

HUDSON CITY SCHOOL DISTRICT

Do you speak any language other than English at home? Yes ___ No ___ Language _____

আপনি ইংরেজী ছাড়া অন্য কোন ভাষায় এ কথা বলতে পারি? হ্যাঁ ___ কোন ___ ভাষা _____

¿Hablas cualquier idioma distinto del Inglés en casa? Sí ___ No ___ Idioma _____

ou pale nenpòt lòt lang ke angle nan kay la? Wi ___ Non ___ Lang _____

هل تتكلم أي لغة أخرى غير الإنجليزية في البيت؟ نعم ___ لا ___ اللغة _____

Registration Form and Procedures

Please call 828-4360 extension 2103 to schedule an appointment to return completed registration forms. All completed paperwork and required documentation is to be returned to the Registrar at the time of your appointment.

Please provide the following documents when registering your child(ren):

Proof of student(s) age: Documents that will be accepted by the HCSD to prove a student's age are:

- Certified copy of a Birth Certificate (Foreign or Domestic)
- Record of Baptism
- Passport (Foreign or Domestic)

If you are unable to provide any of the above listed documents the district will also accept one of the following if it has been established and in existence for a minimum of 2 (two) years:

- Official driver's license
- State or other government issued identification
- School photo identification with date of birth
- Hospital or health records
- Military dependent identification card
- Federal, state or local agency documents. (E.g. Department of Social Services, Federal Office of Refugee Resettlement.)
- Court orders or other court-issued documents
- Native American Tribal documents
- Non-Profit International Aid Agency or Volunteer Agency records

Proof of Residency: Documentation that the district will accept establishing that the parent / guardian reside within the boundaries of the Hudson City School District is:

- Utility Bill
- School Tax Bill
- A copy of a deed or mortgage statement proving home ownership or residential lease
- A sworn / unsworn statement by a third-party landlord, owner or tenant from whom the parent leases or shares property
- A statement from a third party establishing the parent's physical presence in the district, along with one of the above mentioned documents.

Custody Documentation: If applicable please provide the district with copies of placement orders, custody orders or orders of protection. Copies of Care, Custody and Control affidavits may be requested as acknowledgement of transfer of custody from a parent to a guardian at the time of registration.

Immunization Records: Please bring copies of your child(s) immunization records and latest physical.

School Records: If you have them, copies of any current school records you have including an IEP if applicable

Parent / Guardian Photo Identification: Please bring a copy of your photo identification when registering.

Registration Form

Student's Name : _____ Male ___ Female ___ Birth Date ___/___/___
Last First M

Resident Address: _____ Mailing Address / Po Box _____

Home Phone Number: _____ Cell Number: _____

Mothers Maiden Name: _____ Marital Status at this time? _____

Parent / Guardian 1 - _____

Employer: _____ Work Number: _____

Parent / Guardian 2 - _____

Employer: _____ Work Number: _____

Grade _____ Grades 9 -12 : What year did student first enter the 9th Grade? _____

Grades 6 – 8: Foreign Language -please choose one Spanish ___ Italian ___

Has student ever been enrolled in the Hudson City School District? If so when? _____

Is Student in Foster Care? Y ___ N ___
Please provide copy of placement order.

If parent are divorced or separated, is there a court appointed custody document? Yes ___ No ___
Please provide copy of custody order.

Who retains legal custody? _____ If Joint who has residential custody? _____

Relationship to child? _____ Relationship to child? _____

Will student be residing with Parent / Guardian? Yes ___ No ___

When a parent relinquishes custody of a student to another person and there is no court order to establish a change in guardianship, this district requires an affidavit from the parents acknowledging their transfer of custody and control to the child's custodian. Also a Custodial Affidavit is required as proof that the adults with whom the student is living provides for the student's care and supervision. Copies of Care, Custody and Control Affidavits are available from the registration office.

Are there any restraining orders or orders of protection filed against any person or persons? Yes ___ No ___
If so, please give the name(s) of the person(s) and attach all legal documents which indicate such restrictions

Please sign and date below to complete this form

Signature: _____ Relationship To Child: _____ Date: _____

Release of Records

Last school student attended:

Name _____

Contact Person _____

Address _____

Counselor _____

Phone: _____

Does student have an IEP? Yes _____

Fax: _____

CSE Contact _____

Name: _____ Date of Birth _____ Grade _____

The above mentioned student will be enrolling in the Hudson City School District. Please fax or send transcript, including previous grades, current course load, and health records to the grade appropriate school.

