



For Staff Use Only

OSIS Number _____ Attendance Liaison _____
 Site Placement _____ Site Number (code) _____

Student Information *Please complete this section and print clearly.*

Last Name _____ First Name _____
 DOB (MM/DD/YY) ___/___/___ Home Phone # (____) ____ - ____ Cell # (____) ____ - ____
 Email _____ Male Female
 Address _____ Apartment # _____
 City _____ State NY Zip _____
 You Live With (name) _____ Relation to You _____
 Last School Attended _____ Country of Last School Attended _____

Race: *Please check at least one (√)*
 Hispanic: Yes No **AND** B – American Indian or Alaska Native C – Asian
 D – Native Hawaiian or Other Pacific Islander E – Black F – White

Parent/Guardian's Information *Parent/Guardian should have New York City address*

Last Name _____ First Name _____
 Phone # (____) ____ - ____ Email _____
 Parent/guardian preferred language _____
 Parent/guardian preferred mode of communication Written Spoken

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For new entrants to the DOE

Proof of Birth # _____ Place of Birth _____ POB Code _____

Primary Home Language _____

(Determined officially by Home Language Identification Survey and RC Counselor)

Please check program of instruction (√)

ESL Not ELL Bilingual
After ELLs are given an overview of the program options in P2G, they are to complete a Parent Survey and a Program Selection Form, and receive the Entitlement Letter and Placement Letter. These forms must be filed and recorded on ATS.

Housing Status (Please refer to Residency Questionnaire) <i>Please check (√)</i>		Unaccompanied Youth <i>Please check (√)</i>
<input type="checkbox"/> A – Awaiting Foster Care Placement	<input type="checkbox"/> P – Permanent Housing Status	<i>(Not in physical custody of parent or guardian)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> D – Double-Up	<input type="checkbox"/> S – Shelter	
<input type="checkbox"/> H – Hotel / Motel (involves payment)	<input type="checkbox"/> T – Other Temporary Living Situation	
<input type="checkbox"/> N – Form not returned		

Health Alert <i>Please check (√)</i>	Health Insurance <i>Please check (√)</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> B – CHP-B	<input type="checkbox"/> P – Private
<input type="checkbox"/> No	<input type="checkbox"/> M – Medicaid	<input type="checkbox"/> S – No Ins. Share Contact Info
<input type="checkbox"/> Unknown	<input type="checkbox"/> N – No Insurance	<input type="checkbox"/> U – Unknown

Placement Assessments	Form (9, 10 or SP)	Level (E,M,D,A)	Scale Score (0-999)	TABE Score (0.0-12.9)
TABE Reading	_____	_____	_____	_____
TABE Math	_____	_____	_____	_____
TABE CLAS E	_____	_____	_____	_____
LAB-R/NYSITELL <i>(ELLs who are new entrants to DOE only)</i>	Score: _____		Proficiency Level: _____	

Site Staff	
Admission Date: ___/___/___	Teacher's Signature (Required) (By typing your name below, you agree this is valid as your signature) _____

Administrative Staff		
Admission Code: _____	Grade: _____	ATS Official Class: _____

EMERGENCY CONTACT CARD (Print information)

SCHOOL YEAR 200__ to 200__

Student: Last Name _____ First _____ MI _____ DOB _____ Sex ____ ID# _____

Parent/Guardian (Student resides with): _____ Relationship _____

Parent's Preferred Language of Communication: Written _____ Oral _____

Home Telephone () _____ Work Telephone () _____ Cell No. () _____ E-mail _____

Address _____ Apt. ____ Borough _____ ZIP _____

Other Parent/Guardian: _____ Relationship _____

Parent's Preferred Language of Communication: Written _____ Oral _____

Home Telephone () _____ Work Telephone () _____ Cell No. () _____ E-mail _____

Address _____ Apt. ____ Borough _____ ZIP _____

List below names of three (3) persons who may be called in case of emergency or if child is sick in school.

