



**TRINITY ELEMENTARY SCHOOL
OF COMMUNICATION ARTS &
TECHNOLOGY**

180 PELHAM ROAD
NEW ROCHELLE, NEW YORK 10805-3197
TEL: (914) 576-4440
FAX: (914) 576-4266

Magda Parvey, Ed.D
Interim Superintendent of Schools

Michael G. Hilderbrand
PRINCIPAL

Bridget Merturi
ASSISTANT PRINCIPAL

REGISTRATION DOCUMENTS REQUIRED

In order to register your child, you must have proof of:

1. Birth Date (**Original** birth certificate or certified copy)
2. **Three** proofs of residency – Utility bills (Con Edison, Optimum Cable, Verizon Cable, Direct TV or SUEZ Water), signed lease agreement, mortgage statement)
3. Record of Immunizations – Doctor's Certificate or card, or school form signed by doctor
4. Photo identification of parent
5. For grades 1 – 5, previous report card(s)
6. Completed forms and questionnaires

All forms, including Transportation **must be completed before you arrive.**

To schedule an appointment to register, please contact Maryann Talt at (914) 576-4440.

I.D. #

CENSUS #

CITY SCHOOL DISTRICT OF NEW ROCHELLE

Trinity Elementary School

Only students whose parents or legal guardians reside in New Rochelle May be registered in our district schools. Students attend school according to their area of residence, except in the case of magnet students. Proof of residency must be provided in accordance with district policy. If the person registering the child is not listed as the parent, he/she must provide a copy of the following at time of registration: Court Order naming "Parent adoption" or "Legal Guardian" or "Order of Custody".

PLEASE PRINT

DATE:

STUDENT'S NAME		Circle: MALE	FEMALE
Student's First Language		Date of Birth	
Language(s) spoken at home:		Birthplace	
Did child attend school outside the U.S.?		If YES, what grade (s)	
CURRENT GRADE:	Last Grade Attended:	When:	
Name of Last School:			
Address:			
Telephone:	Fax #		
Has child attended school in New Rochelle?	If YES, when	Where:	

Student Home Address	Apartment
HOME phone Number	Zip Code

Parent Name	Birthplace
Parent Home Address/City/State	Apartment
Home Phone	Zip Code
Cell Phone	
Work Phone	
EMAIL	
EMPLOYER	Occupation:
MARITAL STATUS	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>

Parent Name	Birthplace:
Parent Home Address/City/State	Apartment
Home Phone	Zip Code
Cell Phone	
Work Phone	
EMAIL	
EMPLOYER	Occupation:
MARITAL STATUS	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>

Guardian/Custodian Name <i>(OTHER THAN PARENT)</i>	Relationship to Student:	
Address/City/State	Apartment	
Home Phone	Zip Code	
Cell Phone		
Work Phone		
EMAIL		
EMPLOYER	Occupation	

List below the FULL names of all other children in the family

Name	Age	Date of Birth	School child is attending	Grade

PREVIOUS HOME ADDRESS <i>(street/city/state/zip)</i>	Apartment
Previous Home Phone Number:	Zip Code

Does your child have an I.E.P. from Special Education		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please list where and when your child has attended school		DATES OF ATTENDANCE	
GRADE	SCHOOL ATTENDED / LOCATION	FROM	TO
Preschool			
Kindergarten			
Grade 1			
Grade 2			
Grade 3			
Grade 4			
Grade 5			

Has your child ever received the following services in any school?

SUPPORT SERVICES	CHECK ALL THAT APPLY	GRADE(S) IN WHICH SERVICES WERE RECEIVED
English as a Second Language		
Bilingual Class		
Reading Help/Lab		
Resource Room		
Speech/Language		
PT/OT		
Special Education		
Counseling/Social Skills Group		
Repeated a Grade		
Recommended to Repeat Grade		
Other (explain)		

OPTIONAL – Please check the appropriate box

FATHER		MOTHER
_____	American Indian	_____
_____	Asian/Pacific Island	_____
_____	Black	_____
_____	Hispanic	_____
_____	White	_____

<u>Emergency Contact</u>
Name
Relationship to Student
Address (street/city/state/zip)
Phone – Home
Phone – Cell

Print Name of Parent/Guardian Completing form
Signature of Parent/Guardian Completing form
Date



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PRINCIPAL

Bridget Merturi
ASSISTANT PRINCIPAL

Dear Parents,

Welcome to New Rochelle! I would like to take this opportunity to acquaint you with the registration procedures of the City School District of New Rochelle. In order to enroll your child in the New Rochelle Schools, you must provide documentary evidence that you are a New Rochelle resident. Acceptable evidence include utility bills (Electric, Cable and Water).

