

Millcreek-West Unity Local Schools

Student Registration

Student Information

First Name _____ Middle Name _____ Last Name _____
Address _____
PO Box# _____ Street _____
City _____ State _____ Zip Code _____
Primary Phone _____

Grade _____ Gender: Female _____ Male _____
Birthdate _____ Birth City _____
Is a language other than English spoken at home? ____ Yes ____ No
If yes, please complete the Home Language Survey (attached)
Ethnic Identity: ____ White ____ Black/African American ____ Asian
____ American Indian ____ Native Hawaiian/Pacific Islander

Does your child have any of the following?

____ IEP ____ 504 ____ Title I Reading ____ Gifted Services

Other _____

SIBLING INFORMATION

Brothers: (name & age) _____

Sisters: (name & age) _____

STUDENT ID# _____

Parent/Guardian Information

Parent/Guardian Name #1 _____
Address (if different than student) _____
City _____ State _____ Zip _____
Phone _____
Education (highest grade completed) _____
Occupation _____
Employer _____

Parent/Guardian Name #2 _____
Address (if different than student) _____
City _____ State _____ Zip _____
Phone _____
Education (highest grade completed) _____
Occupation _____
Employer _____

Student lives with: ____ Both Parents ____ Mother ____ Father
____ Stepmother ____ Stepfather ____ Grandparent ____ Guardian
Natural Parents are : ____ Together ____ Separated ____ Divorced
____ Shared Parenting ____ Never Married ____ Deceased Mother
____ Deceased Father

Parent/Guardian Signature: _____

Date: _____

HILLTOP SCHOOLS

TRANSPORTATION REQUEST FORM

Date: _____

Student Name: _____ Grade _____

Student Name: _____ Grade _____

Student Name: _____ Grade _____

Parent/Guardian Name: _____

Home Address: _____

Phone#: _____

Requested AM pick up location: _____

Requested PM drop off location: _____

Requested Start Date: _____

I understand that my child(ren) must be in their assigned safety spot when the bus arrives to pick them up in the AM and stay in their safety spot when they are dropped off in the PM until my child(ren) sees the back of the bus pulling away. Scheduled bus times may vary 5-10 minutes daily.

Parent/Guardian Signature: _____

AM Bus# _____

PM Bus# _____



Bus# AM _____

Bus# PM _____



Kindergarten/Preschool Transportation Agreement Millcreek-West Unity Schools

Child's Name: _____ Grade: _____

My child will be picked up every day at: _____

My child will be dropped off every day at: _____

Will your child be picked up and dropped at the same location(s) for a 2-hour delay/early dismissal? Yes or No

If no, please specify: _____

I assure that there will be an adult present when my child is boarding the bus as well as when my child is dropped off. I will assist the driver as necessary by helping my child on and off the bus. If I am unable to be present, I will assure that another responsible adult will be assigned to meet these requirements. I understand that failure to do so may result in my child being returned to the school.

Parent/Guardian Signature

Date

Address

Phone#

Note: Any changes during the school year must be approved by the Transportation Director and a new Transportation Agreement must be completed.

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_____ Please check here if parent/guardian will be providing transportation for the above named child.

Parent/Guardian Signature

Date

MILLCREEK-WEST UNITY SCHOOLS
Home Language Survey

Student's Name: _____
First Name Middle Initial Last Name

For Parents/Guardians:

Please answer the following questions:

1. What language did your son/daughter speak when he/she first learned to talk? _____
2. What language does your son/daughter use most frequently at home? _____
3. What language do you use most frequently to your son/daughter? _____
4. What language do the adults at home most often speak? _____
5. How long has your son/daughter attended school in the United States? _____

For School District Personnel:

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (2.1.1.21), and proceed to assess the student's English language proficiency.

INITIAL ENGLISH LANGUAGE ASSESSMENT

Communication Skill

Proficiency Level

Listening:	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Speaking:	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Reading:	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Writing:	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
*Comprehension:	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient

***note:** the comprehension score is calculated by averaging the listening and reading scores

Assessment instrument(s) used: _____

Student is LEP? _____ Yes _____ NO

If the student has been in U.S. schools for less than three years, is the student eligible for extended accommodations for statewide academic assessments? _____ Yes _____ No

