

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):

Hispanic Origin
Not Hispanic Origin

RACE (must select at least one):

African American
American Indian / Alaskan Native
Asian
Native Hawaiian / Pacific Islander
White

RESIDENCY/HOUSING:

Other Situation
Abandoned Apartment
In a Motel/Hotel
In a Shelter
Temporary Housing
Train/ Bus Station
With Relative
Permanent Housing
Train/Bus/Car
Park/Campsite

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 _____ <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"/> Guardian(s) _____	<input type="checkbox"/> Father _____ <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 _____ <i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <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* *Please complete 10b below	
10b. *If referred for an evaluation, 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></td> <td style="padding: 2px;">ENGLISH PROFICIENT</td> </tr> <tr> <td></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
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	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: 25%; padding: 2px;">PROFICIENCY LEVEL ACHIEVED ON NYSITELL:</td> <td style="padding: 2px; text-align: center;">ENTERING</td> <td style="padding: 2px; text-align: center;">EMERGING</td> <td style="padding: 2px; text-align: center;">TRANSITIONING</td> <td style="padding: 2px; text-align: center;">EXPANDING</td> <td style="padding: 2px; text-align: center;">COMMANDING</td> </tr> </table>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL:	ENTERING	EMERGING	TRANSITIONING	EXPANDING	COMMANDING
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FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____ _____							

Smithtown Central School District
Special Education/Special Services
26 New York Avenue, Smithtown, NY 11787
(631) 382-2029
Fax: (631) 382-2083

Parent Nonpublic School Placement Acknowledgement / Consent Form

For the _____ school year, I have elected to place my child in a nonpublic school within the boundaries of the Smithtown Central School District, at my own expense, as indicated below:

Student Name: _____ Date of Birth: _____

Nonpublic School: _____ Grade: _____

Nonpublic School Address: _____

City, State, Zip: _____

Telephone: _____

Name of School District where the nonpublic school is located: Smithtown Central School District

Name Student's District of Residence: _____

In order to plan for your child, please indicate your decision below:

I do not wish to arrange for special education services at this time in the _____ school year. I am aware that if I do not wish to discuss or arrange for special education at this time, this will in no way relinquish my child's right to receive a free appropriate public education in the future.

I wish to arrange for special education services in the _____ school year as follows:
As per IESP

I also give permission for the Committee on Special Education to exchange all pertinent educational information including my child's Individualized Education Services Program (IESP) with my child's district of residence.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

***If you wish for your child to receive special education services from this district,
as the nonpublic school where you are placing your child is located,
This form must be received by June 1st.***



Smithtown Central
School District

Pupil Personnel Services
Joseph M. Barton Admin. Bldg.
26 New York Ave.
Smithtown, NY 11787
(631)382-2029

PARENT REFERRAL
To the Committee on Special Education

1. Information About Your Child

Name: _____ Birth Date: _____

Address: _____

Home Telephone: _____ Grade: _____ School: _____

Gender: Male Female Native Language: _____ Translator Needed? YES NO

Ethnicity: (circle one)
American Indian/Alaskan Asian/Pacific Islander Black Hispanic White

2. Parent/Guardian Information

Mother Name: _____ Father Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Home Telephone: _____ Home Telephone: _____

Native Language: _____ Native Language: _____

Translation: Yes No Translation: Yes No

3. Referral Information

Please explain why you are referring your child and why you suspect that your child has a disability:

4. Background Information

Briefly describe your child's education and background.

Is absenteeism or lateness a problem?

No Yes

Has your child ever been retained?

No Yes

Does your child have any medical conditions?

No Yes

If yes, please describe below:

Indicate any medications your child is receiving:

What assistance has your child received at school?

What assistance has your child received privately or outside of school?

Parent/Guardian Signature

Date

SMITHTOWN CENTRAL SCHOOL DISTRICT
Joseph M. Barton Building
26 New York Avenue
Smithtown, New York 11787

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Students Name ID #
Date of Birth Grade

Authorization is granted by the undersigned for the release of all official records, files and data directly related to the student named hereon to:

Materials for which release is authorized include all information and records that are intended for use in planning, evaluation and measurement of progress for educational purpose such as:

1. Academic work completed.
2. Level of achievement (grades, standardized test scores).
3. Attendance data.
4. Scores or standardized intelligence and aptitude tests.
5. Psychological tests and reports.
6. Interest inventory results.
7. Health data.
8. Family background information.
9. Teacher, counselor or agency ratings and observations.
10. Verified reports of serious and/or recurrent behavior patterns.
11. Committee on Special Education records.

Records are to be released by:

Name of School Official or Principal:
School:
Address:

Authorization is granted by:

Signature: Relationship:
Address:
Telephone Number: