



New Student Registration Form

New Lebanon JRSR High School
14665 Route 22, New Lebanon, NY 12125
Phone: (518) 794-7600
Fax: (518) 794-5050

Walter B. Howard Elementary School
1478 Route 20, New Lebanon, NY 12125
Phone: (518) 794-8554
Fax: (518) 766-2220

Date of Entrance _____

Grade _____

Name _____
Last First Middle

Date of Birth _____

Gender: _____ Male _____ Female

Residence/Physical Address:

Mailing Address (if different from Physical Address)

What county do you reside in: ☐ Columbia ☐ Rensselaer ☐ Other _____

Home Telephone _____ Custody Concern: ☐ Yes ☐ No

Previous School Attended _____

Address: _____

Has your child attend NLCSD in the past? _____

At the previous school did your child:

Receive Special Services _____ Have an Individual Education Plan (IEP) _____

School Phone Number: _____

Fax: _____

PARENT/GUARDIAN INFORMATION

1.) _____
Last Name **First Name** **Middle Initial**

Address (if different from student) _____

Relationship to Student: _____

Employer _____ Email Address _____

Employer Phone _____ Cell Phone _____

2.) _____
Last Name **First Name** **Middle Initial**

Address (if different from student) _____

Relationship to Student: _____

Employer _____ Email Address _____

Employer Phone _____ Cell Phone _____

If the student is not residing with at least one parent within the District, please provide the following information:

Basis for your parental relationship to the child (e.g., court ordered custody, foster care placement, informal transfer of custody, designation as person in parental relation: _____

Name of parent: _____

Address of parent: _____

Name of parent: _____

Address of parent: _____

SIBLINGS (Please check the box to indicate the sibling lives at home)

Name Birth Date Grade

Name Birth Date Grade

Name Birth Date Grade

Name Birth Date Grade

Name Birth Date Grade

OFFICE USE ONLY

Recd. Birth Certificate _____

Recd. IEP/SpEd Forms _____

Recd. Immunization Record _____

Proof of Residency _____

Recd. Custody Papers _____

Student ID #: _____



Student Residency Questionnaire

New Lebanon Jr/Sr High School
14665 Route 22, New Lebanon, NY 12125
Phone: (518) 794-7600
Fax: (518) 766-6265

Walter B. Howard Elementary School
1478 Route 20, New Lebanon, NY 12125
Phone: (518) 794-8554
Fax: (518) 766-2220

Name of Student _____ Sex: ____ Male
Last First Middle ____ Female

Birth Date ____/____/____ Age: ____

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

1. Is your current address a temporary living arrangement? ____ Yes ____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? ____ Yes ____ No

If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.

Where is the student presently living? (check one)

- ____ In a motel/hotel
- ____ In a shelter
- ____ With another family or other person
- ____ Moving from place to place
- ____ In an abandoned apartment/building
- ____ In a place not designed for ordinary sleeping accommodations such as a car, bus, train, park or campsite
- ____ Other temporary living situation (please describe)

Name of Parent(s)/Legal Guardian(s) _____

Address _____

Phone _____

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d)

Signature of Parent/Legal Guardian _____ Date _____

Send a copy to Matt Klafehn



14665 Route 22
New Lebanon, NY 12125

AUTHORIZATION FOR RELEASE OF RECORDS

STUDENT NAME: _____

GRADE: _____

Name and address of school last attended:

SCHOOL: _____

SCHOOL ADDRESS: _____

Phone and/or Fax: _____

The above student has enrolled in our school district. Please scan or fax all school records including grades up to the time of transferring, any test results, health records, psychological records, academic records, attendance records, disciplinary records, 504 plan or IEP (if any) and any additional information that would be helpful in placing this student. Thank you for your assistance. **Please note: If you plan on mailing records, please scan or fax pertinent information (i.e.: health records, transcript) prior to mailing.**

SEND RECORDS TO:

- ☐ New Lebanon Jr/Sr High School
14665 Route 22
New Lebanon, NY 12125
Attn: Sarah Roblez, Registrar
Phone: (518) 794-7600, option 2
Fax: (518) 766-6265
sroblez@newlebanoncsd.org



Parent/Guardian Signature

Date

Dental Health Certificate

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name:		Last	First	Middle
Birth Date: / /	Sex: Male	Will this be your child's first visit to a dentist? Yes No		
Month Day Year	Female			
School: Name				Grade
Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? Yes No				

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature _____ Date _____

Section 2. To be completed by the Dentist

I. The Dental Health condition of _____ on _____ (date of exam) The date of the exam needs to be within 12 months of the start of the school year in which it is requested. Check one:

☐ Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

☐ No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's name and address (please print or stamp) _____ Dentist's Signature _____

Optional Sections - If you agree to release this information to your child's school, please initial here.