If a question concerning your residence arises, the School District will ask you to provide additional documentation of your residence. If, after you have supplied such evidence, verification of your residency remains unresolved, the School District will conduct a formal investigation into your residency. We may ask you to provide further evidence, including the name and address of your employer, for School District verification purposes, or we may ask you to attend a conference. During that conference, the School District representative will present you with the evidence it has collected on the issue of your residence and you will be given an opportunity to respond to the evidence.

After the conference, the School District will reach its determination as to your actual residence. If our investigation reveals that you are not a School District residence and that your child is not emancipated and living on his/her own, or that you have not relinquished custody and control of your child to a New Rochelle resident, your child(ren) will be withdrawn from the City School District of New Rochelle.

Please sign in the space provided below that you have read and understand our residency requirements as contained in this letter, and that you and your child(ren) are, indeed residents of the City School District of New Rochelle.

Sincerely,

Michael G. Hilderbrand
Principal

Date:	
Student Name:	
Parent/Guardian Signature:	

TRINITY SCHOOL

I.D. # _____



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

Lissette Colón-Collins, Assistant 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 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 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.

Please write clearly when completing this section.

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 Student

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

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? _____

Signature of Parent or of Person in Parental Relation

Month: _____ Day: _____ Year: _____

Date

Relationship to student: Mother Father 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: _____ PROFICIENCY LEVEL ACHIEVED ON NYSITELL: ENTERING EMERGING TRANSITIONING EXPANDING COMMANDING
MO DAY YR

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

NEW ROCHELLE CITY SCHOOL DISTRICT

Office of Transportation
515 North Avenue, New Rochelle, NY 10801

THIS FORM MUST BE
COMPLETED FOR ALL
STUDENTS



OFFICE USE ONLY			
___ Magnet	___ CILA	___ Kaleidoscope	
AM BUS: _____	TIME: _____	AM STOP: _____	
PM BUS: _____	TIME: _____	PM STOP: _____	
BUS COMPANY: _____		START DATE: _____	

Parent:/Guardian: Complete one application for each student being registered. The transportation office staff will identify and notify students by mail at the end of August those who meet the 1.5 mileage requirement necessary to receive bussing.

PLEASE PRINT CLEARLY. REPORT PHONE NUMBER CHANGES TO THE TRANSPORTATION OFFICE IMMEDIATELY.

2018-2019 Transportation Application New Rochelle Public Elementary Schools

Please check ONE of the four choices:

1. New Student: _____ 2. Address Change: _____ 3. School Change: _____
Previous School

School: **TRINITY SCHOOL** Grade (circle one): K 01 02 03 04 05

Student ID#: (REQUIRED) _____ Today's Date: _____

STUDENT DATA INFORMATION

Student Name: _____
LAST Name FIRST Name Middle

Student Home Address:
Street: _____ Apt No.: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Sex: _____

Parent OR Legal/Custodial Guardian Information

Title: (circle) **Dr. Mr. Mrs. Ms. Mr. & Mrs.** (print) Other _____

Mother _____ Father _____
Last name First name Last name First name

Legal/Custodial Guardian (if not mother or father) _____
Last name First name

Primary Phone () _____ Mother Cell () _____ Father Cell () _____

Email _____

Signature of Mother or Father or Legal/Custodial Guardian _____ Relationship to Student: _____
(mother, father, other)

Emergency Contact (other than parent or legal/custodial guardian)

Contact Name: _____ Relationship to Student: _____
Last name First name Preferably New Rochelle resident (friend, neighbor, other)

Home Phone: () _____ Work/Cell Phone: () _____



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Request for Records


<i>School Name</i>	
<i>School Address</i>	
<i>City, State, Zip Code</i>	
<i>Phone Number</i>	
<i>Fax Number</i>	

<i>Student name</i>	
<i>Date of Birth</i>	

The above pupil has entered our school as of _____ from your school system.

