

NEWFIELD CENTRAL SCHOOL DISTRICT
MIDDLE SCHOOL REGISTRATION

The following documentation is required (as applicable) for student registration. Please keep a copy of all documentation in the student file. A copy of the DSS form must be sent to the Business Office.

- Two Proofs of Residency
 - Driver's license
 - Electric bill
 - Phone bill
 - Lease
 - Other _____

- Registration Form (green, double-sided)
- Custody/Guardianship Papers
- Birth Certificate
- Immunization Record
- Verification of
 - DSS - Foster Care (SEND ONE COPY TO THE BUSINESS OFFICE)
 - Order of protection
 - Law Guardian
 - Not Applicable

- Health History (pink)
- Home Language Questionnaire
- Home Residency Questionnaire
- Emergency Information Form
- Transportation Information Form (blue)
- Free/Reduced Lunch Application and/or Cafeteria Policy
- Consent for Release of Records
- Computer Use/Internet Use Form (goldenrod)

**NEWFIELD CENTRAL SCHOOL DISTRICT
STUDENT REGISTRATION FORM**

STUDENT INFORMATION

Student Name (First) _____ (Middle) _____ (Last) _____
Date ____ / ____ / ____ Grade level _____ Gender M / F
Date of Birth ____ / ____ / ____ Place of Birth _____

1. Hispanic or Latino Yes No

2. Ethnic Origin (please check all that apply)

- White American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian/Other Pacific Islander
-

PARENT/GUARDIAN INFORMATION (This student resides with):

Name 1 _____ Relation to student _____
Current Address _____
Previous Address _____
Home phone _____ Work phone _____ Cell phone _____
Email _____

Name 2 _____ Relation to student _____
Address (if different from Name 1) _____
Previous Address (if different from Name 1) _____
Home phone _____ Work phone _____ Cell phone _____
Email _____

Has this student been named in a custody order (if YES, please attach)? Yes No

Does this student have any court documents of which the school needs to be aware (ex. Order of Protection, Law Guardian, etc.) If YES, please attach. Yes No

Has this student ever attended Newfield Central School District?
If YES, when? _____ Yes No

Does this student have an Individualized Education Plan (IEP) for Special Education Services (ex. Resource Room, Inclusion class, Consultant teacher, testing accommodations, etc.)? If YES, please attach. Yes No

Is this child currently in Foster Placement? Yes No

Is this child part of a migrant family? Yes No

PREVIOUS PLACEMENT

Previous School District: _____

Address: _____ City/State/Zip _____

Phone number: _____ Fax number: _____

ADDITIONAL INFORMATION

The following person(s), as a parent of this student in addition to the above-named individuals, should receive school documents:

Name:	Address:
Name:	Address:

I hereby grant permission for my child to be released from school to the following person(s) when necessary*:

Name:	Relationship to Student	Phone Number

*NOTE: These persons may NOT make changes to your child's dismissal plans. The parent/guardian must send in a note to have anyone other than him/herself pick up the child for routine or non-emergency situations.

Please list all others living in this household (not included above) and their relationship to the enrollee:

Full Name (include middle names):	Relationship to Student	Date of Birth

I verify that all information provided in this registration packet is true and understand that providing false information is considered a serious offense and may result in legal action.

Parent/Guardian Signature

Date

NEWFIELD CENTRAL SCHOOL DISTRICT
STUDENT HEALTH HISTORY AND INFORMATION

Student Name _____ Date of Birth ____ / ____ / ____ Gender (circle) M / F

CONTACT INFORMATION

Doctor _____	Phone _____
Dentist _____	Phone _____
Emergency contact _____	Phone _____
Emergency contact _____	Phone _____
Emergency contact _____	Phone _____

HISTORY

1. Does student have any ongoing health concerns? Yes No
(ex. asthma, diabetes, seizures, injuries, etc.) If YES, please describe:

2. Does student have any allergies (ex. bee, insect, food, seasonal, pet)? Yes No
If YES, please describe and indicate whether hospitalization or emergency treatment was required.