II. Oral Health Status (check all that apply).

- Yes No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
- Yes No **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
- Yes No **Dental Sealants Present**

Other problems (Specify): _____

III. Treatment Needs (check all that apply)

No obvious problem. Routine dental care is recommended. Visit your dentist regularly.

May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.

Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.



STUDENT EMERGENCY INFORMATION SHEET

Dear Parent/Guardian:

Please read and complete both sides of this form completely and return it to the main office as soon as possible. You will only need to complete one form per household. If **at anytime your information changes (i.e. emergency contact person, telephone numbers, address) contact the main office immediately.** This information is extremely **important! Thank you.**

Student's Name: _____

Grade: _____

Date of Birth: _____

Student Mailing Address: _____

I f different from Mailing Address

Physical **Address:** _____

Parent/Guardian

Parent/Guardian #1 Name: _____ **Relationship to Student:** _____

Home Telephone: _____ Work Phone#: _____ Cell Phone#: _____

E-Mail Address: _____

Address if different from above: _____

Parent/Guardian #LName: _____ **Relationship to Student:** _____

Home Telephone: _____ Work Phone#: _____ Cell Phone#: _____

E-Mail Address: _____

Address if different from above: _____

Emergency Contact who will assume temporary care of child/ren if you cannot be reached.
You may also attach an additional list of people who can pick-up your child(ren) from school.

1.) Name _____ Relationship to Student: _____

Home Telephone: _____ Work Phone#: _____ Cell Phone#: _____

Address: _____

2.) Name _____ Relationship to Student: _____

Home Telephone: _____ Work Phone#: _____ Cell Phone #: _____

Address: _____

3.) Name _____ Relationship to Student: _____

Home Telephone: _____ Work Phone #: _____ Cell Phone #: _____

Address: _____

4.) Name _____ Relationship to Student: _____

Home Telephone: _____ Work Phone#: _____ Cell Phone #: _____

Address: _____

Physician Information

In case of an accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make necessary arrangements for my child.

Physician's Name _____ Office Telephone: _____

Address: _____ Home Telephone: _____

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

Parent's Signature _____ **Date:** _____

NOTICE TO PARENTS

SPECIAL EDUCATION SERVICES

If you suspect that your child may have a physical, cognitive, or emotional disability, you have the right to refer your child to the District's Committee on Special Education for an evaluation, and a determination as to whether your child is eligible to receive special education services and programs. More information regarding your rights is set forth in the New York State Education Department's *Parent's Guide to Special Education in New York State for Children Ages 3-21*, available at <http://www.p12.nysed.gov/specialed/publications/policy/parentsguide.pdf>

To refer your child to the Committee on Special Education, or to obtain more information regarding the District's special education services and programs, please contact:

Kathy Johnston
CSE/CPSE Chairperson
New Lebanon CSD
1478 Route 20
West Lebanon, NY 12195
518-794-8554 option1/option 4
kjohnsonton@newlebanoncsd.org

Date Withdrew _____

F ____ R ____ D ____

2022-2023 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and **return it to the address listed below**. Call **518-794-7600, School Nurse**, if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to: **New Lebanon Central School**
14665 Route 22
New Lebanon, N.Y. 12125

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 4, and sign the application.

Name: _____ CASE #: _____

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

All Household Members (including yourself and all children that have income).

