



# Registration Parent Checklist

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## **DOCUMENTS REQUIRED TO REGISTER YOUR CHILD(REN)**

- ☐ Birth Certificate
- ☐ If not a US Citizen, passport, and/or VISA to verify length of stay
- ☐ Photo Identification of registering parent/guardian
- ☐ 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)
- ☐ Documents for Physician
  - ☐ Immunization Record
  - ☐ Recent Physical
  - ☐ Administer Medication Form (if needed)
- ☐ Dental Health Certificate (optional)
- ☐ Proof of Custody, if applicable

## **FORMS TO BE COMPLETED**

- ☐ Student Registration
  - ☐ Home Language Questionnaire
  - ☐ Student Residency Questionnaire
  - ☐ AUP (2 pages, Pre-K-12)
  - ☐ New Student Athletic Form (7-12 only)
  - ☐ Military and Publicity Restriction Form (6-12 only)
  - ☐ Health Resource Form
  - ☐ Release of Records (for grades K-12 completed, please include the previous school's contact information, and signed)
    - ☐ Household Income Form (related to lunch)
    - ☐ LDSS 2999 Form (if child is in foster care)
- } Completed during appointment



# 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 <sup>th</sup> 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 <b>MUST</b> be provided for registration.			
Name of Agency:		Phone:	
Name of Caseworker:		Phone:	
Where do biological parents live?			

<b>Student Information Continued</b>
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: _____

<b>Student Racial and Ethnic Identification</b> (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 <b>1 or more</b> races from the following five racial groups that best describe the student. <input type="checkbox"/> <b>American Indian or Alaska Native:</b> 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"/> <b>Asian:</b> A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent. <input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander:</b> Person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Island. <input type="checkbox"/> <b>Black or African American:</b> A person having origins in any of the Black racial groups of Africa. <input type="checkbox"/> <b>White:</b> A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.	

<b>Custodial Parent/Guardian Information</b>				
<b>Parent/ Guardian Living with Student</b>	Mr/Mrs/Ms	Last Name:		First Name:
	Relationship:		Cell:	Work:
Parent/Guardian Employer:				
Email:			Calling Order: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>	
<b>Other Parent/ Guardian Living with Student</b>	Mr/Mrs/Ms	Last Name:		First Name:
	Relationship:		Cell:	Work:
Parent/Guardian Employer:				
Email:			Calling Order: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>	
<b>Parent/Guardian NOT Living with Student</b>	Mr/Mrs/Ms	Last Name:		First Name:
	Relationship:		Cell:	Work:
Parent/Guardian Employer:				
Email:			Calling Order: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>	
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 continued**Parents 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.

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

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

## **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



Entry Date:  
(Office Use Only)

## New Student Athletic Participation Form (7-12 only)

Student Information			
Student:		Date:	
Entering Grade: <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		DOB:	Age:
Address:			
Parent's Name:		Phone:	
With whom are you living in this district?			

  

Previous School Information			
Previous School Attended:			
<b>Sports Played in Previous School</b>	<b>Number of Years and Level Played</b>		
Fall Sport:	_____ years/Mod	_____ years/JV	_____ years/Varsity
Winter Sport:	_____ years/Mod	_____ years/JV	_____ years/Varsity
Spring Sport:	_____ years/Mod	_____ years/JV	_____ years/Varsity
Previous Address:			
With whom did you live?			
Reason for leaving previous school:			
Did you pass the APP test?	7 <sup>th</sup> Grade <input type="checkbox"/> Yes <input type="checkbox"/> No	8 <sup>th</sup> Grade <input type="checkbox"/> Yes <input type="checkbox"/> No	

  

Academic Information		
Year entered 9 <sup>th</sup> grade:		
Have you repeated a grade (7-12)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which grade:

  

Parent/Guardian Signature	Date
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Guidance Department should forward this form to the Director of Athletics/Secretary when student has been accepted for registration. Please list any other High Schools attended on back.



# Wilson Central School District

## Military and Publicity Restriction Form

### Middle School/High School Only

To our Wilson CSD families:

Please use this form if you wish to **OPT OUT** of allowing release of information to the military/higher learning institutions **AND/OR** allowing publication of your child's name/photograph. If you intend to **ALLOW** both of these you **DO NOT** need to complete this form. This form is strictly for those who wish to decline permission.

Please note that this form is not intended for students at the Elementary School, as a separate publicity permission is included in their registration documents.

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**Publicity Release Restriction:** Throughout the school year many occasions arise when our students are pictured or named for various school activities. In the event that you **DO NOT** wish to have your son/daughter photographed and/or named, complete this form and return to the MS or HS office.

<b>Student Name:</b>	
<b>Named:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Photographed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

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**Military Release Restriction (HS Only):** Pursuant to the federal No Child Left Behind Act, the Wilson Central School must disclose to military recruiters, upon request, the names, addresses and telephone numbers of our **HIGH SCHOOL** students. However, the district must also notify parents of their rights and the rights of their children to request, in writing, that the district NOT release such information if requested. Parents or students, who are at least 18 years old, wishing to exercise their option to withhold their consent to the release of the above information to military recruiters must complete this form and return it to the school.

Please <b>DO NOT</b> release the name, address or telephone number of the student below to military recruiters.
<b>Student Name:</b>

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Parent Name (print):	Parent Signature:
Date:	



## Medical Information Quick Reference

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Child's Name	Grade	DOB
Child's Primary Care Physician:		
Address:		
Phone:		

Does your child have <b>diabetes</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does your child have a pump, pen or oral medication?
Does your child have <b>asthma</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what medications do they take?
How often?
Does your child have <b>seizures</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when was the last seizure?
If yes, what medications does your child take?
Does your child have <b>allergies</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list allergies.
Is emergency medication required for your child's allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list what medications are given and when?
Does your child have any other medical conditions/problems we should know about?

Signature:	Date:
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**Wilson Central School District**  
**374 Lake St, PO Box 648**  
**Wilson, NY 14172**

**REQUEST FOR STUDENT INFORMATION**

Student Name:	Birth Date:
Last School Attended:	Last Grade Attended:
School Address:	Phone:
City/State/Zip:	Fax:

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**PLEASE RELEASE THE FOLLOWING REPORTS, WHERE APPLICABLE**

(this portion filled out by school)

____ Attendance Record	____ Academic Transcript	____ Report Card
____ Exit Grades	____ HS Labs (NYS Science)	____ MS Science Investigations
____ IEP	____ Academic/Educational Testing	____ Psychological Report (current& past)
____ 504 Accommodation Plan (current & past)	____ NYSESLAT	____ Career Plan/Transition Plan
____ Health/Immunization Records		

I hereby authorize the release of school records to the Wilson Central School District.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**FEDERAL LAW 99.31: Under the Federal Education Rights and Privacy Act, school district may release student records to another school or school system without parental consent [34CFR§ 99.31(a)(1)]**

**Please Email, Fax or Mail records to the below indicated school:**

<input type="checkbox"/> <b>Wilson Elementary School</b> <b>Email:</b> jmoote@wilsoncsd.org <b>Fax:</b> (716) 751-6856 <b>Mail to:</b> Wilson Elementary School PO Box 430 Wilson, NY 14172	<input type="checkbox"/> <b>Wilson Middle/High School</b> <b>Email:</b> csimpson@wilsoncsd.org <b>Fax:</b> (716) 751-0132 <b>Mail to:</b> Wilson Guidance Office PO Box 648 Wilson, NY 14172
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