



Registration Parent Checklist for Parochial Schools

DOCUMENTS REQUIRED TO REGISTER YOUR CHILD(REN) – Wilson will need to keep these documents on file.

- ☐ Birth Certificate
- ☐ If not a US Citizen, passport, and/or VISA to verify length of stay
- ☐ 2 Proofs of Residency
 - ☐ Current Utility bill
 - ☐ House deed
 - ☐ Tax Bill
 - ☐ Current Rental/Lease Agreement (must be notarized)
 - ☐ Automobile/Homeowners Insurance
 - ☐ DSS Declaration
 - ☐ Bank Statement
 - ☐ Social Security Correspondence
 - ☐ Homeowner's/Landlord's Affidavit (only if applicable)

FORMS TO BE COMPLETED

- ☐ Student Registration
- ☐ Home Language Questionnaire
- ☐ Student Residency Questionnaire
- ☐ AUP (2 pages, Pre-K-12)
- ☐ Transportation Form



Wilson Central School District

New Student Registration Information

Office Use Only		
Entry Date:	Homeroom:	Homeroom Teacher:
Grade:	School: <input type="checkbox"/> 002/WES <input type="checkbox"/> 003/MS <input type="checkbox"/> 004/HS <input type="checkbox"/> OOD <input type="checkbox"/> OODNR <input type="checkbox"/> Other	
Student ID:	Counselor:	

Parent/Guardian Complete Information Below

Previous School Information			
Has the student ever attended Wilson? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, grade attended?	
Year entered 9 th grade (if applicable):			
Last School attended:		<input type="checkbox"/> Public <input type="checkbox"/> Non-Public	
School's Full Address: _____			
Street/PO Box		City	State Zip
Name of Counselor/Principal:		Phone:	Fax:

Student Information			
Last Name:		First Name:	MI:
Street Address:		PO Box:	City: Zip:
Phone:	Unlisted: <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent Email:
Date of Birth: ____/____/____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB		Place of Birth (City, State):
Proof of Age: <input type="checkbox"/> Birth Cert <input type="checkbox"/> Passport <input type="checkbox"/> Baptismal Cert			
Is your student a Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, LDSS-2999 Forms MUST be provided for registration.			
Name of Agency:		Phone:	
Name of Caseworker:		Phone:	
Where do biological parents live?			

Student Information Continued
Is your child Medically Handicapped? <input type="checkbox"/> Yes <input type="checkbox"/> No If, yes, explain: _____
Is your student receiving Special Education services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your student have an <input type="checkbox"/> IEP <input type="checkbox"/> 504?
Consent form for Military and Publicity Restriction Form? <input type="checkbox"/> Complete <input type="checkbox"/> Not Applicable
Household Income Form? <input type="checkbox"/> Complete <input type="checkbox"/> Not Applicable
Life Threatening Illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If, yes, explain: _____

Student Racial and Ethnic Identification (2-part question required for reporting to State and Federal Education departments)	
Ethnicity – Is the student Hispanic, Latino, or a Spanish origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race – Select 1 or more races from the following five racial groups that best describe the student.	
<input type="checkbox"/> American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America, and who maintains tribal affiliation or community attachment.	
<input type="checkbox"/> Asian: A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent.	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Island.	
<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.	

Custodial Parent/Guardian Information				
Parent/ Guardian Living with Student	Mr/Mrs/Ms	Last Name:		First Name:
	Relationship:		Cell:	Work:
Parent/Guardian Employer:				
Email:			Calling Order: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	
Other Parent/ Guardian Living with Student	Mr/Mrs/Ms	Last Name:		First Name:
	Relationship:		Cell:	Work:
Parent/Guardian Employer:				
Email:			Calling Order: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	
Parent/Guardian NOT Living with Student	Mr/Mrs/Ms	Last Name:		First Name:
	Relationship:		Cell:	Work:
Parent/Guardian Employer:				
Email:			Calling Order: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	
Street Address:		PO Box:	City:	Zip:
Allowed to pick up student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Receive Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Custodial Parent/Guardian Information continuedParents are: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Remarried ☐ Other: _____Legal Custody: ☐ Both Parents ☐ Father ☐ Mother ☐ Other, explain _____If parents are divorced or separated, is there legal documentation? ☐ Yes, attached ☐ No, explain _____**Other Children Living in the Household (Birth- Grade 12)**

Names of Other Children	Sex	DOB	Grade	Residence, if not at home

Emergency Contact Information Please list 2 local emergency contacts (other than those listed on page 2) who are available during school hours.

Contact #1	Last Name:		First Name:	
	Relationship to Student:			Phone:
	Allowed to Pick Up Student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Contact #2	Last Name:		First Name:	
	Relationship to Student:			Phone:
	Allowed to Pick Up Student? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Student Medical Information – If your student has a life-threatening illness, please contact the school nurse.

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

Elisa Alvarez, Associate 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 Person in Parental Relation:
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.

STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
		<input type="checkbox"/> Male
Month	Day	Year
<input type="checkbox"/> Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to

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	_____
			specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Parent 1	<input type="checkbox"/> Parent 2	_____
	<input type="checkbox"/> Guardian(s)		_____
			specify
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not speak
			specify
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read
			specify
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not write
			specify

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: ☐ Parent ☐ 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:



Student Residency Questionnaire

Student Information				
Name of Local Education Agency: Wilson Central School District				
Name of School: <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Out of District				
Last Name:		First Name:		MI:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: ____/____/____		Grade:
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.