CHILD WILL BE RELEASED ONLY TO PERSONS NAMED ON THIS CARD.

Name _____ Telephone () _____ Relationship _____

Name _____ Telephone () _____ Relationship _____

Name _____ Telephone () _____ Relationship _____

If there is a person who may NOT HAVE ACCESS to child, please indicate:

Name _____ Relationship _____ Order of Protection Exists? Yes ____ No ____

Principal will be notified in writing of any changes to information on this card _____

Signature of Parent/Guardian

IMPORTANT- PLEASE COMPLETE REVERSE SIDE OF THIS CARD > > > > > > > > > > > > > > > > > >

Grade _____ Class _____ Room No. _____ Teacher _____

HEALTH INFORMATION

Name of Physician/Clinic: _____ Telephone () _____

Health Alert

Does child have any health condition that may affect participation in physical activities? Yes _____ No _____

Limitations _____ (e.g., stair climbing, participation in gym)

Allergies _____

504 services for the current year? Yes _____ No _____ Previous Year? Yes _____ No _____

My child has (X any that apply): Private health insurance _____; Medicaid _____; No health insurance _____

If "No Health Insurance," are you willing to share contact information from this card to learn about insurance options? Yes _____ No _____

If none of the named contacts can be reached, what do you wish the school to do if your child is sick or injured?

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail.
The recommendation of the parent as indicated above will be respected as far as possible.

Siblings: Last Name	First Name	School of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR SCHOOL USE.....

List below contacts made for emergency, illness or injury. Relevant records from Health Record _____

Date	Contact	Reason	Disposition
/ /	_____	_____	_____
/ /	_____	_____	_____
/ /	_____	_____	_____

RESIDENCY QUESTIONNAIRE

Parent/Guardian/Student:

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435, and must be completed for each student. The information you provide is confidential. Your child will not be discriminated against based upon the information provided.

Please complete the following questions regarding the student's housing in order to help determine services the student may be eligible to receive.

Note to schools/Temporary Housing Liaisons: Please assist students and families in filling out this form. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

Student Name			
Last	First	Middle	
OSIS #	Date of Birth MM/DD/YY	Gender	School

Please identify the student's current living arrangements. Please check one box:

Check (√)	Residency Questionnaire Choice	School Use Only
		ATS Code
<input type="checkbox"/>	Doubled-Up With another family or other person because of loss of housing or as a result of economic hardship	D
<input type="checkbox"/>	Shelter Emergency or transitional shelter	S
<input type="checkbox"/>	Awaiting Foster Care Placement	A
<input type="checkbox"/>	Hotel / Motel Living in what is NOT an emergency or transitional shelter and involves payment	H
<input type="checkbox"/>	Other Temporary Living Situation Trailer park, campground, car, park, public places, abandoned building, street, or any other inadequate living space	T
<input type="checkbox"/>	Permanent Housing Student who is living in a fixed, regular, and adequate housing situation	P

If the student is NOT living in permanent housing, also indicate if the below applies:

	Unaccompanied Youth Youth who is not in the physical custody of a parent or guardian	School Use Only
		Enter "Y" if applicable
<input type="checkbox"/>		

 Parent/Guardian Name (print)

 Parent/Guardian Signature

 Date

Please return this form to your child's school as requested.

Note: The answer you give above will help determine what services you or your child may be eligible to receive under the McKinney-Vento Act. Students who are protected under the Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. After the student has been enrolled, the new school must contact the last school attended to request the student's educational records, including immunization records, and Students in Temporary Housing (STH) Liaison(s) must help the student get any other necessary documents or immunizations. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services. Please refer to Chancellor's Regulation A-780.