3. Has student had any hospitalizations, significant injuries, or surgeries? Yes No
If YES, please describe:

4. Is the student taking any medications? Yes No
If YES, please describe:

5. Please provide any additional concerns or information that you feel the school nurse and/or teacher should know:

I, the undersigned, do hereby authorize officials of the Newfield Central School District to contact directly the persons named on this form, and I do authorize the named physicians to render treatment as may be deemed necessary in an emergency, for the health of named child. In the event that parents or physicians cannot be contacted, school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the named child. This is not a waiver of any legal rights, which may accrue out of an accident and under which parents of students may seek to recover for medical expenses. In the event of an emergency and contact with a parent is not possible, the school principal has permission to make life-saving medical decisions for my child.

Signature of Parent/Guardian _____

Date _____



CUESTIONARIO SOBRE EL IDIOMA QUE SE HABLA EN EL HOGAR
("Home Language Questionnaire, HLQ") - Spanish

Estimado Padre/Madre o Guardián:
Para poder ofrecer a su hijo(a) la mejor educación posible, necesitamos determinar cuán efectivamente él o ella entiende, habla, lee y escribe el idioma inglés. Su ayuda será apreciada si contesta estas preguntas.

Gracias.

PARA SER COMPLETADO POR EL PERSONAL ESCOLAR
(TO BE COMPLETED BY SCHOOL PERSONNEL)

DISTRITO (District) IMPRIMA O ESCRIBA CLARAMENTE
(Please print or type clearly)

ESCUELA (School) GRADO (Grade)

NOMBRE DEL ESTUDIANTE (Student Name)

FECHA DE NACIMIENTO (Date Of Birth) Mes: (Month) Día: (Day) Año: (Year)

NUMERO DE IDENTIFICACION DEL ESTUDIANTE (Student Identification Number)

PAIS NATAL O ASCENDENCIA (Country of Birth/Ancestry)

NUMERO DE AÑOS MATRICULADO EN ESCUELA(S) FUERA DE LOS E.U. (Number of years enrolled in school outside the U.S.)

NOMBRE/POSICIÓN DEL PERSONAL ESCOLAR LLENANDO ESTA SECCION (Name/Position School Personnel Completing This Section)

DETERMINACIÓN: (Determination) Posiblemente LEP (Possibly LEP)
 Dominante en Inglés (English Proficient)

(✓ Marque las casillas que aplican)

1. ¿Qué idioma(s) se habla en el hogar o residencia del estudiante? Inglés Español Otro _____
(Especifique cuál)

 2. ¿En qué idioma(s) se le habla al estudiante la mayor parte del tiempo en el hogar o residencia? Inglés Español Otro _____
(Especifique cuál)

 3. ¿Qué idioma(s) entiende el estudiante? Inglés Español Otro _____
(Especifique cuál)

 4. ¿Qué idioma(s) habla el estudiante? Inglés Español Otro _____
(Especifique cuál)

 5. ¿En qué idioma(s) lee el estudiante? Inglés Español Otro _____ No lee
(Qué idioma)

 6. ¿En qué idioma(s) escribe el estudiante? Inglés Español Otro _____ No escribe
(Qué idioma)

 7. ¿En su opinión, qué tan bien el estudiante entiende, habla, lee y escribe inglés?
- | | Muy bien | Un poco | Nada |
|-----------------|--------------------------|--------------------------|--------------------------|
| Entiende Inglés | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Habla Inglés | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lee Inglés | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Escribe Inglés | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Firma del Padre/Madre/Guardián/Otro
(Signature of Parent/Guardian/Other)

Mes: (Month) Día: (Day) Año: (Year)
Fecha (Date)



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 English. Your assistance in answering these questions is greatly appreciated.

