Byron-Bergen Central School District
CPSE Student Registration

6917 W. Bergen Rd., Bergen, NY 14416
Phone (585) 494-1220 ext. 2229
Fax (585) 494-2613

Registration Procedures for Pre-School Education (CPSE)

Welcome to the Byron-Bergen Central School District. Parents/legal guardians will register all school-aged children for CPSE Registration at the Elementary School Office.
In addition to the forms that follow this cover page, the District requests the following information:

Proof of a Student's Address (*fill out the Residency Questionnaire on pg. 2*)
Some examples include a lease or mortgage statement, recent utility bill, bank statement, or pay stub. Please contact the registration office for other examples of acceptable proof.

Documentation of Age
Some examples include an original birth certificate, record of baptism, passport. Please contact the registration office for other examples of acceptable proof.

Record of Immunization and Health Records

These documents have been revised to comply with the Amendment of the Regulations of the Commissioner of Education (Subdivision (y) of section 100.2) as adopted by the Board of Regents on December 16, 2014.

Complaints concerning enrollment and registration can be submitted to the OAG by mail to 120 Broadway, 23rd Floor, New York, NY 10271, by phone to (212) 416-8250, or by email to civil.rights@ag.ny.gov.

Contact the CPSE registration office at (585) 494-1220 ext. 1004 if you have any questions.
Office hours: 7:30 a.m. to 3:30 p.m. (M-Th) and 7:30 a.m. to 3:00 p.m. (F)
Summer hours: 7:30 a.m. to 1:30 p.m. (M-Th) and 7:30 a.m. to 1:00 p.m. (F)

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ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of LEA: Byron-Bergen Central School District

Name of School: _____

Name of Student: _____
Last First Middle

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

Current Address: _____ Phone: _____

The answer you give below will help the District determine what services your child may be able to receive under the McKinney-Vento Act.

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

☐ In permanent housing

Temporary living situation:

☐ 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): _____

Address resided at during loss of housing _____

_____ _____

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

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

_____**Date**

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Student Racial and Ethnic Identification

To the Parent/Guardian: The BYRON-BERGEN CENTRAL SCHOOL DISTRICT has an Administrative Regulation which requires the collection and recording of the ethnic identity of students in the BYRON-BERGEN 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.
- Study the movement of students in different ethnic groups as they move from school to school.
- 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 the back of this page. Put a check (✓) in the box for the category or categories which best describes your child. The BYRON-BERGEN 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. 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.

Please complete this form and return the form to the Elementary School Office.

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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 or national origin, sex, citizenship, handicapping condition, or immigration status.

Byron-Bergen Central School (please check):

☐ ELEMENTARY SCHOOL (Pre-K-6) ☐ JR. HIGH SCHOOL (7-8) ☐ SR.HIGH SCHOOL (9-12)

School District Student Identification Number:	**Date of Birth (Month/Day/Year):**
	/ /

Student Name (Last, First, Middle):	**Grade Level:**

DIRECTIONS TO PARENT/GUARDIAN

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND.
For question (1), check (✓) the box that best describes your child. Check (✓) only ONE box.

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) who maintains cultural identification through tribal affiliation or community recognition.

   ☐ **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:** 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/Guardian *Date*

Relationship to Student (please check one box below):

☐ Mother ☐ Father ☐ Guardian ☐ Other (specify): _____

See reverse for important message to Parents/Guardians and Confidentiality Procedures and Regulations.

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

Lissette Colón-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*	❑ Male ❑ 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?	❑ English	❑ Other _____ *specify*	
2. What was the first language your child learned?	❑ English	❑ Other _____ *specify*	
3. What is the Home Language of each parent/guardian?	❑ Mother _____ *specify*	❑ Father _____ *specify*	❑ Guardian(s) _____ *specify*
4. What language(s) does your child understand?	❑ English	❑ Other _____ *specify*	
5. What language(s) does your child speak?	❑ English	❑ Other _____ *specify*	❑ Does not speak
6. What language(s) does your child read?	❑ English	❑ Other _____ *specify*	❑ Does not read
7. What language(s) does your child write?	❑ English	❑ Other _____ *specify*	❑ 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.

*Yes** ❑ *No* ❑ *Not sure* ❑ ***If yes**, please explain:_____

How severe do you think these difficulties are? ❑ Minor ❑ Somewhat severe ❑ Very severe

10a. Has your child ever been ***referred*** for a special education evaluation in the past? ❑ No ❑ Yes* **Please complete 10b below*

10b. ****If referred for an evaluation,*** has your child ever ***received*** any special education services in the past?
❑ No ❑ Yes – Type of services received:_____

Age at which services received *(Please check all that apply):*
❑ Birth to 3 years (Early Intervention) ❑ 3 to 5 years (Special Education) ❑ 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? ❑ No ❑ 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.)

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.)