**This form is accompanied by a one-page attachment titled,
 "McKinney-Vento Homeless Assistance Act – Students in Temporary Housing Guide for Parents & Youth."**

MCKINNEY-VENTO HOMELESS ASSISTANCE ACT
Students in Temporary Housing – Guide for Parents & Youth

TOPIC	IMPORTANT INFORMATION
Children living in the following situations are considered homeless for the purpose of education rights under the McKinney-Vento Act:	<ul style="list-style-type: none"> In a shelter, transitional shelter, motel, campground, abandoned in a hospital, or awaiting foster care. In a car, park, public place, bus, train, or abandoned building. Doubled up with friends or relatives because you cannot find or afford housing.
Unaccompanied Youth	<ul style="list-style-type: none"> Youth who is not in the physical custody of a parent or guardian, and who meets the definition of homelessness set forth in the explanation above. <p><i>Unaccompanied homeless youth have the same rights as homeless students who reside with a parent or guardian.</i></p>
Students who fall under the McKinney-Vento Act's definition of homeless have the following rights:	<ul style="list-style-type: none"> To a free public education. To immediate enrollment in the zoned school. To attend school no matter how long they have lived at their current location. To stay in their school of origin (school attended before becoming homeless or the last school attended) or choose to attend their new zoned school. To transportation services to and from school. To not be denied immediate school enrollment just because of their situation or because they lack enrollment documentation. To not be separated from the regular school program because they are homeless. To receive free school meals.
Important Information:	<ul style="list-style-type: none"> Each borough Integrated Service Center (ISC) has at least one Students in Temporary Housing (STH) Content Expert who serves as the STH liaison and manages programs and services designed to help children who are homeless pursue their education. The STH Content Expert supervises a team of Family Assistants. Each Children First Network (CFN) has a designated STH liaison available to assist children who are homeless with their educational needs. Additionally, District 75 and District 79 each have a designated STH liaison available to assist children who are homeless with their educational needs. Family Assistants are located at shelters and in some schools. They are responsible for assisting homeless parents and their children with their educational needs. Family Assistants are available to assist the child's parent/guardian with school enrollment, obtaining immunizations, school records, and arranging transportation to and from school. School staff should not hesitate to contact their STH liaison for individual questions, to arrange training, or to assist unaccompanied youth.
School Selection:	<ul style="list-style-type: none"> Schools must allow parents/guardians to choose the child's school when their child is homeless. The parent/guardian may choose among the following: <ol style="list-style-type: none"> The school the child attended when permanently housed (school of origin); The school in which the student was last enrolled; or Any school available to a permanently housed child residing in the area where the homeless student is currently residing.
School Enrollment: (Apply only if your child is not currently enrolled or you want to change school)	<ul style="list-style-type: none"> Elementary School – register your child at your zoned school. If you are currently residing in a NYC Department of Homeless Services shelter, the family assistant at your shelter will be able to assist you, if needed. If there is no family assistant in your shelter or if you are not residing in a shelter, please contact your STH liaison for assistance. Middle School – same procedure as elementary school except where your district does not have zoned middle schools, then you must report to the Borough Enrollment Center. For the location of your Borough Enrollment Center, please call 311. High School – all high school students must register at the Borough Enrollment Center. For the location of the nearest Borough Enrollment Center, please call 311.
Enrollment Disputes:	<ul style="list-style-type: none"> If a dispute arises over the school selection or enrollment, your child must be immediately admitted to the school in which he/she is seeking enrollment, pending resolution of the dispute. The parent/guardian must be provided with a written explanation of the school decision on the dispute, including the right to appeal, and referred to the STH Family Assistant or STH liaison for assistance.
Transportation	<ul style="list-style-type: none"> Students who are defined as homeless by the McKinney-Vento Act are entitled to transportation to and from school, if necessary. If available, busses will be provided to students in grades K-6; if not available, they are eligible for a student MetroCard. For students in grades Pre-K-6 who are eligible for transportation and receive a student MetroCard, their parents/guardians are eligible for public transportation assistance (MetroCard) to accompany the child. Students in grades 7-12 are eligible for student MetroCard.

For more information, please contact your borough Integrated Service Center or your Children First Network to speak to a STH liaison or call 311.