Would you please forward to us all the records concerning this child along with any of the following:

- Transfer Card
- Scholastic Records
- Standardized Test Results including NYSESLAT
- Health Records
- Speech
- Remedial Reading
- Psychological Services
- Social Work

Sincerely,

 Michael G. Hilderbrand
 Principal

Authorization for Release of Information

I hereby grant permission for release of all school records including academic, psychological and health records pertaining to _____

Parent/Guardian
 Signature _____ Date _____



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Release of Records Form

<i>Student's Name</i>	
<i>New School Attending</i>	
<i>New School Address</i>	
<i>City/State & Zip Code</i>	
<i>New School Phone Number</i>	
<i>New School Fax Number</i>	

* I hereby grant permission for release of all school records including academic, psychological and health records pertaining to _____.

* Parents/Guardian Signature _____ Date _____

New Home Address: _____

New Home Telephone #: _____

Last Day of Attendance at Trinity Elementary School: _____

**TRINITY ELEMENTARY SCHOOL
RTI PARENT QUESTIONNAIRE
2018**

Today's Date	
Child's Name	
Date of Birth	
Parent's Name	
Address	

Has your child attended a Pre-School Program? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of School?
Number of years attending pre-school	

What comments have you heard from his/her present teacher?

Has your child ever received additional support with any of the following?

- Early Intervention Services If yes, for what ? _____
- CPSE If yes, for what ? _____

Private Support: OT PT Speech/Language Counseling

Do you think he/she will have any difficulty in adjusting to school? _____

If yes, how can we help? _____

How would you describe your child?

- | | | |
|--|---|--|
| <input type="checkbox"/> Confident | <input type="checkbox"/> Interested in school | <input type="checkbox"/> Takes Risks |
| <input type="checkbox"/> Easily frustrated | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Talkative | <input type="checkbox"/> Quiet outside the family | <input type="checkbox"/> Enjoys new situations |
| <input type="checkbox"/> Plays with others | <input type="checkbox"/> Active | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Needs encouragement to try new things | <input type="checkbox"/> Follows directions | <input type="checkbox"/> Speaks clearly |

Other comments: _____

TRINITY ELEMENTARY SCHOOL
RTI PARENT QUESTIONNAIRE
 2018

How would you describe your child as a learner?

- | | | |
|--|---|--|
| <input type="checkbox"/> Confident | <input type="checkbox"/> Not confident | <input type="checkbox"/> Understands what is being asked |
| <input type="checkbox"/> Interested | <input type="checkbox"/> Not interested | <input type="checkbox"/> Enjoys reading or being read to |
| <input type="checkbox"/> Concentrates well | <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Asks questions |
| <input type="checkbox"/> Tries hard | <input type="checkbox"/> Gives up easily | <input type="checkbox"/> Easily confused |
| <input type="checkbox"/> Easily frustrated | <input type="checkbox"/> Has difficulty remaining on task | |
| <input type="checkbox"/> Asks for help | <input type="checkbox"/> Needs lots of encouragement | |

Other comments: _____

What was he/she like as an infant? _____ Toddler? _____

When did he/she **walk** _____ **talk** _____ **toilet train** _____

List complications? _____

LIST ALL FAMILY MEMBERS

Father		
Mother		
Siblings		

List relatives or others who live in your household

Who does your child go to most frequently for help? _____

What does he/she enjoy doing with mother? _____

With father? _____

TRINITY ELEMENTARY SCHOOL
RTI PARENT QUESTIONNAIRE
2018

Are there children in the neighborhood with whom he/she plays?

Are they mostly the same age? _____

Older? _____ Younger? _____

What are your child's interests and what motivates him/her? _____

Do you think he/she has shown any special talents?

If yes, Please explain.

How is your child usually disciplined? What works best at this point?

Who is usually the disciplinarian? _____

Has your child ever had anything traumatic happen? Has he/she ever been in the hospital in an accident, separated from others in the family, etc? _____

Have there been any health problems? _____

Are there any sensitive issues the teacher should know about? Any difficulties with custody, family members, physical handicaps, finances? _____

TRINITY ELEMENTARY SCHOOL
RTI PARENT QUESTIONNAIRE
2018

What language does your child speak at home? _____

If your child speaks another language other than English at home, does he/she speak that language in complete sentences? _____

Were there delays in their language development in their first language? _____

Do you have concerns with your child's speech and language in his/her first language?

Is there anything else that will help us get your child off to the best possible start? _____

Please check your relation to child:

- Mother Father Sibling Grandparent Aunt / Uncle
 Other: _____

Thank you so much for your time!

Please sign: _____

Date: _____