

# MCGRAW SCHOOL DISTRICT

# ENROLLMENT FORM

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ☐ Male ☐ Female

Home Phone Number: \_\_\_\_\_ Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (if different than above): \_\_\_\_\_

Is this child enrolled as a result of Foster Care Placement? ☐ No ☐ Yes, County of \_\_\_\_\_

## HOUSEHOLD INFORMATION:

Student resides with...? ☐ Mother ☐ Father ☐ Step parent ☐ other guardian(s)

Is there legal custody documentation the school should be aware of? ☐ No ☐ Yes (provide copy)

Parent/Guardian #1 \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone Number:\*

\*☐ Check if you don't want emergency information/events from the school sent to you via text message

E-mail Address\* \_\_\_\_\_

\*☐ Check if you don't want events from the school sent to you via e-mail

Parent/Guardian #2: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone Number:\*

\*☐ Check if you don't want emergency information/events from the school sent to you via text message

E-mail Address:\* \_\_\_\_\_

\*☐ Check if you don't want events from the school sent to you via e-mail

Brothers

Birthdate

Sisters

Birthdate

## Parent/Guardian NOT LIVING IN THE HOUSEHOLD:

Should correspondence from school be sent to this person? ☐ Yes ☐ No

Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

☐ Check if you don't want events from the school sent via e-mail

Does your child have a Section 504 Plan? ☐ Yes ☐ No

Does your child have an IEP (Individualized Education Program)? ☐ Yes ☐ No

Please check any services your child is currently receiving:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Remedial Math | <input type="checkbox"/> Remedial Reading      | <input type="checkbox"/> AIS (Academic Intervention Service) |
| <input type="checkbox"/> Counseling    | <input type="checkbox"/> Resource Room         | <input type="checkbox"/> Occupational Therapy (OT)           |
| <input type="checkbox"/> Speech        | <input type="checkbox"/> Physical Therapy (PT) | <input type="checkbox"/> Special Education Class             |
| <input type="checkbox"/> Other _____   |  |  |

*Optional:* Ethnicity: ☐ Hispanic ☐ Not Hispanic

Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ White  
☐ Native Hawaiian/Other Pacific Islander ☐ Black or African American

⇒ **Proof of Age** for students, most commonly a birth certificate, is required for entrance to school.

⇒ **Proof of Residency** in the McGraw Central School District is required within 3 days of student entrance to school. Parent/Guardians are asked to provide 2 proofs of residence (Lease or deed, landlord's statement, homeowner's or renter's insurance policy, bank statement, utility bill, change of address form for post office, car insurance card, letter from public assistance).\*\*

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Date	Parent/Guardian Signature	Parent/Guardian #2 Signature
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(Your signature indicates that the information on this form is true and that your consent has been given for the various items contained on this form. Failure to provide accurate information may result in delays or denial of enrollment or later revocation of enrollment.)

\*\*A more complete list of documents the District will consider as well as procedures and instructions for enrollment is posted on the District's website and is also available from the Elementary or High School Offices in printed form.

.....  
It is the responsibility of the parent/guardian to keep the information on this form up to date by notifying the school, in writing, of any changes.  
.....

## HEALTH RECORD – Please Print

Name\_\_\_\_\_ Grade\_\_\_\_\_ ☐Male ☐Female

Physician\_\_\_\_\_ Physician's Phone\_\_\_\_\_

Health History (Please add age child had diagnoses):

Chicken Pox_____	Diabetes_____
Measles_____	Epilepsy_____
Mumps_____	Heart Disease_____
Pneumonia_____	Asthma_____
Rheumatic Fever_____	Allergies_____
Scarlet Fever_____	Ear Conditions_____
Serious Injury_____	Hearing Problems_____
Operations_____	Vision Problems_____

My child has the following allergies that may require special handling in an emergency:

Allergy	Reaction	Treatment
_____		
_____		
_____		

List any Medical Conditions (type, treatment, and doctor) and any medication (type, reason):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

⇒Health Appraisal: Please submit a copy of child's latest Health Appraisal (physical). This must be received no later than 30 days following student's entrance to school. If not received, the student will be scheduled for a health appraisal by the school physician.

