

ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE  
WHITEHALL CENTRAL SCHOOL DISTRICT

Name of LEA: \_\_\_\_\_

Name of School: \_\_\_\_\_ WHITEHALL CENTRAL SCHOOL DISTRICT \_\_\_\_\_

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

Gender:  Male  Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_ ID#: \_\_\_\_  
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

Have you, your spouse or companion moved in the last three years?

- Yes. If yes, from where? \_\_\_\_\_ please complete the rest of this form.
- No. If no, you do not need to complete the rest of this form. Thank you.

In the past three years, have  You  Your spouse  or companion

- Worked in agriculture or logging?
- Looked for work in agriculture or logging?
- Are currently working in agriculture or logging?

WHITEHALL JR./SR. HIGH SCHOOL REGISTRATION FORM

Appendix B

PLEASE PRINT

Date \_\_\_\_\_ Entering Grade \_\_\_\_\_

Student's name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ M / F (circle)

Student's Social Security # \_\_\_\_\_ Home Phone Number (\_\_\_\_) \_\_\_\_\_

Resident Address \_\_\_\_\_  
Street# Apt#/Lot# City State Zip

Mailing Address \_\_\_\_\_  
Street# Apt#/Lot#/ PO Box City State Zip

Native Language Spoken in Home: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

PREVIOUS INFORMATION

Previous Resident Address \_\_\_\_\_  
Street # Apt#/Lot#/PO Box City State Zip

Previous Home Phone #(\_\_\_\_) \_\_\_\_\_

Previous School Name \_\_\_\_\_

Strict Name and Address \_\_\_\_\_  
Street City State Zip

Does your child have an Individualized Education Program (IEP) or 504? YES / NO

If yes, please complete the Social History report attached

FAMILY INFORMATION

Mr. /  Mrs. /  Ms. /  Mr. & Mrs. / Other/ \_\_\_\_\_ # in Household \_\_\_\_\_

Parents/Legal 1. \_\_\_\_\_ Relationship to student  Father  Mother  Relative  Non Relative

Guardian 2. \_\_\_\_\_ Relationship to student  Father  Mother  Relative  Non Relative

Mother's work number \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Father's work number \_\_\_\_\_ Father's Employer \_\_\_\_\_

Student resides with both parents/ Father/ Mother/ Other \_\_\_\_\_ (Attach legal documents)

Non custodial parent mailing address (if applicable): \_\_\_\_\_

ISCELLANEOUS INFORMATION

Has the student ever attended Whitehall Central School Y/ N If so, When \_\_\_\_\_ DATE

Courses taken at previous school \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ENTRY INFORMATION	OFFICE USE	WITHDRAWAL INFORMATION
Date of Entry _____		Withdrawal Date _____
Grade _____ HR _____		Grade _____
Immunization received _____		Books received _____
Birth Certificate received _____		Reason/Destination _____
Social Security card rec'd _____		
Proof of Custody received _____		



# 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 \_\_\_\_\_ *Please print or type clearly*

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:  Possible LEP  
 English Proficient

(✓ boxes that apply)

1. What language(s) is spoken in the student's home or residence?  English  Other \_\_\_\_\_ *specify*

2. What language(s) are spoken most of the time to the student, in the home or residence?  English  Other \_\_\_\_\_ *specify*

3. What language(s) does the student understand?  English  Other \_\_\_\_\_ *specify*

4. What language(s) does the student speak?  English  Other \_\_\_\_\_ *specify*

5. What language(s) does the student read?  English  Other \_\_\_\_\_  Does Not Read *specify*

6. 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?

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

Signature of Parent/Guardian/Other \_\_\_\_\_

Date \_\_\_\_\_

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Form Completed by: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Racial/Ethnic Background of Child (This information is needed for State Reports):

Native American  Asian  Black  Hispanic  White  Other: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
What is the best way for us to contact you about your child? Please indicate phone number (if different from above, e.g. work or cell number), relationship, and best time to call: \_\_\_\_\_

**FAMILY BACKGROUND:**

Father's Name: _____	Mother's Name: _____
DOB: _____	DOB: _____
Level of Education: _____	Level of Education: _____
Occupation: _____	Occupation: _____
Place of Employment: _____	Place of Employment: _____

Child is living with:  
 Both Parents  Mother  Father  Grandparents  Other

Please explain custody arrangements, if applicable: \_\_\_\_\_

Stepparent, If any: \_\_\_\_\_ DOB: \_\_\_\_\_  
Level of Education: \_\_\_\_\_ Occupation/Employment: \_\_\_\_\_

Other adults in home and relationship to child: \_\_\_\_\_

Please describe any changes in your family or living situation that might impact your child (e.g. separation, divorce, remarried, serious illness of family member, death in family, moving). Please indicate the date and your child's reaction: \_\_\_\_\_

Is there history in your family of any of the following? If yes, please indicate the relationship of the individual to your child (e.g. grandparent, parent, sibling)

Condition:	Relationship to Child:
<input type="checkbox"/> ADHD	_____
<input type="checkbox"/> Learning Problems/Learning Disabilities (specify): _____	_____
<input type="checkbox"/> Anxiety Disorder	_____
<input type="checkbox"/> Depression	_____
<input type="checkbox"/> Autism	_____
<input type="checkbox"/> Speech/Language Delays	_____
<input type="checkbox"/> Other _____	_____

Siblings:	Name:	DOB:	Gender:	Lives in same household (Y/N):
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How does your child get along with family members? \_\_\_\_\_