John L. Edwards Primary School – 360 State Street, Hudson, NY Grades K-2

Phone: 518-828-4360

Ext 4300 / 4317 – Main Office

Fax: 518 -697-8516

M.C. Smith Intermediate School – 102 Harry Howard Avenue, Hudson, NY Grades 3-6

Phone: 518-828-4360

Ext 1112 / 1113 – Main Office

Fax: 518 -697-8733

Hudson Junior / Senior High School – 215 Harry Howard Avenue, Hudson, NY Grades 7-12

Phone: 518-828-4360

Ext: 8308 – Junior HS Guidance Office

Fax: 518 -697-8791

Ext: 3111 – Senior HS Guidance Office

Fax: 518 -697-8568

Please send copies of all related Special Education records for the student listed above to the HCSD Student Services Department. Be sure to include the following: IEP, Psychological Reports – including testing, Social History and Related service evaluation results.

HCSD Student Services Department – 215 Harry Howard Avenue, Hudson, NY

Phone: 518-828-4360

Ext: 2111 or 2112

Fax: 518 -697-8481

It is understood that such releases shall include only that information necessary and pertinent and that all such information shall be treated in a confidential and professional manner.

Signature of Parent or Guardian: _____

Date: _____

Student Information Form

PLEASE ANSWER QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND.

[For question (1) check the one that best describes your child.] Check only ONE.

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.

_____ **YES**, Hispanic _____ **NO**, not Hispanic

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**.

___ **AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

___ **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.

___ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

___ **BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.

___ **WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

If born in the United States, please list the City and State the student was born in.

Students Birthplace: City: _____ State: _____

If born outside of the United States, please list country of origin and date of entry into U.S.

Country of Origin: _____ Date of Entry: ____/____/____

List in order of preference, the individuals to be notified in case of illness, injury or other emergency.

Name: _____ Phone 1: _____ 2: _____

Name: _____ Phone 1: _____ 2: _____

Name: _____ Phone 1: _____ 2: _____

Brothers and Sisters

Name: _____ Grade: _____ Do they live in the same home? _____ DOB: _____

Name: _____ Grade: _____ Do they live in the same home? _____ DOB: _____

Name: _____ Grade: _____ Do they live in the same home? _____ DOB: _____

Signature of Parent / Guardian: _____

PLEASE SIGN BOTH:

HUDSON CITY SCHOOL DISTRICT

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

STUDENT NAME: _____

Please Print Clearly

Please forward all medical/immunization records for the above mentioned student to the school nurse at John L. Edwards Primary School.

It is understood that said release shall include only that information that is necessary and pertinent and that all such information will be treated in a professional and confidential manner.

Parent Name: _____ Signature: _____

Relationship to Student: _____

Date: _____

HUDSON CITY SCHOOL DISTRICT

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

STUDENT NAME: _____

Please Print Clearly

Please forward all medical/immunization records for the above mentioned student to the school nurse at John L. Edwards Primary School.

It is understood that said release shall include only that information that is necessary and pertinent and that all such information will be treated in a professional and confidential manner.

Parent Name: _____ Signature: _____

Relationship to Student: _____

Date: _____

Transportation Information Form

Child's Name: _____

Residential Address: _____

Location of house or nearest landmark: _____

School Bus Arrangements

Will your child need to take a bus to or from a location other than their home or assigned bus stop?

Yes _____ No _____

IF YES:

Please give specific details including: Am and/or PM and the days of the week that the student will be coming or going to a location other than their home or assigned bus stop.

Babysitter Name: _____

Address: _____

Phone #: _____

We understand the importance of child care and want to make arrangements that are safe and convenient for you and your child. Lack of consistency or constant bussing changes are confusing and dangerous for all parties involved.

With that in mind please be advised that unless there is an emergency:

You must give 48 hours advanced notice in writing for any bus changes.

Parent Signature: _____

Date: _____

Hudson City School District

CHILDCARE TRANSPORTATION REQUEST FORM

If you will be requesting transportation to and/or from a child care provider for the 2014-2015 school year, please complete this form and return it to the main office of your child's school as soon as possible.

A new form must be completed each school year **OR** if your child's bussing arrangements are going to change.

Phone calls will no longer be accepted to change transportation for the same school day. Requests for unscheduled or random days cannot be accommodated. If you plan to make a change to your student's transportation for the day, in the AM and/or PM, you or someone you designate will need to provide transportation to and/or from school for your student.

