KINDERGARTEN APPLICATION
2019 – 2020

DATE: ______________________

NAME OF CHILD: ______________________

DATE OF BIRTH: ______________________

ADDRESS: ______________________

______________________________

PARENT’S NAME: ______________________

HOME PHONE: ______________________

CELL PHONE: ______________________

DID YOUR CHILD ATTEND A PRE-K PROGRAM: YES NO

IF YES, WHAT IS THE NAME OF THE SCHOOL?

______________________________

DO YOU HAVE ANY CHILDREN ALREADY ATTENDING P.S. 127?

IF YES, WHAT IS THE NAME OF THE CHILD(REN)?

______________________________

OFFICE USE ONLY

ZONED SCHOOL: ______________________

DISTRICT: ______________________ PRIORITY: ____________
# Student Registration Form

**To Be Completed by Parent/Guardian:**

## Student Information

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>STUDENT ID #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP)</th>
<th>HOME PHONE NUMBER ( )</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DATE OF BIRTH (mm/dd/yyyy)</th>
<th>AGE</th>
<th>GENDER (optional)</th>
<th>PLACE OF BIRTH</th>
<th>HOME/NATIVE LANGUAGE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME, CITY, STATE OF LAST SCHOOL (or current school)</th>
<th>LAST GRADE COMPLETED</th>
</tr>
</thead>
</table>

**HEALTH INSURANCE INFORMATION:** Does the student have health insurance?  
☐ YES ☐ NO  
☐ Private Health Insurance  ☐ Medicaid  ☐ Child Health Plus B  
☐ Other (please specify):  
**HEALTH ALERT:** Any health condition that affects participation in physical activities.  
☐ Yes  ☐ No

**SPECIAL EDUCATION INFORMATION:** Does the student receive special education services?  
☐ YES ☐ NO  
☐ Other (please specify):  
☐ YES ☐ NO  
☐ If YES, do you have a copy of the Individualized Education Plan (IEP)?  
☐ Yes  ☐ No

**To Be Completed by Enrollment Staff:**

<table>
<thead>
<tr>
<th>Registration (check one):</th>
<th>Disposition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ New</td>
<td>Enrolled School Name</td>
</tr>
</tbody>
</table>
| ☐ Re-admit to NYC DOE (less than 1 year) | ☐ Re-admit to NYC DOE (longer than 1 year) | ☐ Code 10 Return (if Code 10 Return):  
| ☐ Student has current transcript | ☐ Transcript request made to out-of– New York City school |

<table>
<thead>
<tr>
<th>Transfer Request (check one):</th>
<th>Referred to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Safety</td>
<td>School Name</td>
</tr>
<tr>
<td>☐ Medical</td>
<td>1) ___________________________</td>
</tr>
<tr>
<td>☐ Travel (HS only)</td>
<td>2) ___________________________</td>
</tr>
<tr>
<td>☐ Child Care (ES only)</td>
<td>3) ___________________________</td>
</tr>
<tr>
<td>☐ Sibling (ES only)</td>
<td>--------------</td>
</tr>
<tr>
<td>☐ Other (please specify):</td>
<td>--------------</td>
</tr>
</tbody>
</table>

**Notes:**

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I have met with a counselor and understand my options and the process for school placement. I understand the information presented and have received the information necessary to proceed.

Name/Signature of Parent/Guardian: ___________________________ Date: _______________

Name/Signature of Counselor: ___________________________ 

Additional Comments: ___________________________
To Be Completed by Enrollment Staff:

Name of Staff Completing Registration:

Documents Presented (Check all that apply)

Proof of residence may be verified by any two of the following:

☐ Residential Utility Bill (electric/gas issued by National Grid, Con Edison or the Long Island Power Authority; must be dated within the past 60 days
☐ Documentation or letter on letterhead from a federal, state or local government agency, including the Internal Revenue Service (IRS), City Housing Authority, Human Resources Administration (HRA), the Administration for Child Services (ACS), or an ACS subcontractor indicating that resident’s name and address; must be dated within the past 60 days
☐ An original lease agreement, deed, or mortgage statement for the residence
☐ A current property tax bill for the residence
☐ A water bill for the residence; must be dated within the past 90 days
☐ Official payroll documentation from an employer such as a form submitted for tax withholding purposes or payroll receipt; a letter on the employer’s letterhead will not be accepted; must be dated within the past 60 days
☐ Parent Affidavit of Residency, if applicable, as per CR A-101

