

Susquehanna Valley Central School District

SCREENING FACE SHEET

Student Name:			
Date of Birth:			Gender: <input type="checkbox"/>
Address Information			
Physical:			
Mailing:			
Parent / Guardian Information (who reside at the Physical Location)			
		Home Phone:	
email:		Cell Phone:	
Employer:		Work Phone:	
		Home Phone:	
email:		Cell Phone:	
Employer:		Work Phone:	
Siblings			
Name:			
Name:			
Name:			
Name:			
Screening Questions:			
Proof:			
Has the family ever received free/reduced lunch or are you interested in applying?			
Will your student be dropped off at home or a secondary location?			
Foster Care:		Does the student have an IEP, 504 Plan, attend a special program, receive OT, PT, or Speech?	
Custody Order:			
	BOCES	Last School Attended:	
	BROOKSIDE	Name	
	CPSE	Address	
	DONNELLY	Grade Level	
	MIDDLE SCHOOL		
	HIGH SCHOOL		

Student Name:			
Please list three neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached. Please include the daytime telephone numbers, cellphone numbers, or work numbers.			
Name:	Relationship:	Phone:	Type:
Listed below are the phone numbers that the Susquehanna Valley Central School Districts automated notification system will contact in the event of an emergency notification. Please review the numbers to ensure their accuracy or please inform registration staff if you wish to not be contacted at a particular number.			
Relationship:	Home Phone:	Cell Phone:	Work Phone:
Please complete this section if you authorize the Susquehanna Valley Central School District to release information to a legal Parent / Guardian who does not reside in the primary physical residence			
Name:			
Relationship			
Address:			
Home Phone:			
Cell Phone:			
email:			
Employer:			
Work Phone:			
Should this person receive mail regarding the child (i.e. progress reports, report cards etc)			
If the above named person contacts the school, may we talk to them?			
If there is a court order or other legal document regarding custody or control of the student please make sure that the school has the most recent copy of the document on file. We can only enforce court orders if we have a copy of the order.			
Signature:			
Printed Name:		Date	

Susquehanna Valley Central School District

HOUSING QUESTIONNAIRE

Name of LEA:

Name of School:

Name of Student:

Gender:

Date of Birth:

Grade:

Physical Address:

Mailing Address:

Parent/Guardian:

Phone Number:

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 only one box)	
<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
<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):
<input type="checkbox"/>	In permanent housing

Signature of Parent/Guardian/Student



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:
_____		<input type="checkbox"/> Male
Month	Day	Year
_____		<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

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: _____ PROFICIENCY LEVEL ACHIEVED ON NYSITELL: ENTERING EMERGING TRANSITIONING EXPANDING COMMANDING

MO. _____ DAY _____ YR.

FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:



Susquehanna Valley School District
 1040 Conklin Road, Conklin, New York 13748
 P.O. Box 200, Conklin, New York 13748
 Telephone: (607) 775-0170 Ext. 0

RELEASE OF ACADEMIC RECORDS AUTHORIZATION

Date: _____
 Students Name: _____ DOB _____
 Previous School Name: _____
 Address: _____
 City, State, Zip _____

The above named student has registered in the Susquehanna Valley School District. Please forward his/her most recent records as soon as possible to the school or department listed on the bottom of the records request.

Please include all of the following records:

- | | |
|--|--|
| <input type="checkbox"/> Scholastic Records | <input type="checkbox"/> Standardized / SAT Scores |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Latest Report Card |
| <input type="checkbox"/> Transcripts / Exit Grades | <input type="checkbox"/> Other Pertinent Information |

Please fax/mail records as soon as possible to the following school:

- | | |
|--|--|
| <input type="checkbox"/> Brookside Elementary School
3849 Saddlemire Road
Binghamton, NY 13903
Phone: (607) 669-4105
Fax: (607) 669-4811 | <input type="checkbox"/> Richard T. Stank Middle School
PO Box 225
Conklin, NY 13748
Phone: (607) 775-9132
Fax: (607) 775-9142 |
| <input type="checkbox"/> Donnelly Elementary School
PO Box 250
Conklin, NY 13748
Phone: (607) 775-0176
Fax: (607) 775-9313 | <input type="checkbox"/> Susquehanna Valley High School
PO Box 275
Conklin, NY 13748
Phone: (607) 775-9115
Fax: (607) 775-9126 |

