



*Port Byron Central School District
30 Maple Ave.
Port Byron, NY 13140
www.pbcschools.org
Phone: 315-776-5728*

Dear Parent/Guardian:

Thank you for your interest in the Port Byron Central School District. In order to standardize the registration process, we ask that you provide the following information along with the attached registration paperwork.

PROOF OF RESIDENCY

Please submit evidence establishing you and your child's physical presence in the school district. The document must include your name and physical address. Such evidence may include but is not limited to:

- **Utility or other bills**
- **Driver's license or learner's permit**
- **Pay stub**
- **Voter registration documents**
- **Membership documents (e.g. Library cards) based on residency**
- **State or government issued identification**
- **Income tax forms**

The District may also require the parent(s) and/or person(s) in parental relation to the child to provide an affidavit either:

- **Indicating that they are the parent(s) with whom the child lawfully resides; or**
- **Indicating that they are the person(s) in parental relation to the child, over whom they have total and permanent custody and control.**

The District will also accept other proof, such as documentation indicating that the child resides with a sponsor with whom the child has been placed by a federal agency.

PROOF OF AGE

The District will require documentation and/or information establishing your child's age. ***Please supply a certified transcript of a birth certificate or record of baptism*** (including a certified transcript of a foreign birth certificate or record of baptism) giving the date of birth. **Where such documentation is not available, a passport (including foreign passport) may be used.**

Where a birth certificate or passport is not available, the District may consider certain other evidence, which as been inexistence two years or more. Other evidence may include, but will not be limited to the following:

1. **Official driver's license**
2. **State or government issued identification**
3. **School photo id with date of birth**
4. **Hospital or health records**
5. **Military dependent id cards**
6. **Native American tribal documents**
7. **Records from international non-profit agencies and volunteer agencies**

EVIDENCE OF IMMUNIZATIONS AND PHYSICAL:

In accordance with New York State's Public Health Law, the District must also receive evidence that your child has been immunized in accordance the NYS Department of Health Immunization Bureau's Immunization Requirements for School Entrance/Attendance. These records will be necessary to ensure your child's continued attendance. Additionally, please provide us with records of any recent physical examination your student has received. NYS mandates that each new student entering a public school is required to have a physical examination upon entering the District. A physical completed no more than twelve months before the first day of the school year in question will meet this requirement.

If you have any questions with respect to the foregoing or in regards to the enclosed registration packet, please contact:

Janet Tamilio, Registrar
Port Byron CSD
District Office
30 Maple Ave.
Port Byron, NY 13140
(315) 776-5728 ext. 1305
jtamilio@pbcschools.org

Thank you.

RESIDENCY QUESTIONNAIRE

Name of School: PORT BYRON CENTRAL SCHOOL DISTRICT

Name of Student: _____

Address: _____

Grade Entering: _____ Gender: Male Female

Date of Birth: / /
 Month Day Year

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.

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

- 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

STUDENT INFORMATION

Student's name: _____

Nickname (if applicable): _____

Student address: _____

Mailing address: _____

Student home phone: _____

Student cell: _____

Date of birth: _____

Student e-mail: _____

Gender: Male _____ Female _____

Grade entering: _____

School District student is transferring from: _____

Name of previous school: _____

CUSTODY

Who does the child live with?

_____ Both parents _____ Mother _____ Father _____ Guardian

Are there any custodial restrictions or an order of protection? Please explain and provide copies of any applicable court orders or arrangements.

SIBLINGS (living in the home)

Name _____ Grade: _____

Name _____ Grade: _____

Name _____ Grade: _____

PRIMARY PARENT/GUARDIAN INFORMATION AND EMERGENCY CONTACTS

CONTACT #1: _____
Primary Secondary Emergency

Relationship: _____

Address: _____

Mailing Address: _____

Employer: _____

Custody: Yes No
Student lives with: Yes No
Can Pick Up: Yes No
Receives Mailings: Yes No

Email: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Ext: _____

CONTACT #2: _____
Primary Secondary Emergency

Relationship: _____

Address: _____

Mailing Address: _____

Employer: _____

Custody: Yes No
Student lives with: Yes No
Can Pick Up: Yes No
Receives Mailings: Yes No

Email: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Ext: _____

CONTACT #3: _____
Primary Secondary Emergency

Relationship: _____

Address: _____

Mailing Address: _____

Employer: _____

Custody: Yes No
Student lives with: Yes No
Can Pick Up: Yes No
Receives Mailings: Yes No

Email: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Ext: _____

CONTACT #4: _____
Primary Secondary Emergency

Relationship: _____

Address: _____

Mailing Address: _____

Employer: _____

Custody: Yes No
Student lives with: Yes No
Can Pick Up: Yes No
Receives Mailings: Yes No

Email: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Ext: _____

SPECIAL EDUCATION SERVICES

1. Has your child ever been identified as having an educational disability? Yes No

2. If yes, please describe: _____

3. Check that which applies: _____ Student has a current IEP
 _____ Student has a current 504 Accommodation Plan

4. Please describe any Special Education Services that your child has received (i.e. speech, occupational therapy, physical therapy, resource, special class, remedial instruction): _____

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.

Name of School: PORT BYRON CENTRAL SCHOOL DISTRICT
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School District Identification Number: N/A	Date of Birth (Month/Day/Year)
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Student Name: (Last, First, Middle)	Grade Level:
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DIRECTIONS TO PARENT/GUARDIAN:

PLEASE ANSWER QUESTIONS 1 AND 2. PLEASE READ THEM BEFORE YOU RESPOND.
For question 2, check all groups that apply to your child; **check at least 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. <input type="checkbox"/> YES , Hispanic <input type="checkbox"/> NO , not Hispanic
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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) <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South America. <input type="checkbox"/> 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. <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <input type="checkbox"/> BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa. <input type="checkbox"/> WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Signature of Parent/Guardian/Other

Date

EARLY DISMISSAL RELEASE INFORMATION

STUDENT'S NAME: _____

Emergency Go Home Information:

In the event that my child has to be dismissed early from school, he/she has been advised to:

_____ Go directly to home/usual drop-off location on the bus

_____ Go to the following location:

Name: _____

Address: _____

Phone: _____ Bus No.: _____

**Adults allowed to Pick-up Student:
(With or without a note)**

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Parent/Guardian Signature

Date

I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that my child may be admitted to the Port Byron Central School District as a legal resident.

I further understand that if my child is found not to be a legitimate resident of the Port Byron Central School District, that I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE PER CHILD, RETROACTIVE to the first day of admission.

I also realize that theft of governmental services is a crime under the State Penal Law and that a false statement made in connection with this application is punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law. I understand that the school district may make unannounced home visits for purpose of residency verification.

Parent/Guardian Signature

Date

NOTE: ALL DATA SUBMITTED VIA THE REGISTRATION PROCESS IS SUBJECT TO VERIFICATION BY THE DISTRICT.



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:		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 _____ <i>specify</i> <input type="checkbox"/> Guardian(s) _____ <i>specify</i>	<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> <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i> <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i> <input type="checkbox"/> 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* <input type="checkbox"/> No <input type="checkbox"/> Not sure <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: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ Mo DAY YR.	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> 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: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	