Proof of Birth: ☐ Birth Certificate ☐ Passport ☐ Other:

☐ Transcript/Report Card ☐ Doctor’s Letter ☐ Agency Letter
☐ Immunization Records ☐ Occurrence Report ☐ Notarized letter from employer
☐ IEP (Individualized Education Program) ☐ Safety Transfer Summary of Investigation ☐ 504 Accommodation Plan
☐ Parent Affidavit ☐ Safety Transfer Intake Form ☐ Other (Specify:_________________________)
☐ Non-Parent Custodian Affidavit ☐ Police Report/Docket # ☐ Other (Specify:_________________________)
☐ Affidavit of Emancipation ☐ Court Documentation ☐ Other (Specify:_________________________)
☐ Transfer Form ("T-Form") ☐ Notarized letter from child care provider ☐ Other (Specify:_________________________

* Updated proof of address requirements are reflected in Chancellor's Regulation A-101.

Interview Notes (Please Include all applicable information):

School History: Grade Level, Credits, Test scores, Choice Process participation, Regents/RCTs, Discharge Info, HSAPs Info
Entitled Services: Special Education Services, ELL Services, etc.
Special Circumstances: Agency Involvement/Contact, Temporary Housing, Foster Care, etc.
School Interests: Parent Preferences, Academic Interests, Requests

To be completed by Enrollment Counselor, if applicable:
☐ Indicate if any court order exists which affects a parent’s access to the student’s records:
Name (first & last): __________________________________________ Documentation Presented (court order, etc.): __________________________

STATUS OF DISPOSITION (Check one): ☐ Registered ☐ Referred ☐ No Action ☐ Info Given ☐ Pending
☐ Other (Specify): __________________________________________
Comments: __________________________
School Staff: Please Complete This Section

Borough [ ] District [ ] School [ ] Name of School [ ]
Data of Birth (Month/Day/Year) [ ] Gender [ ] NYC Student Identification Number [ ]
Pre-Reg Date (Month/Day/Year) [ ] Date Entered in ATS (Month/Day/Year) [ ]

Parent/Guardian: Please Complete this Section

Please answer both questions (1) and (2). Please read them before you respond.

Question 1:
What kind of care or early education did your child receive during the year before kindergarten?
Check ✓ all that apply.

☐ A My child was cared for only in a home setting (either by me, by another family member, or by a non-relative such as a babysitter or nanny).
☐ B My child was in a pre-k setting that I paid for (for example, a community center, day care center, licensed family day care setting, parochial school, etc.).
☐ C I lived outside of NYC the year before kindergarten.
☐ D Free, DOE-Funded Pre-K

Question 2:
What is the main reason you did not enroll your child in a free pre-kindergarten program the year prior to kindergarten?
Free Pre-Kindergarten can be found in public school and non-public school settings such as day care centers, Head Start programs, family day cares, etc. Free pre-kindergarten can be half-day (2.5 hours) or full-day (6 hours or more). Children who turn 4 by December 31 are eligible for free pre-kindergarten starting in September of that year.
Please ✓ one response below.

☐ A I did not know about free pre-kindergarten.
☐ B The application process for free pre-kindergarten was too difficult.
☐ C There were no free pre-k options in my neighborhood.
☐ D I applied for free pre-kindergarten but my child did not get admitted in the program that was my top choice.
☐ E The free pre-kindergarten programs available for my child were half-day and I needed a full-day program.
☐ F The free pre-kindergarten programs available for my child were full-day and I needed a half-day program.
☐ G I wanted to keep my child at home.
☐ H I preferred to keep my child in the same educational setting as the year before prekindergarten.
☐ I I had concerns about the quality of DOE-funded Pre-K available to me.
☐ J Pre-K services were not available at my zoned District School.
☐ K None of the above.