All changes will take **48 hours** to go into effect.

Child's Name: _____

Home Address: _____

Phone Number: _____

Transportation to child care will only be provided on a consistent schedule: (for example, every M, W & F or AM from home and PM to the sitter.) In table below please circle all that apply and fill in the requested information.

My child will go **TO** school **FROM THE PROVIDER'S HOME / LOCATION** in the morning:

Provider Name: _____

Provider Phone: Home _____ Cell _____

Provider Address: _____

Days of the week the student will take the bus – Please circle the day(s):

Monday Tuesday Wednesday Thursday Friday

My child will **GO** home **FROM SCHOOL TO THE PROVIDER'S HOME / LOCATION**:

Provider Name: _____

Provider Phone: Home _____ Cell _____

Provider Address: _____

Days of the week the student will take the bus – Please circle the day(s):

Monday Tuesday Wednesday Thursday Friday

Parent/Guardian Name: _____

Phone Number: _____

Address: _____

Signature: _____



HUDSON CITY SCHOOL DISTRICT

HOME OF THE BLUEHAWKS

FORMULARIO DE SERVICIOS ADICIONALES EDUCATIVOS
PARA FAMILIAS QUE HAN TRABAJADO EN LA AGRICULTURA EN TRABAJOS DE FINCA.

Mary K. Kline
Migrant Education Outreach Program - Herkimer County BOCES
352 Gros Boulevard
Herkimer, NY 13350
315-867-2079
mkline@herkimer-boces.org

Dentro de los últimos tres años, Ud ó alguien con Ud ha trabajado ó está trabajando en la agricultura, en una procesadora de comida ó en un trabajo en una finca?

- Heno
- Productos lácteos
- Cosechas
- Aves
- Cultivo de peces
- Vivero / Invernaderos
- Frutas / Vegetales

Favor de contestar: _____ SI _____ NO

Si contesta no pare aquí

En caso afirmativo termine el formulario

Alguien del programa le contactará para hacer una evaluación completa, determinar su elegibilidad de los servicios y para explicarle el programa.

Nombre del estudiante:

_____ Primer nombre _____ Segundo nombre _____ Apellido

Sexo: **Fecha de nacimiento:** **Grado:** **Idioma Hablado en casa:**

___ hombre ___ mujer Mes / día / año _____ _____

Nombre del padre / madre / guardián persona responsable: _____

Hermanos: _____

Dirección actual: _____

Número del teléfono: _____

El Programa de Educación Migrante esta autorizado por el Congreso para ayudar a estudiantes elegibles a mantener la continuación de su educación. Esta autorizado bajo el Título I, Parte C de ESEA. Este programa provee apoyo educacional a los estudiantes ya a sus familias.

(August 2009)

Yo doy permiso para que este formulario se mande al Programa de Educación Migrante

Escriba en imprenta el nombre del Padre, madre ó guardián.

Firma del padre, madre ó guardián

Fecha



HUDSON CITY SCHOOL DISTRICT

HOME OF THE BLUEHAWKS

FOR FAMILIES WHO ARE CURRENTLY OR PREVIOUSLY IN AGRICULTURAL / FARM WORK.
ELIGIBILITY FORM FOR ADDITIONAL EDUCATIONAL SERVICES

Mary K. Kline
Migrant Education Outreach Program - Herkimer County BOCES
352 Gros Boulevard
Herkimer, NY 13350
315-867-2079
mkline@herkimer-boces.org

Within the last 3 years, have you or anyone living with you, worked or are currently working, in Agricultural, Food Processing or Farm Work?

- Hay
- Dairy
- Crops
- Poultry
- Fish Farming
- Nursery / Greenhouse
- Fruits / Vegetables

Please answer: _____ Yes _____ NO

If "No" stop here

If "Yes" continue

Someone from the Outreach Program will contact you to explain the program and do a full screening which will determine your eligibility for services. If you have any questions please call the number above.

Name of Student:

_____ / _____ / _____
First Middle Last

Gender: Date of Birth: Grade: Home Language:

___ Male ___ Female

___ / ___ / ___
MM DD YYYY

Name of Parent / Guardian / Responsible Party:

Siblings:

Current Address:

Phone #:

The Migrant Education Outreach Program was authorized by Congress to help eligible students maintain continuity in their education. It is authorized by Title 1, Part C of the ESEA. This program provides educational support to both students and their families.

(October 2009)

By signing below I am giving permission for the Hudson City School District to release this document and the pertaining information to the Migrant Education Outreach Program.