Residency Information
Where is the student currently living? Please, check the appropriate box.
<input type="checkbox"/> In Permanent Housing
<input type="checkbox"/> In a Shelter
<input type="checkbox"/> With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
<input type="checkbox"/> In a Hotel/Motel
<input type="checkbox"/> In a Car, Park, Bus, Train, or Campsite
<input type="checkbox"/> Other Temporary Living Situation (Please describe):

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

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

Date

Wilson Central School District Chromebook and Charger Agreement Form

Please review the following statements carefully. Then, print and sign your name to indicate that you have read and understand your responsibilities as a chromebook user. This document will be filed with the technology department should any issues arise throughout the year.

- I will take good care of my chromebook and never leave it unattended or in an unsecured or unsupervised location.
- I will never loan out my chromebook or charger to other individuals.
- I will come to class prepared with my chromebook daily as my teacher requires.
- I will keep food and beverages away from my chromebook since they may cause damage to the device.
- I will not disassemble any part of my chromebook or attempt any repairs on my own.
- I will protect my chromebook by always carrying it in a secure manner to avoid damage.
- I will not place decorations (stickers, markers, writing, etc.) on the chromebook.
- I understand that the chromebook I am issued is subject to inspection at any time without notice and remains the property of Wilson Central School District.
- I will follow the policies outlined in the WCSD Acceptable Use Policy (AUP) at all times.
- If my chromebook is broken, damaged, or lost, I will report this to a teacher as soon as possible so he/she can submit for repairs.
- I agree to return the chromebook and charger in good working condition at the end of the school year.
- I understand that any willful damage, repeated negligent accidents to the device, or failure to securely store the device can result in me being held financially accountable for the replacement value of the chromebook in addition to possible disciplinary consequences.

Print Student's Name _____

Student Signature _____

Print Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

Please review and complete both sides of this form.

Please review and complete **BOTH**** sides of this form.**

Wilson Central School District
Chromebook and Charger Sign-Out Form

My signature below is acceptance of various parameters and responsibilities while in possession of a District loaned chromebook. Among them is the responsibility to compensate the District for loss, theft of or damage to the computer equipment in my possession. All repairs and other servicing of district-owned computers must be done by district technology staff. For further information about the use of district equipment and acceptable use of technology, I understand that I may refer to the various Board policies, including Policy Nos. 7314 and 8271.

Print Student's Name: _____

Replacement Costs: \$250.00 (chromebook and/or screen replacement)
\$25.00 (charger)

When you borrow a District-owned device you should remember, **and your signature below indicates your agreement** that you will:

- Promptly report loss, theft, or damage to a staff member.
- Keep your chromebook within the contiguous 48 states.
- The chromebook must be used in compliance with the use outlined by the student acceptable use policy (See Student Handbook).
- You are personally liable for any damage or loss -including data corruption due to negligence - and the device must be returned in the same condition as it was loaned to you, given normal wear and tear.
- You should have no expectation of privacy in any data stored on the chromebook, including any log files that could show how you used the device.
- You give the District an unlimited non-exclusive and non-terminating license to any data found on the device upon its return.
- Any willful damage or repeated negligent accidents to the device, or any instance in which a student is negligent in their responsibility to securely store the device can result in the student being held financially responsible for the replacement value of the device, in addition to possible disciplinary consequences. This is in accordance with district practices for property and Board Policy #7314.
- We encourage you to review the statements on the back of this form with your student to ensure that he/she understands the responsibilities associated with the privilege of using a district-owned chromebook.

Your signature below signifies agreement to all the above terms and conditions of this loan.

Parent/Guardian Signature

Date

Student Transportation

The Wilson Central School District is committed to providing a safe and economical transportation system for students.

Carolyn Oliveri, Transportation Director

Questions? Call 716-751-9341 Ext. 121 or Email Coliveri@wilsoncsd.org

Out-of-District School Transportation

Students who reside in the Wilson CSD and attend out-of-district schools:

For residents whose child attends a private or parochial school located outside of the District boundaries, a Private/Parochial School Transportation Request Form must be submitted to the Wilson Central School District. This application must be filed every year. New York State education law, section 3635, **mandates** that a written request be **filed each year, no later than April 1st**, requesting transportation to a non-public school for the following school year. Transportation requests are granted based on the 15-mile transportation limit and available seating exists on the bus.

Students must be 5 years of age before **December 1st (for the school year application is being submitted).**

Forms are available at the Wilson Central School District Business Office and online.

**** It is important to note that busing for Non-Public school students is provided in accordance with the Wilson Central School District calendar. Busing is not provided when Wilson schools are closed.**

**WILSON CENTRAL SCHOOL DISTRICT
PRIVATE/PAROCHIAL SCHOOL TRANSPORTATION REQUEST FORM**

PARENTS ARE RESPONSIBLE FOR REQUESTING BUS TRANSPORTATION FROM THE DISTRICT OF RESIDENCE ANNUALLY BY APRIL 1 FOR THE FORTHCOMING SCHOOL YEAR.

Please return this form to: Wilson Central School District
 Mr. Timothy Carter, Superintendent of Schools
 374 Lake Street, P.O. Box 648
 Wilson, New York 14172-0648

We are planning to send our child/children (listed below) to _____
(Name of Private/Parochial School)

(Address of Private/Parochial School)

for the _____ school year. We request transportation beginning with the start of the school year in September.

<u>NAME OF CHILD</u>	<u>DOB</u>	<u>AGE</u>	<u>GRADE ENTERING</u>	<u>STUDENT ID</u> (School Use Only)

Parent/Guardian Name(s):

Home Address Including PO Box:

Phone No.(s): _____

Email Address(s): _____

Estimated Mileage from Home to School: _____

Signature of Parent/Guardian

Cy.: _____ Dir. Transportation _____ Transportation Contractor _____ Attendance Office