

Brother(s) and Sister(s) Information

Name (First and Last)	Sex	Birth Date	Living at Home	Present Grade	School Attending

Racial/Ethnic Identification – please answer both of the following questions.

1. Is the student Hispanic, Latino or of Spanish origin? Hispanic, Latino or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race. Yes ____ No ____

2. Select one or more races from the following five racial groups (Check all groups that apply to your child.)

- American Indian or Alaska Native – a person having origins in any of the original peoples of North America
- Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent
- 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 – 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

Previous School Attended _____ Phone Number _____ Grade _____

Address _____

Services at previous school: AIS Math ____ AIS Reading ____ IEP ____ 504 Plan ____ Speech ____ Counseling ____ Other ____

If there is anything you wish to tell us regarding your child, please explain: _____

Signature of person filling out form

Relationship

Date

GREATER JOHNSTOWN SCHOOL DISTRICT

Administration Center
1 Sir Bills Circle, Suite 101 ♦ Johnstown, NY 12095
Phone (518) 762-4611
Fax: (518) 762-6379

Robert A. DeLilli
Superintendent of Schools

RELEASE OF INFORMATION AUTHORIZATION

I, _____, hereby request and authorize the release of all current records: report cards/academic grades; health records (immunizations and physical examinations); psychological/psychiatric evaluations; IEP (Individualized Education Plan); social history; other evaluations/reports including occupational therapy, physical therapy, speech/language, hearing, vision, etc.; counseling records; and any other information you feel may be pertinent regarding the following student:

Student's Name Date of Birth

These records are to be **released by:** _____

These records are to be **sent to:**

Johnstown School District
C/o Ann Stefka
1 Sir Bills Circle, Suite 101
Johnstown, New York 12095
Phone: (518) 762-4611
Fax: (518) 762-6379

Parent/Guardian Signature Date

Relationship to Student

ADDRESS OF PARENT/GUARDIAN



Home Language Questionnaire (HLQ)

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

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

(✓ boxes that apply)

- What language(s) is spoken in the student's home or residence? English Other _____ *specify*
- What language(s) are spoken most of the time to the student, in the home or residence? English Other _____ *specify*
- What language(s) does the student understand? English Other _____ *specify*
- What language(s) does the student speak? English Other _____ *specify*
- What language(s) does the student read? English Other _____ Does Not Read *specify*
- What language(s) does the student write? English Other _____ Does Not Write *specify*
- In your opinion, how well does the student understand, speak, read and write English?

	<i>Very well</i>	<i>Only a little</i>	<i>Not at all</i>
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: _____