Parent / Legal Guardian Signature: _____

Relationship to Student: _____



Susquehanna Valley School District
 1040 Conklin Road, Conklin, New York 13748
 P.O. Box 200, Conklin, New York 13748
 Telephone: (607) 775-0170 Ext. 0

RELEASE OF HEALTH RECORDS AUTHORIZATION

Date: _____

Students Name: _____ DOB _____

Previous School Name: _____

Address: _____

City, State, Zip _____

The above named student has registered in the Susquehanna Valley School District. Please forward his/her most recent records as soon as possible to the school or department listed on the bottom of the records request.

Please include all of the following records:

- | | |
|---|--|
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Latest Physical |
| <input type="checkbox"/> Health History | <input type="checkbox"/> Emergency Information |

Please fax/mail records as soon as possible to the following school:

- | | |
|---|--|
| <input type="checkbox"/> Brookside Elementary School
Attn: Rebecca Eggleston, RN
3849 Saddlemire Road
Binghamton, NY 13903
Phone: (607) 669-4105
Fax: (607) 775-7502 | <input type="checkbox"/> Richard T. Stank Middle School
Attn: Colleen Lynch, BSN, RN
PO Box 225
Conklin, NY 13748
Phone: (607) 775-9136
Fax: (607) 775-7508 |
| <input type="checkbox"/> Donnelly Elementary School
Attn: Rebecca Flanders, RN
PO Box 250
Conklin, NY 13748
Phone: (607) 775-0176
Fax: (607) 775-7507 | <input type="checkbox"/> Susquehanna Valley High School
Attn: Mary Farley, RN
PO Box 275
Conklin, NY 13748
Phone: (607) 775-9119
Fax: (607) 775-7509 |

Parent / Legal Guardian Signature: _____

Relationship to Student: _____



Susquehanna Valley School District
 Special Services Office
 1040 Conklin Road, Conklin, New York 13748
 P.O. Box 200, Conklin, New York 13748
 Telephone: (607) 775-9111
 Fax: (607) 775-9110

AUTHORIZATION FOR RELEASE OF INFORMATION

Date: _____

Students Name: _____ DOB _____

Previous School Name: _____

Address: _____

City, State, Zip _____

The above named student has registered in the Susquehanna Valley School District. Please forward his/her most recent records as soon as possible to the school or department listed on the bottom of the records request.

I give my permission for you to discuss my child and release all records pertinent to educational planning and programming, including individual educational plan, 504 plan, related services reports (O.T., P.T., Speech) psychological, psychiatric, social and medical reports.

RELEASE INFORMATION TO:

_____ Susquehanna Valley School District
 Special Services Office
 1040 Conklin Road
 Conklin, NY 13748
 Phone: (607) 775-9111
 Fax: (607) 775-9110

Parent / Legal Guardian Signature: _____

Relationship to Student: _____

Susquehanna Valley Central School District

Computer Usage and Internet Safety Policy User Agreement

STUDENT

Last Name, First Name (print)

Grade: _____

I understand and will abide by the attached Computer Usage and Internet Safety Policy. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action and/or appropriate legal action may be taken.

User Signature: _____

Date: _____

PARENT OR GUARDIAN

(If you are under the age of 18, a parent or guardian must also read and sign this agreement.)

As the parent or guardian of this student, I have read the Computer Usage and Internet Safety Policy. I understand that this access is designed for educational purposes. Susquehanna Valley School District has taken precautions to eliminate inappropriate material. However, I also recognize it is impossible for Susquehanna Valley School District to restrict access to all controversial materials and I will not hold them responsible for materials acquired via the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.

Parent or Guardian's Name (print): _____

Signature: _____

Date: _____

INTERNET "opt out"

- I do **NOT** want my son/daughter to have access to the Internet through the Susquehanna Valley School District's Computer Networks. I understand they will still have access to materials on the district network such as their network directory for file storage, library catalog, and local software applications.