

GATES CHILI CSD STUDENT REGISTRATION - PART I

Dear Parent/Guardian(s):

Welcome to the Gates Chili Central School District! Part I of the registration form is the first step in completing the registration process. Please take the time to read the forms in this document carefully and fill them out completely. Your student(s) will be registered and enrolled provided that you submit the required documentation and information. The district will notify you in the case that any required documentation or information is not sufficient for registration purposes. **After completing Part I of the registration form, you will receive Part II by email, which must be completed and returned as soon as possible for placement purpose.** If you have any questions, please call 585-247-5050 ext. 12224 between the hours of 8 a.m. and 3:30 p.m. We look forward to working with you during this enrollment process.

		OFFICE USE ONLY	
PART I – Student Information, Residency and Proof of Age		Date Rec'd	Rec'd By
<i>Please complete, attach necessary documents, and return by email to Nichole_Valdez@gateschili.org, fax to 585-340-5580 or drop off in person at the Gates Chili Administration Building, 3 Spartan Way, Rochester, NY 14624.</i>			
Complete Student Registration Form (pages 2-3)			
Complete Custody Disclosure Form (page 4)			
Complete Proof of Residency Form (page 5)			
Complete Student Census Form (page 6)			
Complete New York State Home Language Questionnaire (pages 7-8)			
Complete Student Records Request Form (page 9)			
Attach Proof of Residency Supporting Documentation: <i>Please provide ONE item from Category 1 and ONE from Category 2 below. If an item from Category 1 is unavailable, please provide TWO from Category 2.</i>			
Attach Proof of Age: <i>Please provide one of the following documents: birth or baptismal certificate; if not available, then a passport. If any of these are not available, then attach one item from the alternate proof of age list below.</i>			
Attach Individualized Education Plan, Declassification Plan or 504 Plan (if applicable)			
Attach Custody or Guardianship Papers, DSS2999 or Best Interest Determination (if applicable)			
Alternate Proof of Age	<ul style="list-style-type: none"> • Official driver's license • State or other government-issued identification • School photo identification with date of birth • Consulate identification card • Hospital or health records • Military dependent identification card • Documents used by federal, state or local agencies (e.g., local social service agency, Federal Office of Refugee Resettlement) • Court orders or other court-issued documents • Native American tribal document • Records from non-profit international aid agencies and voluntary agencies 		
Proof of Residency Category A	<ul style="list-style-type: none"> • Mortgage statement • School or property tax receipt • Lease agreement • Homeowner's/renter's insurance policy • Statement by a third-party landlord, owner or tenant from whom you lease or with whom you share property within the district • Other statement by a third-party that establishes your physical presence in the district 		
Proof of Residency Category B	<ul style="list-style-type: none"> • Pay stub or income tax form • Utility or other bills • Voter registration document(s) • Membership documents based upon residency (e.g., library card) • Voter registration documents • Official driver's license, learner's permit, non-driver identification, vehicle insurance • State or other government issued identification • Documents issued by federal, state or local agencies (e.g., local social service agency, Federal Office of Refugee Resettlement) • Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers 		
PART II – Health Information Forms (you will receive this via email after successful completion of Part I)		Date Rec'd	Rec'd By
<i>Please supply the following documents within 72 hours of receiving to continue the enrollment process.</i>			
Complete the Student Health History Form			
Complete the Physical Examination Authorization			
Complete the Authorization for Use and Disclosure of Protected Health Information Form			
Attach a copy of the Health Appraisal Form completed by your student's physician or include a copy of their most recent physical examination (provided by your student's physician)			
Attach a copy of the Dental Health Form completed by your student's dentist			
Review the General District Information Sheet for details about school hours, free and reduced meals, SchoolTool Parent Portal access			

GATES CHILI CSD STUDENT REGISTRATION FORM - pg. 1 of 2

STUDENT INFORMATION

Last Name: _____ **First Name:** _____ **Middle Name:** _____
Preferred Name: _____ **Gender:** Female Male Non-Binary
Date of Birth: _____ **Pronouns:** She/Her/Hers He/Him/His They/Them/Theirs
Address: _____ **Zip Code:** 146_____
Lives with: Two parents Mother Father Stepparent(s) Guardian Other _____

PRIMARY PARENT/GUARDIAN INFORMATION

Last Name: _____
First Name: _____
Address: _____

Mobile Phone: _____
Home Phone: _____
Work Phone: _____
Email Address: _____
Employer: _____
Occupation: _____

SECONDARY PARENT/GUARDIAN INFORMATION

Last Name: _____
First Name: _____
Address: _____

Mobile Phone: _____
Home Phone: _____
Work Phone: _____
Email Address: _____
Employer: _____
Occupation: _____

Relationship to Student:

- Mother Father Guardian
 Stepmother Stepfather Foster Parent
 Group Home Contact Other _____

Relationship to Student:

- Mother Father Guardian
 Stepmother Stepfather Foster Parent
 Group Home Contact Other _____

SIBLING INFORMATION

	Last Name	First Name	Middle Initial	Gender	Date of Birth	Grade	Living at home?
1							
2							
3							
4							

