

# Welcome to South Lewis Central School District

Now that your child is enrolled in our school, it is important that we have this packet completed for remaining information that we need concerning your child.

Many of the sheets ask for repetitive information. The district already has on file your child's name, parent/guardian names, phone numbers, and addresses. Therefore, **you are only required to complete the items highlighted in pink**. District personnel will complete the other areas. If you have any questions, please don't hesitate to ask. We look forward to working with you!

Student's Name: \_\_\_\_\_

1-Residency Questionnaire

2-Eligibility Screen for Migrant Education Services

3-Home Language Questionnaire and Immigrant Information

4-Authorization to Request Records from Previous School

5-Student Racial and Ethnicity Identification

## ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of LEA: \_\_\_\_\_

Name of School: \_\_\_\_\_

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.**

**Check here if you are an unaccompanied youth** – not living with a parent or guardian.

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

- 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): \_\_\_\_\_
- In permanent housing

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

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

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

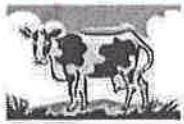
## Eligibility Screen for Migrant Education Services

\*\*\* Migrant Education Program services are free of charge and may include tutoring, assistance with health needs, educational field trips, summer programs, parent involvement activities, adult education, emergency assistance and referrals to other services as needed. \*\*\*

Has your family moved to a different school district in the last 3 years? YES \_\_\_\_\_ NO \_\_\_\_\_

In the last three years, has the parent or guardian of the child enrolling done farm work as a paid job? (Did they work on a dairy farm, planting, picking/harvesting fruits or vegetables, food processing or packaging, logging or tree farming?) YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what farm did you work on? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_



If you can answer **YES** to **BOTH** of the above questions, your family **MAY** qualify for Migrant Education services. To be contacted by a Migrant Education recruiter, please complete the information below.

Child's name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Child's name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Child's name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Child's name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

### Parents/ Guardians

Mother's name \_\_\_\_\_ Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

(Street Address)

Work or Message # \_\_\_\_\_

(city, town or village) (Zip)

School District \_\_\_\_\_ School Building \_\_\_\_\_

School Contact Person \_\_\_\_\_ Contact Number \_\_\_\_\_

Other Useful information (directions, farm names, best time to contact, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

To submit this referral please fax to the Oswego BOCES at (315) 963-4242 or mail to the address above. For more information please call the Migrant Program at 963-4265 or 1-800-474-1632. Thank you for your assistance.

## 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. In addition, to aide in our communication with the family, we need to know what language(s) you read, write, speak and understand. Your assistance in answering these questions is greatly appreciated.

Thank you.

Student's Name: \_\_\_\_\_

Parent's/Guardian's Name Completing Form: \_\_\_\_\_

What language does your child read, write, speak, and understand?

English  Other: \_\_\_\_\_

What language do you read, speak, and understand?

English  Other: \_\_\_\_\_

If the "Other" is indicated in either of the above, please complete the Home Language Questionnaire (HLQ) in your native language: <http://www.p12.nysed.gov/biling/bilinged/pub/hlq.html>

### Immigrant Information

Is your child an immigrant? \_\_\_\_ Yes \_\_\_\_ No

Immigrant children and youth are defined as individuals who:

- a) are aged 3 through 21;
  - b) were not born in any State; and
  - c) have not been attending one or more schools in any one or more States for more than 3 full academic years.
- The months need not be consecutive.

"State" means the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico. Children born to U.S. citizens abroad (including those born on military bases), the U.S. Virgin Islands, Guam, or any other U.S. territory that is not D.C. or Puerto Rico are considered immigrants. (SIRS Manual 2016-17)

If Yes, then please answer the following questions:

Student's Place of Birth \_\_\_\_\_

Date of Entry into United States \_\_\_\_\_

Years in United States Schools \_\_\_\_\_

Country of Origin \_\_\_\_\_

# South Lewis Central Schools

**Mr. Douglas Premo, Superintendent**

4264 East Road  
P. O. Box 10  
Turin, NY 13473  
315-348-2500  
Fax 315-348-2510

## AUTHORIZATION TO RELEASE STUDENT INFORMATION

I hereby authorize \_\_\_\_\_  
(agency, clinic, hospital, physician, **school**)

to communicate with and exchange academic, confidential, or medical information specified below from the records of:

\_\_\_\_\_  
(Student Name) (D.O.B.)

\_\_\_\_\_  
(Student Address) (City) (State/Zip)

to the following:

\_\_\_\_\_  
(Give full name and address of person or agency)  
\_\_\_\_\_  
\_\_\_\_\_

Records to be released include all of those listed below:

Attendance IEP or 504 Plan/Psychological Report/Social History/IQ Testing  
Report Card/Academic Records State Testing Results/Regents Scores  
Health/Medical/Dental Discipline  
Any other information pertinent to the education of this child.

Other (specify) for the purpose of education, treatment planning, and coordination of services.

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

\_\_\_\_\_  
**Signature** of Parent/Legal Guardian

It is our intent to obtain a parent signature prior to sending this form. However, if this is not possible, then please understand that districts may transfer student records to another school without prior consent from a parent or eligible student when the student seeks or intends to enroll, or is enrolled, in the South Lewis District, as the records relate to the student's enrollment (34 CFR 99.31 (a)(2) and 34 CFR 99.34).

**STUDENT'S NAME:** \_\_\_\_\_

To the Parent/Guardian: The *SOUTH LEWIS CENTRAL SCHOOL DISTRICT* has adopted a policy which requires the collection and recording of the ethnic identity of students in the *SOUTH LEWIS CENTRAL SCHOOL DISTRICT* in accordance with the federal categories and definitions. The information will be used to:

- Report information to the State and Federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on this page. Put a check (✓) in the box for the category or categories which best describe your child. The *SOUTH LEWIS CENTRAL SCHOOL DISTRICT* understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all state and federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging to. Thank you for your cooperation.

**CONFIDENTIALITY PROCEDURES AND REGULATIONS**

To School Staff: This form will be filed in the student's permanent record as confidential information. To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

*The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.*

**STUDENT RACIAL AND ETHNIC IDENTIFICATION**

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed, national origin, sex, citizenship, handicapping condition, or immigration status.

**DIRECTIONS TO PARENT/GUARDIAN**

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND.

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.

(For question (1) Check (✓) the box that best describes your child.) Check (✓) only ONE box.

- 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 OR 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.

**Signature of Parent or Guardian:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_