PROFICIENCY LEVEL ACHIEVED ON NYSITELL:
❑ ENTERING ❑ EMERGING ❑ TRANSITIONING ❑ EXPANDING ❑ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

BYRON-BERGEN CENTRAL SCHOOL DISTRICT

Student: _____ **Student ID #:** _____ **Class of*:*** _____
Last Name First Name Middle

Male _____ **Female** _____ **Birthdate** _____ **Birth Location:** _____
City State County

PRIMARY ***- Parent /Legal Guardian #1:***_____

Relationship to Student: ☐ **Mother** ☐ **Father** ☐ **Step-parent** ☐ **Guardian/Other**

Physical Address: _____

Mailing Address *(if different from physical address)* _____

Telephone Numbers: (Home) _____ **(Cell)** _____

Email Address: _____

Place of Employment: _____ **(Work Phone Number)** _____

Marital Status: ☐ **Single** ☐ **Married** ☐ **Separated** ☐ **Divorced** **Spouse**_____
(Name)

Child's sisters, brothers, and other persons living in the home:

Name	**Relationship**	**Date of Birth**	**School**	**Grade**

Parent/Legal Guardian #2:_____

Relationship to student: ☐ **Mother** ☐ **Father** ☐ **Step-parent** ☐ **Guardian/Other**

Physical Address: _____

Mailing Address *(if different from Physical Address)*:_____

Telephone Numbers: (Home) _____ **(Cell)**_____

Email Address: _____

Place of Employment: _____ **(Work Phone Number)** _____

Marital Status: Single ☐ **Married** ☐ **Separated** ☐ **Divorced** ☐ **Spouse:** _____
(Name)

INSTANT CONNECT (Electronic Phone Messaging): The Byron-Bergen Central School District uses an electronic phone messaging system to contact families by phone of school closings, emergency notifications and event reminders. In the spaces below, please provide the phone number(s) you would like to receive calls at.

1. _____ **2.** _____
(Name) (Phone Number) (Name) (Phone Number)

3. _____
(Name) (Phone Number)

EMERGENCY CONTACT INFORMATION:
In the event of an emergency and the parent or guardian cannot be reached, I authorize the transport of my child to the nearest Emergency First Aid Station by ambulance, if necessary. I realize that the school district cannot assume responsibility for the payment of medical fees or expenses incurred. I authorize the School Nurse to obtain immunization, physical examination, injury, and/or illness information from my child's Physician.

_____ _____
Signature of Parent/Guardian Date

If necessary, I authorize the school to call:

_____
Family Physician Address Phone #

***If my child has to be taken home because of <u>minor illness</u> and the parent or guardian cannot be reached, please contact*:**

Emergency name contact phone number(s)

1._____
Name Relationship to Student Phone Number

2._____
Name Relationship to Student Phone Number

3._____
Name Relationship to Student Phone Number

4._____
Name Relationship to Student Phone Number

*Other emergency related information:

Preferred Hospital _____
Hospital Name Address Phone #

Family Dentist _____
Name Address Phone #

***If applicable, please complete the following*:**

My child has the following allergies**:** _____

My child has the following condition which requires special handling: _____

_____

List serious illnesses, injuries, operations in the last year**:** _____

_____

Are there any hearing difficulties? _____

Does your child have tubes in his/her ears? _____

Does your child wear glasses? _____

When are glasses to be worn? _____

Are there any eye or visual difficulties? _____

My child routinely takes the following medication(s):_____

_____

Were there any immunizations given in the last year the Health Office was not informed of? _____

Give exact dates**:** _____

Media Release

Periodically district staff writes feature articles or news stories on the students, staff, or programs within our district. It is not unusual for photographs and/or video clips of our students to accompany these articles and may be included in print newsletters, eNewsletters, website features, or social media.

For your child's safety, minors' full names do not accompany photographs on the website or social media. Exceptions include announcing the valedictorian/salutatorian and are not posted without specific parent/guardian permission.

I give permission for my child, _____, to be interviewed, photographed, and/or videotaped by faculty, staff, or outside news media representatives for press or media purposes as indicated above.

_____

Parent/Guardian (Print Name) Parent/Guardian (Signature)

- ***If opting out please fill out a Media DO NOT Release form, available in District Office***

I attest that the information completed by me on this form is current, true, and accurate.

Signature of Parent/Guardian_____ **Date**_____

Committee on Preschool Education
Referral Form

Date of Referral to CPSE:	Child's Date of Birth:
Child's Name:	
Names of Parents/Legal Guardians:	
Home Address:	Mailing Address (If different from home):
Phone Number:	Email Address:

Attends Preschool/Daycare? (Circle one) Yes No

If yes-

Name of Program:

Location:

Days/Hours Attended:

Please circle any areas of concern you have about your child:

Motor Cognitive Language/Communication Adaptive

Social Emotional/Behavioral Physical

Please see back ➡

Please explain in detail the concerns you have about your child's development: