



Byron-Bergen Central School District CPSE Student Registration

6917 W. Bergen Rd., Bergen, NY 14416

Phone (585) 494-1220 ext. 1004

Fax (585) 494-2433

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: ____/____/____ Grade: ____ ID#: ____
Month Day Year (preschool-12) (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

Lisette 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:

Month Day Year

GENDER:

☐ 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

☐ Father

specify

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. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> Yes* <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> </div> <div style="width: 65%;"> *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 </div> </div>	
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* <i>*Please complete 10b below</i>	
10b. <i>*If referred for an evaluation,</i> 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 <i>(Please check all that apply):</i> <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? <i>(e.g., special talents, health concerns, etc.)</i> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	
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: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> MO DAY YR </div>	OUTCOME OF INDIVIDUAL INTERVIEW: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM </div> <div style="width: 55%;"></div> </div>
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> MO DAY YR </div>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING </div> <div style="width: 55%; text-align: right;"> <input type="checkbox"/> COMMANDING </div> </div>
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:

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>School</u>	<u>Grade</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

(Name)

(Phone Number)

2.

(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 minor illness 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



This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.