Thank You

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

(✓ boxes that apply)

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

	Very well	Only a little	Not at all
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 _____

Month: _____ Day: _____ Year: _____
Date _____

NEWFIELD CENTRAL SCHOOL DISTRICT

STUDENT RESIDENCY QUESTIONNAIRE

Student Name _____ Date of Birth ____ / ____ / ____ Gender (circle) M / F

School: _____ Social Security # _____

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

1. Is your current address a temporary living arrangement? Yes No

2. If yes, is this temporary living arrangement due to the loss of housing or economic hardship? Yes No

If you answered YES to both of the above questions, please complete the remainder of the form below. If you answered NO to either question, you may stop here.

.....

Where is the student presently living? (Check one box.)

- In a motel/hotel
- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship ("doubled-up")
- A place not designed for ordinary sleeping accommodations (i.e. car, park, bus, train, campsite)
- Other temporary living situation (please describe) _____

Name of Parent(s)/ Legal Guardian(s)/ Unaccompanied Youth PLEASE PRINT	Address

Presenting a false record or falsifying records is an offense under Section 37.10 of the Penal Code. Enrollment of a child under false documents subjects the person to liability for tuition or other costs.

Signature of Parent/Legal Guardian/Unaccompanied Youth

Date

NEWFIELD CENTRAL SCHOOL DISTRICT
Emergency Contact Information

Student Name _____ Date of Birth ____/____/____ Gender (circle) M / F

Physical Address: _____ Mailing Address: _____

Student lives with _____ Home Phone: _____

Contact Name: _____

Home Phone _____

Address: _____

Cell Phone _____
Work Phone _____

Employer _____

Email _____

Relation to Student:

Receives mailings (circle one)

Yes No

Contact Name: _____

Home Phone _____

Address: _____

Cell Phone _____
Work Phone _____

Employer _____

Email _____

Relation to Student:

Receives mailings (circle one)

Yes No

Alternate person(s) to contact in the event parent/guardian is not available:

#1 Name: _____ Relationship: _____

H: _____ W: _____ C: _____

#2 Name: _____ Relationship: _____

H: _____ W: _____ C: _____

#3 Name: _____ Relationship: _____

H: _____ W: _____ C: _____

Emergency School Closing Contact (one name only, please):

Name: _____ Relationship: _____

H: _____ W: _____ C: _____

Date: _____ Signature of parent/guardian: _____

NEWFIELD CENTRAL SCHOOL DISTRICT
TRANSPORTATION INFORMATION FORM

Student's Name (please print)	Date of Birth	Gender	Grade
		M / F	
		M / F	
		M / F	
		M / F	
		M / F	

Current Address:

House # and street name

City State Zip code

Previous Address (if moving within Newfield:

House # and street name

City State Zip code

AM Pick-Up Location: _____
(example – home, relative's house, daycare, etc. – give address if different from home address)

PM Drop-Off Location: _____

Daycare Provider's Name/Address: _____

If school closes early, where does your child go? _____

People who have your permission to get your child from the bus stop (must be adults only):

1. _____
2. _____
3. _____
4. _____

NEWFIELD CENTRAL SCHOOL DISTRICT
PARENT'S AUTHORIZATION AND CONSENT
FOR RELEASE OF SCHOOL RECORDS

Student Name _____ Date of Birth ____ / ____ / ____ Gender (circle) M / F

I hereby authorize the Newfield Central School District to receive copies of all school records, including but not limited to medical, psychological, audiological, Individual Educational Plans, attendance, behavioral, and all other educational records and information for the above named student.