OTHER INDIVIDUALS IN THE HOME

	Last Name	First Name	Relationship to Student
1			
2			

BELOW THIS LINE - FOR OFFICE USE ONLY

Records Requested: _____ **Records Received:** _____
Student ID #: _____ **Grade Level:** _____
School Building: Armstrong Brassier Disney Paul Road Middle High

GATES CHILI CSD STUDENT REGISTRATION FORM - pg. 2 of 2

EDUCATION HISTORY

Name of Last School Attended: _____ Last Grade Attended: _____

School Address and Phone Number: _____

Has your student ever attended Gates Chili Central School District in the past? Yes No

If yes, check schools attended: Armstrong Brassler Disney Paul Road Middle High

Has your student ever played a sport at another Section V school? Yes No

If yes, please complete: School _____ Sport _____ Level _____ Years: _____

Has your student ever repeated a grade? Yes No If so, which grade: _____

What year did your student *first* enter grade 9? _____

Has your student ever been placed in Special Education with an Individualized Education Plan (IEP)? Yes No

Does your student have a 504 Plan? Yes No

Has your student ever received Academic Intervention Support (AIS) or Related Services? Yes No

Please select all that apply:

AIS Reading AIS Mathematics Occupational Therapy Physical Therapy Speech Therapy Other _____

For more information regarding your rights to special education services, please visit the New York State Education Department's website relating to a parent's guide to special education in New York for children ages three through 21 www.p12.nysed.gov/specialed/publications/policy/parentguide.htm

EMERGENCY CONTACT INFORMATION

Emergency Contact 1 Name: _____ Relationship to Student: _____
Address: _____ Phone: _____
Authorized to pick up? Yes No

Emergency Contact 2 Name: _____ Relationship to Student: _____
Address: _____ Phone: _____
Authorized to pick up? Yes No

Emergency Contact 3 Name: _____ Relationship to Student: _____
Address: _____ Phone: _____
Authorized to pick up? Yes No

If these telephone numbers or those on the front of this form are changed during the year, please notify the district immediately.

I confirm that all of the above information is accurate and that I am a resident of the Gates Chili Central School District.

Parent/Guardian Signature: _____ Date: _____

GATES CHILI CSD CUSTODY DISCLOSURE FORM

The Student Registration Office is responsible for registration, **not** in determining which parent/guardian may check a child in/out of school, etc. If custodial or guardianship issues exist when you register your child in the Gates Chili Central School District, it is your responsibility to provide custodial documentation to the Registration Office and a copy will be forwarded to your child's school principal.

Important note: please inform your child's school of changes in custodial arrangements.

Information on Rights of Parents from the Family Education Rights and Privacy Act (FERPA)

An educational agency or institution shall give full rights under the Act to either parent, unless the agency or institution has been provided with evidence that there is a court order, State statute, or legally binding document relating to such matters as divorce, separation or custody that specifically revokes these rights.

(Authority: 20 U.S.C. 1232g)

Please check the current custody/guardianship arrangement:

- Parents/guardians are together residing at the same residence
- Single parent (father and mother are listed on the birth certificate)
- Single parent (father is not listed on the birth certificate)
- Parents/guardians divorced/separated – joint custody
- Parents/guardians divorced/separated – sole custody
- Parents have never been married and have no legal custody papers
- Custody/guardianship is transferred by courts
- Restricted pickup (legal documentation must be provided)
- Student is emancipated (legal documentation provided if available)

Please check all that apply:

- I have disclosed my current custody/guardianship arrangement.
- I have attached a copy of those pages of the legal court documents that describe custody arrangements.
- No legal documents that describe custody arrangements exist.
- I understand that it is my responsibility to update my child's school principal of changes in custody.

Are there are any custody issues of which the district should be made aware?

Yes No

If yes, please be specific: _____

Student Name: _____

Parent/Guardian Signature: _____ Date: _____

GATES CHILI CSD PROOF OF RESIDENCY FORM

STUDENT INFORMATION

Last Name: _____ **First Name:** _____ **Date Registered:** _____
District Address: _____ **Zip Code:** 146_____

SECTION A: RESIDENCY INFORMATION

These questions are intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help to determine the services the student may be eligible to receive.

Is your current address a temporary living arrangement? If no, move to section B. Yes No

Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

If you answered “yes” to the above questions, where is the student presently living?

- In permanent housing
- In a shelter
- In a hotel/motel
- In a car, park, bus, train or campsite
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as “doubled-up”)
- Other temporary living situation: _____

*NOTE: If the student is **not** living in permanent housing, **proof of residency** and other documents normally needed for enrollment **are not required**. Families who are homeless are not required to complete the remaining forms.*

SECTION B: PROOF OF RESIDENCY

Gates Chili Central School District requires proof of residency for each family registering their student(s). Check the box that represents your family’s residency status. Provide the appropriate proof of residency as listed below within three (3) business days.