List all Household members not listed in Step 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions Amount / How Often	Child Support, Alimony Amount / How Often	Pensions, Retirement Payments Amount / How Often	Other Income, Social Security Amount / How Often	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

*Last Four Digits of Social Security Number: XXX-XX- ____ - ____

 I do not have a SS# ☐

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#) or mark the "I do not have a SS#" box before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Home Address: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or LatinoRace (Check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Island ☐ White**DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY**

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
 Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

☐ SNAP/TANF/Foster☐ Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____☐ Free Meals ☐ Reduced Price Meals☐ Denied/Paid

Signature of Reviewing Official

Date Notice Sent:

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, complete only one application for your household using the instructions below. Sign the application and return the application to School Nurse. If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: 518-794-7600, school nurse. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDIPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP, TANF or FDIPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDIPIR number.

PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
- (3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
- (4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDIPIR number, a social security number is not needed.**
- (5) An adult household member must sign the application in PART 4.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

USE OF INFORMATION STATEMENT

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDIPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

DISCRIMINATION COMPLAINTS

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. fax:
(833) 256-1665 or (202) 690-7442; or
3. email:
program.intake@usda.gov

This institution is an equal opportunity provider.

FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

When filling out the application form, please pay careful attention to these helpful hints.

SNAP/TANF/FDPIR case number: This must be the complete valid case number supplied to you by the agency including all numbers and letters, for example, E123456, or whatever combination is used in your county. Refer to a letter you received from your local Department of Social Services for your case number or contact them for your number.

Foster Child: A child who is living with a family but who is under the legal care of the welfare agency or court may be listed on your family application. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income.

Household: A group of related or non-related people who are living in one house and share income and expenses.

Adult Family Members: All related and non-related people who are 21 years of age and older living in your house.

Financially Independent: A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by the family/household. Separate economic units in the same residence are characterized by prorating expenses and by economic independence from one another.

Current Gross Income: Money earned or received at the present time by each member of your household before deductions. Examples of deductions are federal tax, State tax, and Social Security deductions. If you have more than one job, you must list the income from all jobs. If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources. Only farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months reported from their 1040 Tax Forms.

Examples of gross income are:

- Wages, salaries, tips, commissions, or income from self-employment
- Net farm income – gross sales minus expenses only – not losses
- Pensions, annuities, or other retirement income including Social Security retirement benefits
- Unemployment compensation
- Welfare payments (does not include value of SNAP)
- Public Assistance payments
- Adoption assistance
- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support payments
- Disability benefits, including workman's compensation
- Veteran's subsistence benefits
- Interest or dividend income
- Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- Other cash income

Income Exclusions: The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

If you have any questions or need help in filling out the application form, please contact:

Name: _____ Title: _____

Telephone Number: _____



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

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	<u>specify</u>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<u>specify</u>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Parent 1 <u>specify</u>	<input type="checkbox"/> Parent 2 <u>specify</u>	<input type="checkbox"/> Guardian(s) <u>specify</u>
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<u>specify</u>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not speak <u>specify</u>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not read <u>specify</u>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<input type="checkbox"/> Does not write <u>specify</u>

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: ☐ 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:

Mo. DAY YR.

PROFICIENCY LEVEL
 ACHIEVED ON
 NYSITELL:

- ☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

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



Enrolled Student Information Form

Student Name _____

STUDENT ETHNICITY (Choose one):

☐ Hispanic/Latino

☐ Not Hispanic/Latino

STUDENT RACE (Choose one or more, regardless of Ethnicity):

☐ American Indian or Alaskan Native

☐ Asian

☐ Native Hawaiian/Other Pacific Islander

☐ Black or African American

☐ White

LANGUAGE SPOKEN AT HOME: _____

IS THIS YOUR NATIVE LANGUAGE?

YES ☐ or NO ☐

Frequently Asked Questions from New Students :

(This list is exclusively for students who plan to enroll in the JRSR High School)

1. What time does the bell ring at the beginning and end of the day? How many minutes during each class period, and how many minutes in between classes do we get?

- a. We operate on a 9 set day. The morning bell rings at 7:28am and students are expected to be in class at 7:33am to begin the Mindful Minute. Each class is 41 minutes long with a 3 minute break in between classes.
- b. Dismissal is at 2:10pm with the option of a late bus pickup at 3pm- provided you get a pass from a teacher beforehand. Students should ONLY be staying after school for help with classes or athletics. If a student is staying after school, they need to be with an adult so they are supervised at all times.