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date

McKinney / Vento Form

You may be eligible to receive assistance (tutoring, advocacy, transportation, clothing, free lunch, etc.) from the McKinney-Vento Homeless Assistance Act if your child(ren) is:

- Sharing housing of others due to loss of housing, economic hardship or similar reason
- Living in motels, hotels, temporary trailer parks, or camping grounds due to the lack of alternative accommodations
- Living in a car, park, public space, abandoned building, substandard housing, bus or train stations or similar settings
- Abandoned in hospitals
- In emergency or transitional shelters
- In a residential program for runaways and homeless
- Awaiting foster care placement
- A child from a migrant family who qualifies as homeless because he or she is living in circumstances described above
- An unaccompanied youth for whom no parent or person in parental relation is available

Name of Student: _____
Last First Middle

Gender: ___ Male ___ Female Date of Birth: ___/___/___ Grade: _____
MM DD YYYY Preschool - 12th

Name of Parent / Guardian / Responsible Party: _____

Current Address: _____ Phone: _____

PLEASE BE SURE TO FILL OUT THE FOLLOWING:

Last School Attended: _____
Name

_____ Address Phone Number

Last Address: _____
_____ How long did you live there? _____

Where is the student currently living? (Please check ONE box)

IF YOU ARE IN PERMANENT HOUSING STOP HERE.

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship
- In a hotel / motel
- In a car, park, bus, train or campsite
- Other temporary living situation
(Please describe): _____

The answers you give 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, immunizations records, or birth certificates. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

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

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

Date

Hudson City School District Health History and Consent Form

Name: _____

Date of Birth: _____

Grade: _____

Sport: _____

The New York State Education Department requires an annual physical exam for new entrants, students in Grades K,2,4,7 and 10, sports, working permits and triennially for the Committee on Special Education (CSE). Please complete the following health history and explain any yes answers.

YES NO

Allergies to:

Food: _____

Insect: _____

Other: _____

Asthama _____

Anemia _____

Arthritis _____

Bladder/Kidney Problem or Injury _____

Diabetes _____

Injury to the Spleen _____

Rheumatic Fever _____

Stomach Ulcer _____

Lyme Disease _____

Headaches _____

Head Injury / Concussion _____

Convulsions / Seizures _____

Fainting Spells _____

Elevated Blood Pressure _____

Heart Problems / Murmur / Chest Pain _____

Family History of Heat Attack/Cardiac problems under the age of 50 yrs.old _____

Eye Problems / Vision Loss _____

Ear Problems / Hearing Loss _____

Dental Problems _____

Nose Fracture _____

Nose Bleeds _____

Neck Injury _____

Back Pain / Injury _____

Knee Pain / Injury _____

Ankle Injury _____

Fracture / Dislocation _____

Operations _____

Any Other Medical Conditions _____

Prescription Medications _____

Private Physical

It is recommended that physicals by done by your own private health care provider which will ensure consistent medical care.

My child will have a physical on _____, with their private health care provider.

Parent / Guardian Signature _____ Date _____

School Physical

I give consent for HCSD to arrange for my child to have a physical at school with the School Doctor

Parent / Guardian Signature _____ Date _____

Reviewed by HCSD School Physician

Provider's Signature _____ Date _____

Today's Date _____

Date of Entry _____

Student Name _____

Date of Birth _____

School _____

Any chronic or potentially life threatening disorders or dangerous medical conditions the school personnel should be aware of: _____

Severe Allergies (for example nuts, latex, insect bites or stings): _____

Treatment plan for care of these medical problems: _____

Does this student have any current physical restrictions or gym/recess concerns: _____

Current medications to be taken in school: _____

Medications taken at home: _____

All students need updated immunization records to stay in school.

Guardian's Signature: _____

CEPI/Provision 2 Non-Base Year Household Income Form INSTRUCTIONS

PART 1

ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE FORM FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one form.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.

PART 2

HOUSEHOLDS GETTING SNAP, TANF OR FDPPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDPPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
- (2) An adult household member must sign the form in PART 4. **SKIP PART 3** - Do not list names of household members or income if you list a SNAP, TANF or FDPPIR number.

PARTS 3 & 4

ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PARTS 3 AND 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are completing the form for, all other children, your spouse, grandparents, and other related and unrelated people living in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should not be considered as income for this program.

PRIVACY ACT STATEMENT

Insert your LEA's privacy policy statement here.

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: 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: 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:



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

Lissette 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	_____	<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