HOUSING QUESTIONNAIRE

Name of LEA: _____ Rochester City School District _____

Name of School: _____

Name of Student: _____
                         Last   First   Middle

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

Address: _____   Phone: _____

Previous Address: _____

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
☐ Unaccompanied Youth

_____   _____
                                                      Date _____
Print name of Parent, Guardian, or   **Signature** of Parent, Guardian, or
Student (for unaccompanied homeless youth)   Student (for unaccompanied homeless youth)

Name of District Staff Assisting With This Form _____ **Date** _____

If **ANY box other than "In Permanent Housing" is checked,** then the student/family should be immediately referred to the MV Liaison. In such cases, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled. After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.
NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

Rev. 11/15/16

Student Information

Student ID: _____

Last Name: _____ First Name: _____ Middle Initial _____

Date of Birth: _____/_____/_____ ☐ Male ☐ Female

Federal Ethnic Category: ☐ Hispanic/Latino ☐ Not Hispanic Latino

Federal Race (Please check all that apply): ☐ American Indian or Native Alaskan ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

---

Does the student receive special education services? ☐ Yes ☐ No

If yes, please list services: _____

☐ Early Intervention ☐ Transfer from other district: _____

☐ I am concerned and will submit a letter to request evaluation

---

	Parent/Legal Guardian		**Adult #2**	
Name				
Relationship				
Physical Address				
Address	Zip	Apt	Zip	Apt
Home Phone				
Cell Phone				
Work Phone				
Email Address				
Language*				

*If you require a translator, please indicate your preferred language(s)

Sibling Names (Brothers & Sisters)	Birthdate	Same Address?	School?

Parent/Legal Guardian Signature: _____ Date: _____

Office Use Only

School Choices:

1: _____

2: _____

3: _____

Requested Referrals:

Notes:

Assigned School: _____

☐ AM ☐ PM ☐ Full Day

Program Start Date: _____

Registration Completed by: Date:

Revised 1/9/2020 AC

Student Information   Student ID: _____

Last Name:_____ First Name:_____ Middle Initial:_____

Date of Birth: _____/_____/_____   ☐ Male ☐ Female

In the event of an emergency, when the child's primary guardian(s) cannot be reached, the following adults (over 18 years old) may be contacted for care and transportation:

Name (as appears on ID)	Relationship to Child	Phone Number(s)

If any of the above persons should be contacted BEFORE the child's primary guardian(s), please indicate with an asterisk (*).

Mailing Address (Optional)

If you have a mailing address that is different from your home address or if you would like another person to receive mailings for your child, please fill out the box below.

Name				
Relationship				
Address				
Address	Zip		Apt	
Language*				

*If the person requires communications to be translated, please indicate the preferred language

NYSED.gov

NEW YORK STATE EDUCATION DEPARTMENT
Emergent Multilingual Learners Language Profile for Prekindergarten Students[i]

Dear Parent or Guardian,
Thank you for completing the Emergent Multilingual Learners Language Profile. This survey will assist your new school with valuable information about your child's experience with languages. Information gathered will assist Prekindergarten educators in delivering academically and linguistically relevant instruction that strengthens the language and literacy of all students.

THIS SECTION TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY AND MAINTAINED ON FILE
Date Profile Completed:
Student Name:
Gender:
Date of Birth:
District or Community Based Organization Name:
Student ID (if applicable):
Name of Person Administering Profile:
Title:

Parent or Person in Parental Relation Information

Name of parent or person in parental relation:

Relationship (to student) of person providing information for this profile: ☐ mother ☐ father ☐ other

_____

In what language(s) would you like to receive information from the school? ☐ English ☐ other home language:

Language in the Home

1. In what language(s) do you (parents or guardians) speak to your child at home?

2. What is/are the primary language(s) of each parent/guardian in your home? (List all that apply.)

3. Is there a caretaker in the home? ☐ yes ☐ no

If yes, what language(s) does the caretaker speak most frequently?

4. What language(s) does your child understand?

5. In what language(s) does your child speak with other people?

6. Does your child have siblings? ☐ yes ☐ no

If yes, in what language(s) do the children speak with each other most of the time?

7a. At what age did your child begin to speak in short sentences?

In what language?

7b. At what age did your child begin to speak in full sentences?

In what language?

8. In what language does your child pretend play?

9. How has your child learned English so far (television shows, siblings, childcare, etc.)?

Language Outside the Home/Family

10. Has your child attended any nursery, Head Start or childcare program?   ☐ yes ☐ no

If yes, in what language was the program conducted?

In what language does your child interact with other people in the nursery or childcare setting?

11. How would you describe your child's language use with friends?

Language Goals

12. What are your language goals for your child? For example, do you want child to become proficient in more than one language?

13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual? ☐ yes ☐ no

14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family?
☐ yes ☐ no

If yes, in what language(s)?

Emergent Literacy

15. Does your child have books at home or does he or she read books from the library?

In what language(s) are these books read to him or her?

16a. Can your child name any letters or sounds in English? ☐ yes ☐ no

16b. Can your child recognize letters or symbols in another language? ☐ yes ☐ no

2

If yes, in what language(s)?

17a. Does your child pretend to read? ☐ yes ☐ no ☐ unsure

If yes, in what language(s)?

17b. Does your child pretend to write? ☐ yes ☐ no ☐ unsure

If yes, in what language(s)?

---

18. Does your child tell the stories from his/her favorite books or videos? ☐ yes ☐ no

If yes, in what language(s)?