2. Am I allowed to carry a backpack in school?

- a. No. Students are not allowed to carry backpacks in school. If you have a purse, you are able to carry that with you. Students have the ability to go to their locker after every class period, so you can grab what you need for your next class at that time.

3. I am a highschool student that will be transferring from out of state. Will my credits transfer?

- a. Your new school counselor will work with your new principal to ensure your credits transfer in some capacity. Please keep in mind that we also need to follow New York State graduation requirements, so you may need to take classes off-grade level in order to catch up. Or, you may need to double up in certain subject areas (depending on what you have taken at your previous school). We will work with you as best as we can to ensure you graduate with your freshman cohort.

4. I am a highschool student that is transferring from another New York State school. Will my credits transfer?

- a. Yes. All of your New York State credits will transfer.

5. What are New York State graduation requirements?

- a. [New York State Diploma and Credential Requirements](#) (Updated July 2020)
 - i. [NYS Credit and Diploma Requirements Chart](#) (Updated July 2020)

6. How much is a lunch?

- a. Lunch is \$2.35, students who qualify for free or reduced lunch pay \$0. Milk is \$.55. You are always able to obtain a free/ reduced lunch application in the

cafeteria. Prepayment of meals is also available. If a student has a prepaid account, they may buy snacks off of that account with a note from their parents. You have the ability to charge if you do not have any money, but you cannot exceed \$20. When a student reaches that point they are offered a cheese sandwich w/ fruit, vegetable and milk, until their account is paid in full. Please check out our pay online option for paying for your child's lunch/breakfast: www.myschoolbucks.com.

7. How do I know when my bus will pick me up?

- a. Once you are officially registered, the Transportation Department will send you information on your pick up and drop off times before the start of the school year.

8. Are there any Career and Technical Education opportunities?

- a. Students going into 11th or 12th grade have the ability to enroll in a 2 or 1 year CTE program provided they go through the proper application process in the spring semester of 10th grade. Please see their website for more details on 2 and 1 year programs:
<https://www.questar.org/education/career-and-technical-education/programs/career-tech/>

9. What classes do I have to take?

- a. Please see our [Course Catalog](#) for details on courses for students in grades 7 and 8, as well as classes we offer our high school students.

10. I had an Individualized Education Plan (IEP) or a 504 Plan at my previous school. How can I access my services?

- a. Once you begin the registration process and we receive your IEP, we will send that directly to our Special Education Office so it can be reviewed by our Special Education Chairperson. An initial meeting will be set up to go over available services the district would provide.
- b. If you have a 504 Plan, we would also set up an initial meeting to go over available services once that document is received.

11. What is the cell phone policy?

- a. Students have the ability to use their phones during study halls and lunches. Phones are NOT permitted in the classroom unless otherwise indicated from your teacher. **All phone use in the classroom is for educational purposes only.**

12. How many students per classroom will there be?

- a. New Lebanon students enjoy a 1 to 15 teacher to student ratio.

13. What kind of sports do you have?

- a. **Women's-** Soccer, Volleyball, Basketball, Wrestling, Swimming, Softball, Track and Field.
- b. **Men's-** Soccer, Volleyball, Basketball, Wrestling, Swimming, Baseball, Track and Field

14. May I have access to your school profile?

- a. [New Lebanon School Profile](#)

15. Do you have a school portal so I can have access to my grades?

- a. To create a student portal account- go to <https://esd-studentportal.neric.org/NewLebanonCSD> . Your username will be your student ID number. Your initial password will be welcome1.
- b. To create a parent portal account- to to <https://esd-parentportal.neric.org/Login.aspx?ReturnUrl=%2f> . Have student's ID number handy in order to input into system. Create your username and password, and then schedule a time to come to the Main Office to verify your account

16. I'd like to stay after school to see a teacher for extra help, but I don't have any other way home besides a bus. What can I do so I can stay after?

- a. We offer a late bus for all students who want academic help after school. Make arrangements with your teacher beforehand, and they will give you a pass for the late bus at 3:00pm. You will be dropped off at Walter B. Howard Elementary School to catch your regular bus.

17. Do you have any dual- credit or AP classes?

- a. Yes. We offer both. Please see school profile or our course catalog for a complete list. Both of which can be found on our School Counselor's website: [Mrs. Evans- School Counselor](#)