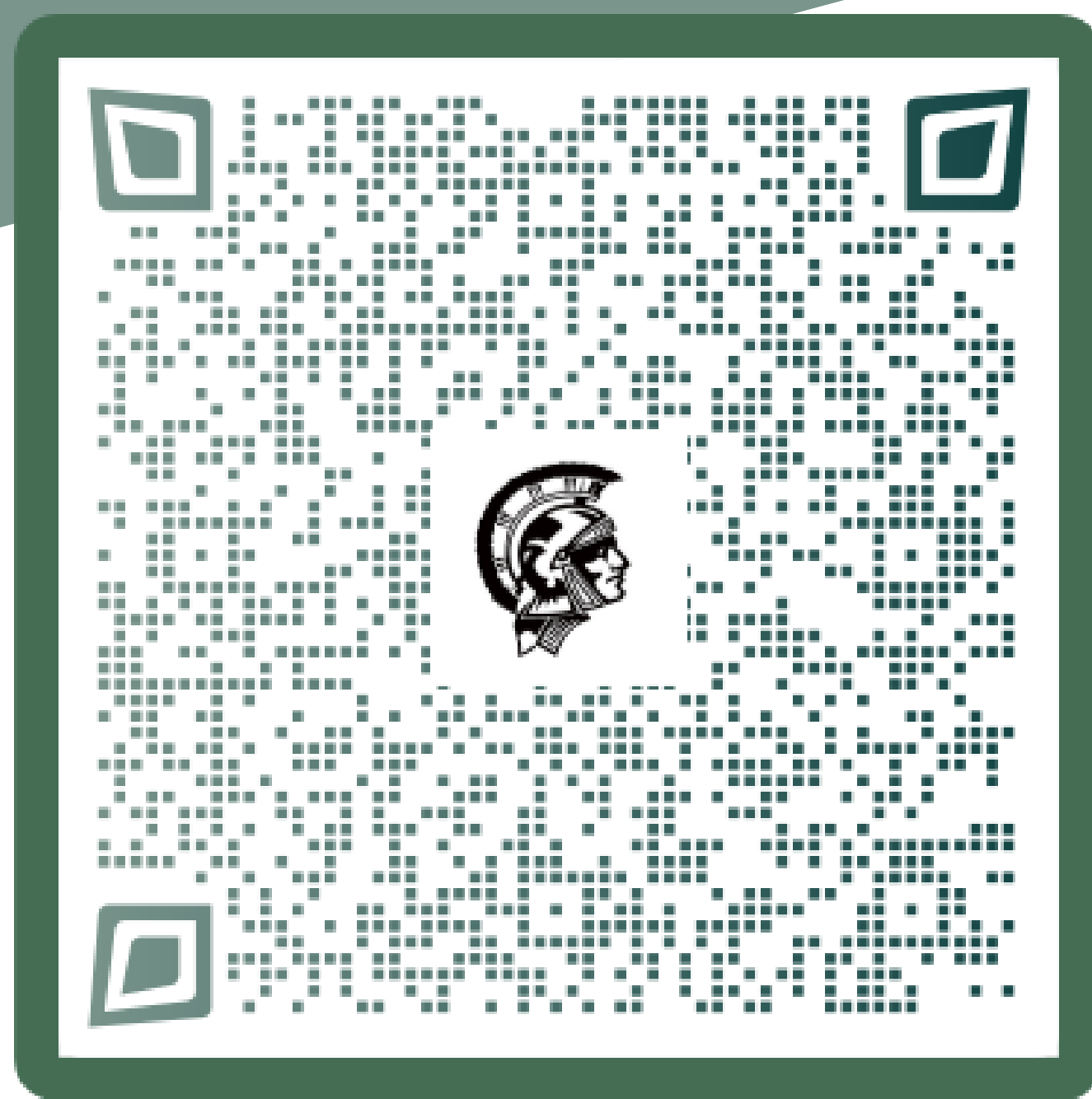
I hereby authorize the release of the above named student's records, including but not limited to medical, psychological, audiological, Individual Educational Plans, attendance, behavioral, and all other educational records and information to the following agency (give name and address of school or other agency):

Signature of Parent/Legal Guardian

Date

NCSD Technology Usage Forms
are digital this year!

**A usage form must be on file for
each child that attends NCSD.
To fill out the form, scan the qr
code or use the shortlink below.**



SCAN ME

<https://bit.ly/3ccopil>