVIDUAL INTERVIEW: _____ MO. DAY YR.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">OUTCOME OF INDIVIDUAL INTERVIEW:</td> <td style="padding: 2px;">ADMINISTER NYSITELL</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">ENGLISH PROFICIENT</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">REFER TO LANGUAGE PROFICIENCY TEAM</td> </tr> </table>	OUTCOME OF INDIVIDUAL INTERVIEW:	ADMINISTER NYSITELL		ENGLISH PROFICIENT		REFER TO LANGUAGE PROFICIENCY TEAM
OUTCOME OF INDIVIDUAL INTERVIEW:	ADMINISTER NYSITELL						
	ENGLISH PROFICIENT						
	REFER TO LANGUAGE PROFICIENCY TEAM						
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL							
NAME: _____	POSITION: _____						
DATE OF NYSITELL ADMINISTRATION: _____ MO. DAY YR.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">PROFICIENCY LEVEL ACHIEVED ON NYSITELL:</td> <td style="padding: 2px;">ENTERING</td> <td style="padding: 2px;">EMERGING</td> <td style="padding: 2px;">TRANSITIONING</td> <td style="padding: 2px;">EXPANDING</td> <td style="padding: 2px;">COMMANDING</td> </tr> </table>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL:	ENTERING	EMERGING	TRANSITIONING	EXPANDING	COMMANDING
PROFICIENCY LEVEL ACHIEVED ON NYSITELL:	ENTERING	EMERGING	TRANSITIONING	EXPANDING	COMMANDING		
FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:							

SMITHTOWN CENTRAL SCHOOL DISTRICT
APPLICATION FOR PRIVATE AND PAROCHIAL SCHOOL TRANSPORTATION

THIS FORM MUST BE FILED PRIOR TO **APRIL 1** PRECEDING THE NEW SCHOOL YEAR

***New Private & Parochial** students or anyone changing school or address must register via email at
registration@smithtown.k12.ny.us

Returning Private & Parochial students, without any changes from last year, may mail their completed application to
SCSD 26 New York Ave Smithtown 11787 (attn: **Transportation**)

.....
DATE OF APPLICATION _____

NAME OF STUDENT _____
(Last) (First)

LEGAL ADDRESS: _____
(Street) (Town) (Zip)

DATE OF BIRTH: ___/___/___ GRADE ENTERING IN SEPTEMBER 2022 _____

NAME OF PARENT/GUARDIAN: _____

HOME NUMBER: _____ WORK NUMBER: _____

EMERGENCY CONTACT NAME: _____ CONTACT NUMBER: _____

SCHOOL THE STUDENT IS CURRENTLY ATTENDING OR TRANSFERRING FROM: _____

TRANSPORTATION INFORMATION

In accordance with the laws of New York State, I hereby formally request transportation for my child to:

NAME OF SCHOOL: _____

ADDRESS OF SCHOOL: _____

For the school year 2022-2023 School Hours _____

IMPORTANT – PLEASE NOTE THE FOLLOWING REQUIREMENTS:

***ANY NEW RESIDENT REQUESTING TRANSPORTATION TO A PRIVATE AND PAROCHIAL SCHOOL OR ANYONE WITH A CHANGE OF ADDRESS MUST PROVIDE THE PROPER DOCUMENTATION AS DESIGNATED BY SCSD CENTRAL REGISTRATION OFFICE**

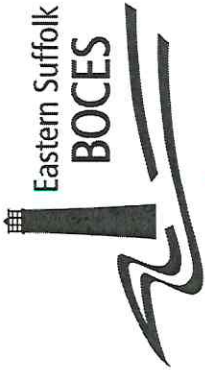
PROOF OF RESIDENCY MUST BE SUBMITTED PRIOR TO PROCESSING A TRANSPORTATION REQUEST.

***Entering kindergarten students must be 5 years of age by December 1, 2022
in order to be considered for transportation.***

ROUTE# _____

STOP ASSIGNED

SIGNATURE OF PARENT OR GUARDIAN



Board of Cooperative Educational Services
First Supervisory District of Suffolk County
201 Sunrise Highway
Patchogue, NY 11772

**Verification of District Residency
to Request Textbooks**

Educational Services That Transform Lives

INSTRUCTIONS FOR COMPLETING FORM

1. Parent/guardian completes top left side of form.
2. Parent/guardian brings form to appropriate school district, along with any documentation required for proof of residency.
3. Parent/guardian or authorizing school district mails or faxes completed form to the appropriate textbook center.
4. Please contact the appropriate textbook center if you have any questions.

Student's School District of Residence _____

Brentwood

Phyllis Lionetti, ESBOCES Adult Education Center
100 Second Avenue, Brentwood, NY 11717
(631) 233-4435 Fax (631) 233-4401
Email: plionett@esboces.org

Nonpublic School _____

Name of Student _____

Grade _____

Address _____

Commack

Noelle Tennant, Commack Textbook Center
60 Calvert Avenue, Commack, NY 11725
(631) 240-8936 Fax (631) 240-8937
Email: ntennant@esboces.org

Telephone Number () - _____

The above-named student has requested textbooks from the Eastern Suffolk BOCES Nonpublic School Textbook Program for the 20____-20____ school year. Your signature below indicates (1) verification that the student has provided proof of residency to your district, (2) permission to distribute textbooks to the student, and (3) your understanding that you will be billed for these textbooks.

Lindenhurst

Bryan Giaquinto, Lindenhurst Textbook Center
887 Kellum Street, Lindenhurst, NY 11757
(631) 240-8923 Fax (631) 240-8925
Email: bgiaquin@esboces.org

Print Name of Authorized District Personnel _____

Title of Authorized District Personnel _____

Stony Brook

William Ludeker, Stony Brook Textbook Center
200 Nicolls Road, Stony Brook, NY 11790
(631) 689-6860 Fax (631) 689-6862
Email: wludeker@esboces.org

Signature of Authorized District Personnel _____

/ / 20 _____

Westhampton Beach

Steve Erickson, Raymond DeFeo Building
215 Old Riverhead Road, Westhampton Beach, NY 11978
(631) 288-2669 Fax (631) 288-2774
Email: senickso@esboces.org

NONPUBLIC SCHOOL TEXTBOOK PROGRAM	
Maria Christ, Textbook Program Coordinator (631) 687-3062	mchrist@esboces.org
Christine Taylor, Senior Administrative Assistant (631) 687-3116	ctaylor@esboces.org