



TRINITY ELEMENTARY SCHOOL  
OF COMMUNICATION ARTS & TECHNOLOGY  
180 PELHAM ROAD  
NEW ROCHELLE, NEW YORK 10805-3197  
FAX: (914) 576-4266

**BRIAN G. OSBORNE, Ed.D.**  
SUPERINTENDENT OF SCHOOLS

**Magda Parvey, Ed.D**  
ASSISTANT SUPERINTENDENT/CHIEF ACADEMIC OFFICER

**Anthony DiCarlo**  
PRINCIPAL

**Michael Hilderbrand**  
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.

CENSUS #: \_\_\_\_\_

I.D. NUMBER: \_\_\_\_\_

2017/2018  
Registration

**CITY SCHOOL DISTRICT OF NEW ROCHELLE**  
**Trinity Elementary School of Communication Arts & Technology**

**Registration Information**

*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. Proofs of residence 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 by Adoption" or "Legal Guardian" or "Order of Custody."

**PLEASE PRINT:** \_\_\_\_\_ Date: \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Male Female**  
(Circle)

**City and Country of Birth:** \_\_\_\_\_ **Cultural Ethnicity (optional)** \_\_\_\_\_

**If Foreign Born:** **Date of entry into U.S.:** \_\_\_\_\_ **Student's First Language:** \_\_\_\_\_

**Did Child attend school outside the U.S.** \_\_\_\_\_ **If yes, which Grade(s):** \_\_\_\_\_

**Language(s) Spoken at Home:** \_\_\_\_\_

**Student's Current Grade:** \_\_\_\_\_ **Last Grade Attended:** \_\_\_\_\_ **When?:** \_\_\_\_\_

**Name & Address of Last School:** \_\_\_\_\_

**Telephone (Name of Contact Person, if known):** \_\_\_\_\_

**Has this child attended school in New Rochelle:** **When?** \_\_\_\_\_ **Where?:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
(Street Address) (Apt. #) (Zip Code)

**Home Telephone Number(s)** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_

**Home Address (Street and City):** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Work Telephone:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Marital Status:** Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

**Mother's Name (First and Maiden):** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_

**Home Address (Street and City):** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Work Telephone:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Marital Status:** Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

**Guardian/Custodian Name (other than parent):** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

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

Name	Age	Date of Birth	School Child is Attending	Grade

(Please continue to page 2)

Previous Home Address: \_\_\_\_\_  
#/Street/Apt. City and State

Previous Home Telephone #: \_\_\_\_\_

Does your child have an I.E.P from Special Education? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list where and when your child has attended school:

GRADE	SCHOOL ATTENDED/LOCATION	DATES OF ATTENDANCE
Preschool		
Kindergarten		
Grade 1		
Grade 2		
Grade 3		
Grade 4		
Grade 5		
Grade 6		
Grade 7		
Grade 8		
Grade 9		
Grade 10		
Grade 11		
Grade 12		

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 Isl.	___
___ Hispanic	___
___ Black	___
___ White	___

(3)

**Child's Name:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_  
Print Full Name

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

**Telephone Number(s):** \_\_\_\_\_

**Print Name of Parent or Guardian Completing Form** \_\_\_\_\_

**Signature of Parent or Guardian Completing Form** \_\_\_\_\_

**Today's Date** \_\_\_\_\_



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**Michael Hilderbrand**  
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,

Anthony DiCarlo  
Principal

Date:	
Student Name:	
Parent/Guardian Signature:	

# TRINITY STUDENT EMERGENCY INFORMATION

Students Last Name		Students Date of Birth	
Students First Name			

Student's Address			
Zip Code	New Rochelle, NY		
Student Home Phone Number			

Mother's Name			
Mother's Address			
City, State, Zip Code			
Home Phone Number			
Cell Phone Number			
Work Number			
Mother's Email Address			

Father's Name			
Father's Address			
City, State, Zip Code			
Home Phone Number			
Cell Phone Number			
Work Number			
Father's Email Address			

Form Completed by			
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## Home Language Questionnaire (HLQ)—Page Two

<b>Educational History</b>	
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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *If yes, please explain: _____	
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe	
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes*    *Please complete 10b below	
10b. <u>*If referred for an evaluation</u> , has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____	
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)	
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> 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? _____	

Month:                  Day:                  Year:

\_\_\_\_\_  
*Signature of Parent or of Person in Parental Relation*

\_\_\_\_\_  
*Date*

Relationship to student:     Mother     Father     Other: \_\_\_\_\_

<b>OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ</b>	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS: _____	
<b>NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW</b>	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO                  DAY                  YR</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
<b>NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL</b>	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO                  DAY                  YR</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
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

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.

2017-2018 Transportation Application
New Rochelle Public Elementary Schools

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

4. Magnet CILA Kaleidoscope Previous School
(circle one)

School: TRINITY SCHOOL Grade (circle one): PA PP 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 Last name First name Father Last name First name

Primary Phone# Mother Cell# Father Cell#

E-Mail

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

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

Mother 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>	
---------------------	--

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,

**Anthony DiCarlo**  
 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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**Michael Hilderbrand**  
 Assistant Principal

### *Release of Records Form*

<i>Student's Name</i>	
<i>New School Attending</i>	
<i>New School Address</i>	
<i>City/State &amp; 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  
2017**

<b>Today's Date</b>	
<b>Child's Name</b>	
<b>Date of Birth</b>	
<b>Parent's Name</b>	
<b>Address</b>	

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

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  
2017**

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**

<b>Father</b>		
<b>Mother</b>		
<b>Siblings</b>		

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**  
2017

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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**  
2017

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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: \_\_\_\_\_