⇒Immunizations: Please submit a copy of child's immunization record signed by your health care provider. This must be received no later than 14 days following student's entrance to school.

All students in New York State are required to be properly immunized against the following:

•Diphtheria/Tetanus/Pertussin

•Polio

All students in New York State are required to be properly immunized against the following:

- Diphtheria/Tetanus/Pertussin
- Measles/Mumps/Rubella
- Varicella (or MD documentation)
- Pneumococcal disease (PCV)

- Polio
- Haemophilus influenza type b (Hib)
- Hepatitis B

If your child is lacking adequate shots, please call the County Health Department/Clinic at 753-5203 or speak with your health provider to schedule an appointment. The American Academy of Pediatrics recommendations exceeds the New York Guidelines for Public Education, and you are highly encouraged to follow the AAP's guidelines. You may check with your doctor, or the school nurse for this information.

Person(s) to Contact in Case of Emergency:

If my child needs to be sent home from school and I am not there or able to be reached, the school may contact one of the people whose names have been provided below who are authorized to pick up my child.

(Please indicate Relationship to Student, i.e. grandparent, aunt, uncle, sibling, etc. and note whether number is home, cell, or work.)

Name	Relationship	Daytime Phone #
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

In the event of a medical emergency, if none of the above named can be reached, the personal/school physician will be contacted. If necessary, the student will be taken to the nearest emergency first aid station by ambulance.

If any of the above information changes, it is the responsibility of the parent/guardian to notify the Health Office.

Parents/ guardians are also advised that in the event of injury, the parent/guardian's personal accident/health insurance carrier, if any, shall provide primary insurance coverage with the school's Pupil Benefits Plan insurance providing secondary and limited coverage.

I give permission for the school nurse to share medical information on an as needed basis with other school personnel when it is in the best interest of my child's health.

Date\_\_\_\_\_ Parent/Guardian Signature\_\_\_\_\_

# Medical Information Needed for School Registration

## Emergency Contacts for your child:

Name	Relationship	Phone #
1. _____		
2. _____		
3. _____		

\_\_\_\_\_ Proof of age appropriate vaccinations from your child’s doctor.

\_\_\_\_\_ An up-to-date physical from your child’s doctor. (Your child’s physical is good for 365 days from the date received.)

These items are **mandated** by New York State and are **required** for school entrance. Any questions or concerns please contact the school. Thank you McGraw Central School Staff.

High School Main Office- 607-836-3601

High School Health Office- 607-836-3606 Fax #: 607-836-3635

Elementary School Health Office- 607-836-3652

Elementary School Main Office- 836-8610 Fax #: 607-836-3609

## **Person(s) to Contact in Case of an Emergency:**

If my child needs to be sent home from school and I am not there or able to be reached, the school may contact one of the people whose names have been provided below who are authorized to pick up my child:

<b>Name</b>	<b>Relationship</b>	<b>Phone #</b>
1. _____		
2. _____		
3. _____		

In the event of a medical emergency, if none of the above named can be reached, the personal/school physician will be contacted. If necessary, the student will be taken to the nearest emergency first aid station by ambulance.

If any of the above information changes, it is the responsibility of the parent/guardian to notify the school.



## Google for Education/GSuite

The McGraw Central School District offers an online service for its students called Google Suite, or GSuite. GSuite is an internet based group of tools similar to Microsoft Office which will allow students to create and store documents, access information, study, and collaborate with students and teachers through the internet. Students can access GSuite while at school, students can also access the online service outside of school from anywhere that they have access to the internet.