---

19. Does your child's childcare or nursery program describe goals for his or her learning? ☐ yes ☐ no

If so, what goals do they describe?

---

20. Please describe anything special you did to prepare your child to begin Prekindergarten.

Rochester City School District

Student Health Services Information

Parent or Guardian please fill as part of your child's registration packet
The following information is needed to complete your child's Health Record.

M □ F □

| Student's Legal Name | Date of Birth | Grade/HR | Sex |

Doctor's Name   Phone Number

Does the Child Have Medical Insurance: Yes: □ No: □

Insurer: _____

Does your Child Wear Glasses: Yes: □   No: □

Does your Child have any Hearing Issues: Yes: □   No: □

If Yes, Explain: _____

TO BE COMPLETED BY PARENT OR GUARDIAN

My child has one of the following life-threatening conditions and will need an emergency care plan completed by the school nurse and myself with written guidance from our private physician. I understand that it is my responsibility to provide physician orders and any prescribed lifesaving medication to the school nurse. I understand that if my child needs to carry lifesaving medications, I must receive prior administrative approval and must provide a second dose in the school health office in the event my child misplaces the lifesaving medicine.

Please Specify:

Life-threatening allergy: Food □   Insect □   Medicine □ _____

Asthma _____

Diabetes _____

Seizures _____

Severe swallowing problems or choking _____

Significant heart disease _____

Other _____

A Community of Learning

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION (HIPAA)

Student Name _____ Birthdate: _____

Healthcare provider (doctor)_____ Phone: _____

Address _____ Fax: _____

Healthcare provider (doctor)_____ Phone: _____

Address _____ Fax: _____

☒ **Monroe County Health Dept. Clinics**

☒**Lead Testing** ☒**TB Clinic** ☒**Immunization Clinic** ☐**Other** _____

I hereby authorize my/my child's physician(s) listed above to exchange the following information with Rochester City School District, including:

☐ **All**

Or Specified:

☐ School nurse	☐ Immunizations to comply with NYS regulations
☐ Medical officer	☐ Physical exams to comply with NYS regulations and sports requirements
☐ Physical Therapist	☐ Authorization for medications during the school day or on school trips
☐ Occupational Therapist	☐ Medical clearances as needed following an injury or change in condition
☐ Speech Therapist	☐ Medical orders required for therapy needs, evaluations
☐ Audiologist	☐ Physician referral for services (OT, PT)
☐ Vision Department	☐ Medical condition/ treatment plans that may have an impact in school
☐ Special Education	☐ Other _____
☐ Other _____	

This information will be used to provide a safe and healthful environment and develop an appropriate program for this student at school. Enrollment is not contingent upon signing this release, however, in order to plan the most appropriate program for this student, the information may be required. Specific immunizations per NYS regulations ARE required for enrollment. Positive results on lead testing are shared on a need to know basis between the health services and the educational team to develop suitable programming to address any problems associated with high lead levels.

This release expires on the last day of the enrollment of the above student in the Rochester City School District, and may be revoked at any time by sending a written and signed request to cancel this permission to the address above. Such revocation will not affect any disclosure made prior to its receipt by the District. Protected health information will not be disclosed without consent pursuant to the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g) and implementing regulations (34 C.R.F. § 99). **A copy of this release has been provided to me. I understand that it will be sent to the appropriate provider when requests are made, and I consent to the release of the information to the Rochester City School District by the healthcare providers listed above.**

_____   _____
(Signature of student over 18 or Parent/Guardian)**   (Date)

If student is under 18 years of age, parent or legal guardian must sign consent form. If other representative is signing, state authority to act on student's behalf: _____. If student is over 18 years of age and is a student with a disability as defined by the Individuals with Disabilities Education Act and the information requested pertains thereto, then the parent/guardian must <u>also</u> sign consent form.

<u>**Return completed form to the NURSE at the school this child attends.**</u>

Rochester City School District
Office of Prekindergarten Programming
Office of Student Equity and Placement
131 W. Broad St. – Rochester, NY 14614

Pre-Kindergarten Enrollment Form

Parent Preference/Managed Choice Policy

Rochester City School District (RCSD) Board Policy #5153 Parent Preference/Managed Choice established three distinct attendance zones and allows students to apply only to those (elementary) schools within their zone, and to one citywide school. To ensure equitable access to schools in high demand, a student assignment algorithm is used to assign students to schools. A primary goal of the Parent Preference/Managed Choice Policy is to establish and maintain an equitable system for assigning students to school(s), providing a space at "home" schools for students that live in a designated zone, while also allowing students from outside the zone an opportunity to enroll at the school and minimizing student mobility, with the intent of supporting overall school improvement. Zones are determined by a student's home address.

Parent/Guardian Acknowledgement:

I, the parent/guardian of _____, acknowledge that my child may be assigned to a pre-kindergarten site/location that is not in my zone. I understand that, in accordance with Board Policy #5153, when my child transitions to kindergarten, I will need to participate in the school selection process to apply for my child's placement in a school within my home zone, or a citywide school through the school choice lottery process.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Student Name: _____

Date: _____

To be completed by prekindergarten selection specialist

Parent/Guardian Name:_____   Student Name:_____

Student ID: _____   Date: _____

Address: _____   School Zone: _____

_____

_____

Prekindergarten School/location Assignment: _____

School Assignment Specialist's Name/Signature: _____

7/27/2017 AC