

SMITHTOWN CENTRAL SCHOOL DISTRICT
Smithtown, New York 11787

ENROLLMENT FORM

Student Name: Phone:

Address: Town: Zip

Nearest Street Intersection to Home:

Date of Birth: Sex: Place of Birth:
City State/Country

Entering School Grade Foreign Exchange Student

Has child attended the Smithtown Central School District previously?

If Yes, list School, Grade, Year:

Previous Out of District School Attended:

Address Grade(s)

Mother's Name: Father's Name:

Employer's Name: Employer's Name:

Employer's Address: Employer's Address:

Cell Phone #: Cell Phone #:

Daytime Phone #: Daytime Phone #:

E-Mail Address: E-Mail Address:

ETHNICITY (must select one):

Hispanic Origin ☐
Not Hispanic Origin ☐

RACE (must select at least one):

African American ☐
American Indian / Alaskan Native ☐
Asian ☐
Native Hawaiian / Pacific Islander ☐
White ☐

RESIDENCY/HOUSING:

Other Situation ☐
Abandoned Apartment ☐
In a Motel/Hotel ☐
In a Shelter ☐
Temporary Housing ☐
Train/ Bus Station ☐
With Relative ☐
Permanent Housing ☐
Train/Bus/Car ☐
Park/Campsite ☐

Languages spoken in the home:

Mailing required in a language other than English? ☐ Yes ☐ No

Are there any Divorce, Separation, Guardianship or Adoption issues? ☐ Yes ☐ No

Parent I.D.:



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

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:

Month Day Year

☐ Male
☐ 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? ☐ English ☐ Other specify
2. What was the first language your child learned? ☐ English ☐ Other specify
3. What is the Home Language of each parent/guardian? ☐ Mother specify ☐ Father specify
☐ Guardian(s) specify
4. What language(s) does your child understand? ☐ English ☐ Other specify
5. What language(s) does your child speak? ☐ English ☐ Other specify ☐ Does not speak
6. What language(s) does your child read? ☐ English ☐ Other specify ☐ Does not read
7. What language(s) does your child write? ☐ English ☐ Other specify ☐ Does not write

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. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <p>Yes* No Not sure</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> </div> <div style="width: 65%;"> <p>*If yes, please explain: _____</p> </div> </div> <p>How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe</p>	
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* <i>*Please complete 10b below</i>	
10b. <i>*If referred for an evaluation,</i> has your child ever <u>received</u> any special education services in the past? <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____</p> </div> <div style="width: 65%;"> <p>Age at which services received <i>(Please check all that apply):</i> <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)</p> </div> </div>	
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
11. Is there anything else you think is important for the school to know about your child? <i>(e.g., special talents, health concerns, etc.)</i> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	
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: ☐ 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: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> MO. _____ DAY _____ YR. _____ </div>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-right: 1px solid black; padding: 5px;">OUTCOME OF INDIVIDUAL INTERVIEW:</td> <td style="padding: 5px;"> ADMINISTER NYSITELL ENGLISH PROFICIENT REFER TO LANGUAGE PROFICIENCY TEAM </td> </tr> </table>	OUTCOME OF INDIVIDUAL INTERVIEW:	ADMINISTER NYSITELL ENGLISH PROFICIENT REFER TO LANGUAGE PROFICIENCY TEAM
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NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL			
NAME: _____	POSITION: _____		
DATE OF NYSITELL ADMINISTRATION: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> MO. _____ DAY _____ YR. _____ </div>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-right: 1px solid black; padding: 5px;">PROFICIENCY LEVEL ACHIEVED ON NYSITELL:</td> <td style="padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: center;"> ENTERING EMERGING TRANSITIONING EXPANDING COMMANDING </div> </td> </tr> </table>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL:	<div style="display: flex; justify-content: space-between; align-items: center;"> ENTERING EMERGING TRANSITIONING EXPANDING COMMANDING </div>
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FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:			

Smithtown Central School District
Special Education/Special Services
26 New York Avenue, Smithtown, NY 11787
(631) 382-2029
Fax: (631) 382-2083

Parent Nonpublic School Placement Acknowledgement / Consent Form

For the _____ school year, I have elected to place my child in a nonpublic school within the boundaries of the Smithtown Central School District, at my own expense, as indicated below:

Student Name: _____ Date of Birth: _____

Nonpublic School: _____ Grade: _____

Nonpublic School Address: _____

City, State, Zip: _____

Telephone: _____

Name of School District where the nonpublic school is located: Smithtown Central School District

Name Student's District of Residence: _____

In order to plan for your child, please indicate your decision below:

☐ I do not wish to arrange for special education services at this time in the _____ school year. I am aware that if I do not wish to discuss or arrange for special education at this time, this will in no way relinquish my child's right to receive a free appropriate public education in the future.

☐ I wish to arrange for special education services in the _____ school year as follows:
As per IESP

I also give permission for the Committee on Special Education to exchange all pertinent educational information including my child's Individualized Education Services Program (IESP) with my child's district of residence.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

***If you wish for your child to receive special education services from this district,
as the nonpublic school where you are placing your child is located.***

This form must be received by June 1st.



Smithtown Central
School District

Pupil Personnel Services
Joseph M. Barton Admin. Bldg.
26 New York Ave.
Smithtown, NY 11787
(631)382-2029

PARENT REFERRAL
To the Committee on Special Education

1. Information About Your Child

Name: _____ Birth Date: _____
Address: _____
Home Telephone: _____ Grade: _____ School: _____
Gender: Male Female Native Language: _____ Translator Needed? YES NO
Ethnicity: (circle one)
American Indian/Alaskan Asian/Pacific Islander Black Hispanic White

2. Parent/Guardian Information

Mother Name: _____	Father Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Home Telephone: _____	Home Telephone: _____
Native Language: _____	Native Language: _____
Translation: Yes No	Translation: Yes No

3. Referral Information

Please explain why you are referring your child and why you suspect that your child has a disability:

4. Background Information

Briefly describe your child's education and background.

Is absenteeism or lateness a problem?

☐ No

☐ Yes

Has your child ever been retained?

☐ No

☐ Yes

Does your child have any medical conditions?

☐ No

☐ Yes

If yes, please describe below:

Indicate any medications your child is receiving:

What assistance has your child received at school?

What assistance has your child received privately or outside of school?

Parent/Guardian Signature

Date

SMITHTOWN CENTRAL SCHOOL DISTRICT
Joseph M. Barton Building
26 New York Avenue
Smithtown, New York 11787

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Students Name ID #
Date of Birth Grade

Authorization is granted by the undersigned for the release of all official records, files and data directly related to the student named hereon to:

Materials for which release is authorized include all information and records that are intended for use in planning, evaluation and measurement of progress for educational purpose such as:

1. Academic work completed.
2. Level of achievement (grades, standardized test scores).
3. Attendance data.
4. Scores or standardized intelligence and aptitude tests.
5. Psychological tests and reports.
6. Interest inventory results.
7. Health data.
8. Family background information.
9. Teacher, counselor or agency ratings and observations.
10. Verified reports of serious and/or recurrent behavior patterns.
11. Committee on Special Education records.

Records are to be released by:

Name of School Official or Principal:
School:
Address:

Authorization is granted by:

Signature: Relationship:
Address:
Telephone Number: