 **SOMERSET PUBLIC SCHOOLS**

**SOMERSET, MA 02726**

## 

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| --- |
| OFFICE USE ONLYSASID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LASID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LUNCH \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## REGISTRATION

**Early Intervention Child Find Preschool K-8**

**Regulations on School Entrance**

To be eligible for entrance into kindergarten for the September, 2018, school year, a child must reach his/her fifth (5th) birthday on or before **August 31st**. For Preschool aged children, they must reach their 3rd or 4th birthday by August 31st. There will be **no exceptions** to this rule.

Eligible children will be admitted upon submission of (1) a **state issued birth certificate or birth abstract**(hospital certificates are **NOT** acceptable) and (2) a physician's certificate stating that your child has been successfully immunized.

**PLEASE PRINT, COMPLETING ALL PORTIONS OF THE FORM**.

### Name of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Last First Full Middle Name

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

mm/dd/yyyy

Place of birth: City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Country\_\_\_\_\_\_ Gender (circle one): Male Female

Has your child ever attended a Massachusetts Public School? \_\_\_\_\_\_\_\_\_\_\_\_\_Grade Last Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child currently have a/an: 504 ACCOMMODATION PLAN IEP/SPED

If you indicated yes to either, and your child attends a district other than Somerset, please submit copies.

Race (circle all that apply) American Indian or Alaskan Native

Asian Pacific Islander

African American Caucasian

Ethnicity: Hispanic/Latino Non-Hispanic/Latino

First language spoken by child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Language spoken at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Mother/Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Father/Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state whether the student resides in more than one home due to shared custody or otherwise: Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

Address of student’s other residence: (No.) \_\_\_\_\_\_\_ (Street) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_

Number of Siblings: \_\_\_\_\_\_ Number Younger: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Number Older\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrolled in grades: K\_\_ 1\_\_ 2\_\_3\_\_4\_\_5\_\_ Middle School\_\_ High School\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please print below the name, address, and phone number of some other individuals your child may be released to, if necessary, to provide transportation and to care for your child should we not be able to reach you.

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: (aunt, grandfather, friend, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: (aunt, grandfather, friend, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: (aunt, grandfather, friend, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: (aunt, grandfather, friend, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My child may NOT be released to the following person(s):**

Name of adult:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of adult:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal documents are attached regarding this issue YES\_\_\_\_\_NO\_\_\_\_\_

It shall be the policy of the Somerset School Committee that: “…all children who register and attend Somerset Public Schools at the expense of the citizens of Somerset be legal residents whose actual principal domicile is in Somerset. The Somerset Public Schools do not discriminate in admission to, access to, treatment in, or employment in its services, programs and activities: on the basis of race, color or national origin; sex; age; domicile; native language; disability; sexual orientation; religion or gender identity.

I understand that enrolling a child in the Somerset Public Schools is contingent upon the conditions of the Residency Policy, which I have read. I also understand that violation of this policy may result in termination of the child’s enrollment and that I may be liable for this child’s tuition reimbursement based on the number of days the student was enrolled in the Somerset Public Schools. I hereby certify that under the pains and penalties of perjury that the information provided is accurate and true.

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

Signature of Parent/Guardian Date



**Somerset Public Schools**

*All Students Achieving Excellence*

Welcome to the Somerset Public Schools. Registration for students entering the Somerset Public Schools requires the submission of the following documents. Please present original documents and copies will be made at the school office.

|  |  |  |  |
| --- | --- | --- | --- |
|  **Proof of Residency** (Please submit the required number of documents from each of the three categories below.) | | | |
|  | **1 Proof from Category A**  **For Homeowners**   Copy of Deed and/or a record of the most recent mortgage payment   Property tax bill and the most recent payment   Copy of settlement statement and a record of the most recent payment  **For Renters**   Copy of current lease and a signed Landlord Living Agreement   Signed Landlord Living Agreement and a record of the most recent rent payment | **2 Proofs from Category B**  **For Homeowners and Renters**  A utility bill dated within the past 45 days or a statement of service showing the service address and connection date from the following list:   Electric bill   Gas bill   Home telephone bill  (landline phones only; cell phone bills are not allowed)   Home/renters insurance bill | **1 Proof from Category C**  **For Homeowners and Renters**     Valid government-issued  photo identification that  shows the current address  (driver’s license, passport, etc.)   Payroll stub dated within the past 45 days that shows the current address   Bank Statement dated within the past 45 days that shows the current address |
|  **Affidavit of Residency**  (Please complete and sign) | | | |
|  **Landlord Living Agreement** (For renters only. Form **mus**t be notarized by a Notary Public.) | | | |

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

580 Whetstone Hill Road · Somerset, MA 02726 · P 508-324-3100 · www.somersetschools.org

Superintendent Jeffrey Schoonover

Somerset Middle School · North Elementary School · South Elementary School · Chace Elementary School

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**SOMERSET PUBLIC SCHOOLS**

**AFFIDAVIT OF RESIDENCY**

# 

# I/we, the undersigned parent(s) or legal guardian(s) of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify as follows:

1. I/we reside at:

No. Street Apt/Unit No. Somerset, MA Zip Code Telephone

1. I/we wish to enroll / continue the enrollment of the above named student in the Somerset Public Schools for the **2018- 2019** school year. I/we understand that pursuant to Massachusetts law and Somerset School Committee policy, students who actually reside in the Town of Somerset may attend the Somerset Public Schools and students who do not actually reside in the Town of Somerset may not attend the Somerset Public Schools.
2. I/we hereby certify that the above named student resides with me at the Somerset, Massachusetts address shown on this form.
3. I/we acknowledge that I am/we are required to notify the Principal of the above student’s school, **in writing**, of any change in said student’s address within five (5) calendar days of such change of address and **to provide new proof of residency** pursuant to the Somerset Public Schools Admission policy.
4. I/we understand that this affidavit will be relied upon by the Somerset Public Schools for the purpose of determining the above student’s eligibility to attend the Somerset Public Schools on the basis of residency. If said student is enrolled in the Somerset Public Schools based upon the information contained in this affidavit and it is subsequently determined that the student does not actually reside in Somerset, I/we understand that the student’s enrollment in the Somerset Public Schools may be promptly terminated and I/we may be held jointly and severally liable to the Somerset Public Schools for the student’s tuition for the full academic year.
5. I/we further certify that I am/we are the parent(s) or legal guardian(s) of the above student.

# **Signed under the pain and penalties of perjury on this**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(DAY) (MONTH) (YEAR)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian 1 Parent/Guardian 2**



**Somerset Public Schools**

*All Students Achieving Excellence*

LANDLORD LIVING AGREEMENT

(to be completed by landlord)

To: Somerset Public Schools

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify and swear under oath that I am the legal owner/renter of the property at:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I also certify and swear that (name of parents/guardians): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and their child(ren)

(names): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are my tenants and live at the above address.

I agree that if the Somerset Public Schools investigate and find these statements to be false, that I may be responsible for repayment of any tuition or educational costs due the Somerset Public Schools for the education of the above referenced children.

I agree that if the tenants listed above move out of the dwelling listed above, that I will notify the Somerset Public Schools of this change of residence. Signed under the pains and penalties of perjury:

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

(Owner’s Signature) (Renter’s Signature)

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

(Print owner’s name) (Print renter’s name)

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

(Date)

Notary Public

stamp/signature

|  |
| --- |
| **Somerset Berkley Regional School District**  **Somerset Public Schools** |

**APPENDIX D: Home Language Survey**

**Home Language Survey**

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student’s home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

|  |
| --- |
| **Student Information** |



**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ F M**

**First Name Middle Name Last Name Gender**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_**

**Country of Birth Date of Birth** (mm/dd/yyyy) **Date first enrolled in ANY U.S. school** mm/dd/yyyy)

|  |
| --- |
| **School Information** |

**\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_ /20\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Start Date in New School** (mm/dd/yyyy) **Name of Former School and Town Current Grade**

|  |  |  |
| --- | --- | --- |
| **Questions for Parents/Guardians** | | |
| **What is the native language(s) of each parent/guardian? (circle one)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_**\_\_\_\_\_** (mother / father / guardian)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mother / father / guardian) | | **Which language(s) are spoken with your child?**  (include relatives -*grandparents, uncles, aunts, etc.* - and caregivers)  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** seldom / sometimes / often / always  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ seldom / sometimes / often / always |
| **What language did your child first understand and speak?** | **Which language do you use most with your child?** | |
| **Which other languages does your child know?**  **(circle all that apply)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** speak / read / write  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ speak / read / write | **Which languages does your child use?**  **(circle one)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** seldom / sometimes / often / always  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ seldom / sometimes / often / always | |
| **Will you require written information from school in a language other than English?**    **Y N** | **Will you require an interpreter/translator when you are at the school?**  **Y N** | |
| **Parent/Guardian Signature:**  **X** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:** | |

**To Be Completed by ELE Staff:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proficiency Testing/Records Review Need ELE Services: \_\_\_ Yes \_\_\_ No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Intake Test Score**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level ELE Staff Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_**