Google provides GSuite free to educational institutions such as McGraw CSD, and the online service is used by thousands of K-12 schools and major universities throughout the nation. The GSuite information faq/homepage can be found at; <https://support.google.com/a/answer/139019?hl=en>

GSuite is a secure website that offers dozens of security features specifically designed to keep students' data safe, secure, and private. In particular, GSuite for Education is governed by a detailed Privacy Policy which ensures that Google will not share or otherwise use personal information that is placed into the system. Additionally, Google guarantees that it is in compliance with all applicable U.S. privacy laws. GSuite also maintains a large security team which constantly monitors the network to make sure that students' and teachers' data remains protected and private. For more information about GSuite Privacy Policy and security features, please access;

[https://edu.google.com/training-support/privacy-security/?modal\\_active=none](https://edu.google.com/training-support/privacy-security/?modal_active=none)

The following services are available to each student and hosted by Google as part of McGraw Central School District use of GSuite for Education:

- Gmail
- Calendar – students can access an individual calendar in order to organize schedules, daily activities, and assignments.
- Contacts – students can maintain an address book containing classmate and teacher contact information.
- Drive – students have access to a word processing, spreadsheet, drawing, and presentation program which is very similar to Microsoft Office.
- Google Classroom- Interactive, collaborative classroom experience for teachers and students.

Using GSuite tools and services, students collaboratively create, edit and share files and websites for school related projects with other students and teachers. These

services are entirely online and are available 24 hours a day, 7 days a week from any Internet-connected computer or mobile device. Examples of student use include online showcasing of class projects, building an electronic portfolio of school learning experiences, and working in small groups online, both during and outside of normal school hours, on presentations to share with others.

McGraw Central School District's use of GSuite is solely for educational purposes. For that reason, by default, advertising is turned off when students access GSuite for Education. Please see Appendix for GSuite student permission form. Certain educational laws apply to the use of technology in the McGraw Central School District, including the following:

- Children's Online Privacy Protection Act (COPPA): COPPA is a federal law that applies to commercial companies and website operators and limits their ability to collect personal information from children under the age of 13. COPPA also applies to school districts that use third-party website operators to offer online services to students. COPPA requires school districts to obtain parental permission if personal information is collected from students under the age of 13 by any third-party website operator, such as Google. For more information, please access; <http://www.ftc.gov/privacy/coppafaqs.shtm>
- Family Educational Rights and Privacy Act (FERPA): FERPA is a federal law that protects the privacy of student education records. Generally under FERPA, school districts must obtain parental or student consent prior to disclosure of student records. However, schools may disclose directory information without prior consent, except that parents may request that the school not disclose this information. In McGraw Central School District, parents will be provided the opportunity annually to opt out of disclosing their student's directory information on this McGraw Central School District permission form. For more information, please access; <http://www.ed.gov/policy/gen/guid/fpc/ferpa>



## McGraw Central School District



### **2021-2022 Student Internet User Form**

**Please read these documents carefully before signing.**

All McGraw Central School District Internet users are required to sign an Internet User Form and to abide by the terms and conditions of *Policy #7315: Student Acceptable Use Policy*. The Board of Education does not authorize any use of the Internet that is not conducted strictly in compliance with these policies. Your signature on this document indicates that you have read the terms and conditions carefully and understand their significance.

The District may not always be able to limit access to services through its Internet connection to just those locations authorized for the purpose of instruction, study and research. By participating in the use of the Internet, users may gain access to information and communications that they may find inappropriate, offensive or controversial. All users assume this risk by agreeing to participate in the use of the Internet. The District will do its best to supervise and monitor Internet usage; however, all users are expected to be responsible and comply with the McGraw Central School District's *Policy #7315: Student Acceptable Use Policy*.

Users who disregard the District's *Policy #7315: Student Acceptable Use Policy* may have their user privileges suspended or revoked. Users granted accesses to the Internet through the McGraw Central School District assume personal responsibility and liability, both civil and criminal, for uses of the Internet not authorized by District policy.

McGraw Central School District is offering an online service called GSuite for Education, see attached information.

**Please complete the information below:**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I, the above student, have read and understand the McGraw Central School District's *Policy #7315: Student Acceptable Use Policy* and the GSuite for Education Information. The parent/guardian has also read this policy and discussed it with the child. The student and the parent/guardian understand that the use of District computer resources including Internet access is for educational purposes only. I hereby request that I be granted or denied access to the Internet access as checked below. I certify that the information contained on this form is correct.