Signature of Parent: ____________________________ Date ____________________________

Entered in ATS By: ____________________________

ENGLISH
THE New York City DEPARTMENT OF EDUCATION
FEDERAL PARENT/GUARDIAN STUDENT ETHNIC & RACE IDENTIFICATION

- All students between 5 and 21 years of age have the right to a free public education.
- Federal law requires the New York City Department of Education to collect and record the ethnic identity and race(s) of public school students.
- Children may not be refused admission to a public school because of race, color, creed, national origin, gender, gender identity, pregnancy, immigration/citizenship status, disability, sexual orientation, religion, or ethnicity.¹

**SCHOOL STAFF: PLEASE COMPLETE THIS SECTION**

<table>
<thead>
<tr>
<th>Borough</th>
<th>District</th>
<th>School</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Name of</th>
<th>High School/</th>
<th>Mini School /Annex</th>
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<table>
<thead>
<tr>
<th>Grade Code</th>
<th>Class Code</th>
<th>NYC Student Identification Number</th>
</tr>
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<tbody>
<tr>
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<td></td>
<td></td>
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</table>

(HIGH SCHOOL ONLY 4-DIGIT)

<table>
<thead>
<tr>
<th>Date of Birth (Month/Day/Year)</th>
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</tbody>
</table>

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**Student Name: Last, First, Middle Initial**

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**PARENT/GUARDIAN: PLEASE COMPLETE THIS SECTION**

PLEASE ANSWER BOTH QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND.

For Question (1), check (✓) the box that best describes your child.

1. **Is the student Hispanic, Latino, or of Spanish origin?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Dominican, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

   - [ ] YES, Hispanic
   - [ ] NO, not Hispanic

For Question (2), check (✓) all boxes that apply to your child.

2. **Select one or more races from the following five racial groups.**

   - [ ] AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North America and South America (including Central America). (ATS Code: B)
   - [ ] ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Sub-Continent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (ATS Code: C)
   - [ ] NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, or other Pacific Islands. (ATS Code: D)
   - [ ] BLACK: A person having origins in any of the Black racial groups of Africa. (ATS Code: E)
   - [ ] WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. (ATS Code: F)

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Signature of Parent/Guardian/Other/School Staff Observer: ____________________________ Date: __________

Relationship to Student:

- [ ] Parent
- [ ] Guardian
- [ ] Other (Specify): ____________________________
- [ ] School Staff Observer (Name): ____________________________

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See reverse side for an important message to parents/guardians and for confidentiality procedures and regulations.
Housing 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. The district cannot disclose housing status information without parental consent.

<table>
<thead>
<tr>
<th>Student Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
</tr>
<tr>
<td>First</td>
</tr>
<tr>
<td>Middle</td>
</tr>
<tr>
<td>OSIS #</td>
</tr>
<tr>
<td>Date of Birth MM/DD/YY</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>School</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Check (✓)</th>
<th>Housing Questionnaire Choice</th>
<th>ATS Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Doubled-Up</td>
<td>D</td>
</tr>
<tr>
<td></td>
<td>With another family or other person because of loss of housing or as a result of economic hardship</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shelter</td>
<td>S</td>
</tr>
<tr>
<td></td>
<td>Emergency or transitional shelter</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hotel / Motel</td>
<td>H</td>
</tr>
<tr>
<td></td>
<td>Living in what is NOT an emergency or transitional shelter and involves payment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Temporary Living Situation</td>
<td>T</td>
</tr>
<tr>
<td></td>
<td>Trailer park, campground, car, park, public places, abandoned building, street, or any other inadequate living space</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Permanent Housing</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>Student who is living in a fixed, regular, and adequate housing situation</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Unaccompanied Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth who is not in the physical custody of a parent or guardian</td>
</tr>
</tbody>
</table>

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.”

