

Verified: _____
Date: _____

Student Name _____ Grade _____

Elmira Heights Central School District

Registration Checklist

- _____ Government issued Birth Certificate
- _____ Signed Affidavit of Residency (with Proof SEE BELOW)
- _____ Court orders regarding custody (if applicable)
- _____ Completed Registration Packet
- _____ Immunizations

To verify district residency, parents or guardians **MUST** provide sources of documentation from the following:

ONE FROM EACH BOX BELOW:

<p>_____ Bank contract or mortgage agreement showing purchase of home with name, address, and lot number</p> <p>OR</p> <p>_____ Signed rent or lease receipt with landlord's name, address, and telephone number or DSS processed landlord statement</p>

<p>And one of the following:</p> <p>_____ Either of the following showing address within the district in parent's name:</p> <ul style="list-style-type: none">• Utility Bill -most recent (phone, gas, electric, cable)• Deposit receipt for gas, electric, phone, cable service start up <p>_____ Driver's license or NY State ID card with picture showing current district address (no temporaries) <i>If address has changed, it can not be accepted.</i></p> <p>_____ Currently active bank account/checkbook statement with name and address imprinted (bank may be contacted to verify existence of account)</p> <p>_____ Payroll stub with address</p> <p>_____ Change of address verification from the Post Office or U.S. postmark dated business mail</p> <p>_____ Major moving company receipt for moving household goods</p> <p>_____ Receipt from local firm showing delivery of newly purchased major appliances or furniture</p>

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW.

ELMIRA HEIGHTS CENTRAL SCHOOL DISTRICT

FOR OFFICE USE:
FAMILY #: _____

REGISTRATION FORM

FOR OFFICE USE:
STUDENT #: _____

Date Entered: _____ Sex: M / F

Student Name: _____ Grade: _____

Address: _____ Zip: _____

Phone: _____ Date of Birth: _____

Attended this School District before?: _____ Date/Grade: _____

Last School Attended and Address: _____

United States Citizen: Yes No Social Security #: _____

Ethnic Group: _____ Place of Birth: _____

(1) American Indian or Alaskan Native (2) Asian or Pacific Islander (3) Black (4) Caucasian (white) (5) Hispanic

Parent Information:

Father: _____ Home Phone: _____

Address: _____ Zip: _____

Where Employed: _____ Work Phone: _____

Mother: _____ Home Phone: _____

Address: _____ Zip: _____

Where Employed: _____ Work Phone: _____

Residing with: _____ Relationship: _____

Address: _____ Zip: _____ Home Phone: _____

Where Employed: _____ Work Phone: _____

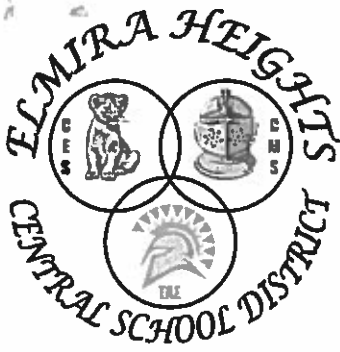
Please list all children in the family:

Name	Date of Birth	Grade and School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If parent is not available in an emergency, call: (two names must be listed)

Name	Address	Phone
Name	Address	Phone

Family Physician: _____
Name Phone



District Office
2083 College Avenue
Elmira Heights, NY 14903
Mary Beth Fiore, Superintendent

Phone: (607) 734-7114
Fax: (607) 734-7134
CSE: (607) 733-8039
Transportation: (607) 739-1358
www.heightsschools.com

Date _____

State of New York)

County of Chemung)

I, _____ being duly sworn, deposes and says:

I am the (parent/legal guardian) of:

Student Name _____ Grade _____

a student in the Elmira Heights Central School District, and make this affidavit under penalty of perjury. I am responsible for and do provide the guidance and make the decisions necessary for said child's well being.

I certify that I reside at _____

Telephone _____

and that said student resides at the address with me, eats the majority of his or her meals, and the place from which he or she leaves for school and to which he or she returns after school. The above address constitutes my legal residence, it is the place where I am registered to vote, the address on my drivers license and the address listed on my income tax returns.

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(Parent / Legal Guardian Signature

Enter with high expectations – leave with confidence and pride.

ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of LEA: ELMIRA HEIGHTS 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)

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.

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



Lisette Colon-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	_____	<input type="checkbox"/> Father
		<i>specify</i>	<i>specify</i>
	<input type="checkbox"/> Guardian(s)	_____	
		<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	_____ <input type="checkbox"/> Does not speak
			<i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read
			<i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not write
			<i>specify</i>

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	