☐ Yes, Grant Internet Access

☐ Do Not Grant Internet Access

☐ Yes, Grant GSuite Access

☐ Do Not Grant GSuite Access

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **McGraw Central School Internet Access Survey**



1. Do you have High Speed internet at home? Yes or No

\*If no, do you have the ability to get High Speed Internet at your house? Yes or No

2. What internet carrier do you use at home? \_\_\_\_\_

3. Which of the following devices do you have at home to access the internet?

Laptop computer

Desktop computer

Chromebook

Other \_\_\_\_\_

None

McGraw Elementary School  
Grades K-5  
Susan Prince, Principal  
Phone: (607) 836-3650

**McGraw Central School District**  
**10 West Academy Street**  
**McGraw, New York 13101**

McGraw High School  
Grades 6-12  
Mark Dimorier, Principal  
Phone: (607) 836-3601

RECORDS REQUEST FORM

**Date:** \_\_\_\_\_

**Name, Address and phone number of School Transferring from:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

According to the Final Regulations-Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1977, it is not necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of other schools in school systems in which the student may intend to enroll, may receive a student's record without a written consent for such release. However, we do strive to provide such consent whenever possible.

As a parent/guardian of the child(ren) named below, I hereby consent that all pertinent records be forwarded to the McGraw School District as indicated.

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

The following student(s) has/have registered in the McGraw School District:

Name	Grade	Date of Birth
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

- Please send any and all academic and health records, including immunization, physical and birth certificate to:
- McGraw Jr/Sr High School  
10 West Academy Street  
McGraw, NY 13101  
Email to: Kforkey@mcgrawschools.org  
Or Fax to: (607) 836-3635

Please indicate if an IEP or 504 Plan has been developed. If this student is transferring during the school year, please also include grades at time of transfer and most recent report card.

- Please send all *Committee on Special Education* and/or psychological records to:
- McGraw Central School District  
ATTN: Director of Special Education  
10 West Academy St.  
McGraw, NY 13101  
Or Fax to: (607) 836-3609

**\*\*We appreciate your assistance and thank you in advance for your expedience in forwarding these records\*\***

## HOUSING QUESTIONNAIRE

Name of LEA: McGraw Central School District

Name of School: McGraw School District

Name of Student: \_\_\_\_\_  
Last First Middle

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

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.**

**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

\_\_\_\_\_  
**Print name** of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

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

\_\_\_\_\_  
*Date*

## CUESTIONARIO DE VIVIENDA

Nombre del Distrito Escolar: \_\_\_\_\_

Nombre de la Escuela:

Nombre del Estudiante: \_\_\_\_\_

Segundo Nombre

Género: ☐ Hombre      Fecha de Nacimiento: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Grado: \_\_\_\_      ID#: \_\_\_\_  
☐ Mujer                                  Mes                  Día                  Año                  (jardín de infantes – 12)                  (opcional)

Dirección: \_\_\_\_\_ Teléfono: \_\_\_\_\_

**Su respuesta abajo permitirá al distrito escolar definir los servicios que puede aprovechar su hijo/hija según el Acto de McKinney-Vento. Los estudiantes elegibles tienen derecho a la inscripción inmediata en la escuela, aun si ellos no tienen los documentos necesarios tales como: prueba de residencia, documentos escolares, documentos de inmunización, o partida de nacimiento. Los estudiantes elegibles según el Acto de McKinney-Vento tienen además derecho al transporte gratuito y otros servicios que ofrece el distrito escolar.**

**¿Donde está el estudiante viviendo actualmente?** *(Por favor marque **una** caja.)*

- ☐ En un refugio
- ☐ Con otra familia o otra persona debido a la pérdida del hogar o a dificultades económicas
- ☐ En un hotel/motel
- ☐ En un carro, parque, autobús, tren, o camping
- ☐ Otra vivienda temporal (Por favor describa):

☐ En un hogar permanente

**Nombre de Padre, Guardián, o Estudiante (para jóvenes sin acompañamiento)**

**Firma** de Padre, Guardián, o  
Estudiante (para jóvenes sin acompañamiento)

**Fecha**

## INSTRUCTIONS FOR COMPLETING THE HOUSING QUESTIONNAIRE

### **Purpose of the Housing Questionnaire**

All Local Education Agencies (LEAs) are required to identify students experiencing homelessness. LEAs include school districts, charter schools and BOCES. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. The New York State Education Department (NYSED) encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Housing Questionnaire attached here,
2. Update/modify the Model Enrollment Form – Housing Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Model Enrollment Form - Residency Questionnaire into the LEA's Enrollment Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