Revised 12/2016
MCKINNEY-VENTO HOMELESS ASSISTANCE ACT
Students in Temporary Housing – Guide for Parents & Youth

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>IMPORTANT INFORMATION</th>
</tr>
</thead>
</table>
| Children living in the following situations are considered homeless for the purpose of education rights under the McKinney-Vento Act: | • 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 | • 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.  
**Unaccompanied homeless youth have the same rights as homeless students who reside with a parent or guardian** |
| Students who fall under the McKinney-Vento Act’s definition of homeless have the following rights: | • To a free public education  
• To immediate enrollment in the zone 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 zone 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: | • Each borough 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. Contact information for the Content Experts can be found here:  
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: | • Schools must allow parents/guardians to choose the child’s school when their child is homeless. The parent/guardian may choose among the following:  
a) The school the child attended when permanently housed (school of origin),  
b) The school in which the student was last enrolled, or  
c) 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) | • 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 Family Welcome Center. For the location of your Family Welcome Center, please call 311.  
• High School – all high school students must register at the Family Welcome Center. For the location of the nearest Family Welcome Center, please call 311. |
| Enrollment Disputes: | • 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 | • Students who are defined as homeless by the McKinney-Vento Act are entitled to transportation to and from school, if necessary.  
• If available, bussers 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 STH liaison or call 311.

1 http://schools.nyc.gov/NR/rdonlyres/6C92DF12-F86D-4624-BEB4- EA68BA51FCBBB0/0/CopyofSTH-ContactInformationDistribution.pdf

Rev. 015
**The New York City Department of Education**  
**Parent/Guardian Home Language Identification Survey**

**TO BE COMPLETED BY SCHOOL PERSONNEL**  
Please do not place student information sticker on this form

<table>
<thead>
<tr>
<th>District:</th>
<th>Borough:</th>
<th>School Number:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student Last Name:</th>
<th>Student First Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student ID#</th>
<th>Grade</th>
<th>Official Class</th>
</tr>
</thead>
</table>

**RELATIONSHIP OF PERSON PROVIDING INFORMATION FOR SURVEY (check one):**

- □ Mother
- □ Father
- □ Guardian

- □ Self (Student 18 years or older)
- □ Other (specify):  

**MANDATED INTERVIEW WITH STUDENT AND PARENT** (Interview must be in English and, if applicable, the parent’s preferred language)

- □ English
- □ Specify home language:  

Print full names and titles of trained pedagogue(s) conducting interview in English and home language with student and parent:

<table>
<thead>
<tr>
<th>Last, First Name</th>
<th>Title</th>
<th>Last, First Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<th>Last, First Name</th>
<th>Title</th>
<th>Last, First Name</th>
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<tbody>
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</tbody>
</table>

If an interpreter other than the above pedagogue(s) is used, print full name and title or relationship to student, if applicable.

<table>
<thead>
<tr>
<th>Last, First Name</th>
<th>Title/Relationship</th>
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</thead>
<tbody>
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</table>

□ Check here if over-the-phone Translation & Interpretation Unit services were used in lieu of school-based personnel.

**TWO-LETTER OTELE ALPHA CODE**

<table>
<thead>
<tr>
<th>Code</th>
</tr>
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</table>

**NYSITELL-ELIGIBILITY**

Print full name and title of trained pedagogue determining NYSITELL eligibility (if student has an IEP, indicate date the Language Proficiency Team NYSITELL Determination Form was sent to the Language Proficiency Team). NOTE: Only students whose home language is other than English are eligible for NYSITELL-eligibility determination.

<table>
<thead>
<tr>
<th>Last, First Name</th>
<th>Title</th>
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<tbody>
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<td></td>
</tr>
</tbody>
</table>

Signature  
Date

Eligible for NYSITELL testing: □ YES □ NO

□ Check here if this student has an IEP. Date Language Proficiency Team NYSITELL Determination Form was sent to LPT:

**FURTHER SIFE SCREENING**

Is the student eligible for further SIFE screening? (OTELE Code must be other than “NO”)

□ YES □ NO
Dear Parent or Guardian,

In order to provide your child with the best education possible, we need to determine how well he or she understands, speaks, reads, and writes English. In order to keep you informed, we would like to know your language preference when receiving important information from the school. Your assistance in answering the questions below is greatly appreciated.