- Homeowner:** you must provide one (1) item from Category A and one (1) item from Category B below. If an item from Category A is unavailable, please provide two (2) items from Category B.
- Renter:** you must provide one (1) item from Category A and one (1) item from Category B below. If an item from Category A is unavailable, please provide two (2) items from Category B.
- Shared Housing** (sharing single family home or apartment with another family; this does not include loss of residence because of hardship): you must provide a Shared Housing Certificate signed by both the primary resident and the individual residing at or moving into the shared housing. Please go to www.gateschili.org/SharedHousing to download this form if needed.
 - Primary resident: person(s) whose name is on the mortgage or lease.
 - Individual residing at or moving in: person(s) whose name is not on the mortgage/lease.

Proof of Residency Category A	Proof of Residency Category B
<ul style="list-style-type: none"> • Mortgage statement • Lease agreement • School or property tax receipt • If building new home—copy of builder sales contract indicating purchaser name, address and tentative completion date • Homeowner’s/renter’s insurance policy • Statement by a third-party landlord, owner or tenant from whom you lease or with whom you share property within the district • Other statement by a third-party that establishes your physical presence in the district 	<ul style="list-style-type: none"> • Pay stub • Income tax form • Utility or other bills • Voter registration document(s) • Membership documents based upon residency (e.g., library card) • Voter registration documents • Official driver’s license, learner’s permit, non-driver identification, vehicle insurance • State or other government issued identification • Documents issued by federal, state or local agencies (e.g., local social service agency, Federal Office of Refugee Resettlement) • Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers

GATES CHILI CSD STUDENT CENSUS INFORMATION FORM

Last Name: _____ First Name: _____ Middle Name: _____
Preferred Name: _____ Gender: Female Male Non-Binary

All students between ages 5 and 21 have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

- 1. Is the student of Hispanic, Latino, or of Spanish origin?** Check only one box that best describes the student.
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, student is of Hispanic, Latino, or Spanish origin
 - No, student is not of Hispanic, Latino, or Spanish origin
- 2. Select one or more races from the following five racial groups.** Check all that apply to the student.
 - 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.
- 3. Is the student considered an Immigrant Child or Youth?**
The term Immigrant Children and Youth refers to individuals who are ages 3-21; have not been attending school in any state for more than three full academic years; and were not born in any U.S. state.
 - Yes
 - No
- 4. If yes, what is the student's country of origin:** _____ **Date of arrival in U.S.:** _____
- 5. Is the student considered a Migrant Child?**
 - Yes
 - No
- 6. Has anyone in your family worked, or looked for work at the following occupations during the past three (3) years?** Check all that apply.
 - Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.
 - Work related to logging, harvesting, or initial processing of trees.
 - Work at a food processing plant, (such as meat or poultry processing plants, packaging fruits or vegetables, etc.

Parent/Guardian Signature: _____ Date: _____



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.

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

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"/> Parent 1	_____	<input type="checkbox"/> Parent 2
		<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? _____

Signature of Parent or of Person in Parental Relation

Month: Day: Year:

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: _____ PROFICIENCY LEVEL ACHIEVED ON NYSITELL:
 MO. DAY YR. ENTERING EMERGING TRANSITIONING EXPANDING COMMANDING

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

GATES CHILI CSD STUDENT RECORDS REQUEST FORM

SCHOOL INFORMATION

Last School Attended: _____ **Dates Attended:** _____
School Address: _____
School Phone Number: _____ **School Fax Number:** _____

STUDENT INFORMATION

Full Name of Student: _____ **Date of Birth:** _____ **Last Grade Attended:** _____
Full Name of Student: _____ **Date of Birth:** _____ **Last Grade Attended:** _____
Full Name of Student: _____ **Date of Birth:** _____ **Last Grade Attended:** _____

Parent/Guardian Signature: _____ **Date:** _____

The Gates Chili Central School District is requesting the following information for the above students:

- Permanent Record Information
- Achievement Test Scores
- Health Record Information
- Discipline Record
- Psychological Reports (if applicable)
- Any Other Pertinent Information

Please fax, mail or email the requested information to the school indicated below:

	Gates Chili High School , 1 Spartan Way, Rochester, New York 14624	Tel.: (585) 247-5050 Fax: (585) 340-5594
	Gates Chili Middle School , 2 Spartan Way, Rochester, New York 14624	Tel.: (585) 247-5050 Fax: (585) 340-5555
	Florence Brassler Elementary School , 1000 Chili Center Coldwater Road, Rochester, NY 14624	Tel.: (585) 247-1880 Fax: (585) 340-5577
	Neil Armstrong Elementary School , 3273 Lyell Road, Rochester, NY 14606	Tel.: (585) 247-3190 Fax: (585) 340-5550
	Paul Road Elementary School , 571 Paul Road, Rochester, NY 14624	Tel.: (585) 247-2144 Fax: (585) 340-5571
	Walt Disney Elementary School , 175 Coldwater Road, Rochester, New York 14624	Tel.: (585) 247-3151 Fax: (585) 340-5567
	Gates Chili Student Support Services , 3 Spartan Way, Rochester, New York 14624	Tel.: (585) 247-5050 Fax: (585) 247-1072