### **Who should fill out the Housing Questionnaire?**

A Housing Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool-12. "Preschool" includes any LEA administered or funded preschool program, such as a pre-k or Head Start program administered by an LEA. The Housing Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

### **Confidentiality**

**Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met. To this end, LEAs may share a student's Housing Questionnaire with LEA personnel such as:**

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data to SED

**However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by SED.**

Other than the above uses, housing information **should be kept confidential** and **should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Housing Questionnaires and housing information from becoming a part of a student's permanent record.

### **Discussing the Housing Questionnaire with Students and Families**

In reviewing the Housing Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,

4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will be kept confidential and will only be shared with those LEA staff who are responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

LEAs are advised to explain to parents that if a parent claims that her/his child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However LEAs **cannot contact a landlord or building superintendent** to verify a student's housing status without prior parental consent. Contacting a landlord or building superintendent without the parent's express prior written permission is a violation of FERPA, a federal law.

#### **If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Housing Questionnaire**

If the parent, person in parental relation, or unaccompanied youth declines to complete the Housing Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

#### **Completing the Form**

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs **cannot not contact a landlord or building superintendent** to verify a student's housing status. (See above for more information.)

#### **Definitions of Temporary Housing Arrangements**

*"With another family or other person" (also referred to as "doubled-up")*

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

*"Other temporary living situation"*

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

*"In permanent housing"*

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

#### **Next Steps for LEAs with Students Living in Temporary Housing Arrangements**

**If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, the LEA must complete a Designation Form.** If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out. For more information about determining eligibility see the National Center on Homeless Education's Determining Eligibility Brief, available at: [http://nche.ed.gov/downloads/briefs/det\\_elig.pdf](http://nche.ed.gov/downloads/briefs/det_elig.pdf).

If a student who is identified as homeless was last permanently housed in a different school district, the district of attendance/local district will be eligible for tuition reimbursement from SED for the cost of educating the student. School districts should complete a STAC-202 form if eligible for tuition reimbursement. For more information about STAC-202 forms contact the STAC Office at 518-474-7116 or NYS-TEACHS at 800-388-2014.



## 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 English. Your assistance in answering these questions is greatly appreciated.*

*Thank You*

### TO BE COMPLETED BY SCHOOL PERSONNEL

DISTRICT	<i>Please print or type clearly</i>		
SCHOOL	GRADE		
STUDENT NAME			
DATE OF BIRTH			
Month:		Day:	Year:
STUDENT IDENTIFICATION NUMBER			
COUNTRY OF BIRTH / ANCESTRY			
NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S.			
NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION			
DETERMINATION:		<input type="checkbox"/> Possible LEP	
		<input type="checkbox"/> English Proficient	

(✓ boxes that apply)

- What language(s) is spoken in the student's home or residence?  
☐ English ☐ Other \_\_\_\_\_  
*specify*
- What language(s) are spoken most of the time to the student, in the home or residence?  
☐ English ☐ Other \_\_\_\_\_  
*specify*
- What language(s) does the student understand?  
☐ English ☐ Other \_\_\_\_\_  
*specify*
- What language(s) does the student speak?  
☐ English ☐ Other \_\_\_\_\_  
*specify*
- What language(s) does the student read?  
☐ English ☐ Other \_\_\_\_\_ ☐ Does Not Read  
*specify*
- What language(s) does the student write?  
☐ English ☐ Other \_\_\_\_\_ ☐ Does Not Write  
*specify*



7. In your opinion, how well does the student understand, speak, read and write English?

	<i>Very well</i>	<i>Only a little</i>	<i>Not at all</i>
<b>Understands English</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Speaks English</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reads English</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Writes English</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Signature:** \_\_\_\_\_**Month:** \_\_\_\_\_**Day:** \_\_\_\_\_**Year:** \_\_\_\_\_