Thank you.

**PART 1. NYSITELL ELIGIBILITY** This information provided below will be used along with other information provided to determine your child’s home language and eligibility for the New York State Identification Test for English Language Learners (NYSITELL). Check (✓) the box that applies. If another language is used, please specify.

<table>
<thead>
<tr>
<th>Question</th>
<th>Language</th>
<th>Other Language</th>
<th>Does not read</th>
<th>Does not write</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What language(s) does the child understand?</td>
<td>English</td>
<td>Specify other languages: ____________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. What language(s) does the child speak?</td>
<td>English</td>
<td>Specify other languages: ____________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. What language(s) does the child read?</td>
<td>English</td>
<td>Specify other languages: ____________________________</td>
<td>Does not read</td>
<td></td>
</tr>
<tr>
<td>4. What language(s) does the child write?</td>
<td>English</td>
<td>Specify other languages: ____________________________</td>
<td>Does not write</td>
<td></td>
</tr>
<tr>
<td>5. What language is spoken in the child’s home or residence most of the time?</td>
<td>English</td>
<td>Specify other languages: ____________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. What language does the child speak with parents/guardians most of the time?</td>
<td>English</td>
<td>Specify other languages: ____________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. What language does the child speak with brothers, sisters, or friends most of the time?</td>
<td>English</td>
<td>Specify other languages: ____________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. What language does the child speak with other relatives or caregivers (e.g., babysitters) most of the time?</td>
<td>English</td>
<td>Specify other languages: ____________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PART 2. PRIOR EDUCATIONAL INFORMATION** Responses to these questions will be used for instructional planning. Enter the information for each of the following questions concerning your child.

1. Is this the first time the child has attended a school in the United States? Yes No
   - If NO, answer questions below:
     - Where did he/she go to school?
     - How long did he/she attend school?
       - How many hours each day?
       - How many years of school did he/she attend?
     - Which language was used for instruction?
     - Has there ever been a time when your child missed school for an extended time? If yes, please describe.

2. Has the child attended school in another country? Yes No
   - If YES, answer questions below:
     - Where did he/she go to school?
     - How long did he/she attend school?
     - Which language was used for instruction?

3. Did the child participate in any group experience prior to entering school (e.g., daycare, pre-school)? Yes No
   - If YES, what language was used?

4. Does the child use any other form(s) of communication, such as American Sign Language or Augmentative Communication Device (e.g., communication board-manual/electronic)? Yes No
   - If YES, specify: __________________________

**PART 3. PARENT INFORMATION** Responses to these supplementary questions will be used so that the NYC Department of Education can communicate with you in the language of your choice.

1. In what language would you like to receive written information from the school?

2. In what language would you prefer to communicate orally with school staff?

Parent/Guardian Signature ___________________________________________ Date __________
Child's Last Name: [Field]
First Name: [Field]
Middle Name: [Field]
Sex: [Field]
Date of Birth: [Field]

Child's Address: [Field]

City/Borough: [Field]
State: [Field]
Zip Code: [Field]
School/Center/Camp Name: [Field]

Health Insurance: [Field]
Parent/Guardian: [Field]
Last Name: [Field]
First Name: [Field]

TO BE COMPLETED BY HEALTH CARE PROVIDER

If "yes" to any item, please explain (attach addendum, if needed)

**Birth History (age 0-6 yrs)**
- Uncomplicated
- Premature
- Complicated

**Allergies**
- None
- Epi pen prescribed

**Drugs**
- [List]

**Foods**
- [List]

**Other**
- [List]

**Physiological Examination**

<table>
<thead>
<tr>
<th>Height (cm)</th>
<th>Weight (kg)</th>
<th>BMI (kg/m²)</th>
</tr>
</thead>
</table>

**General Appearance**

<table>
<thead>
<tr>
<th>NI Abdomen</th>
<th>MI Abdomen</th>
<th>Neck</th>
<th>Head</th>
<th>Ear, Nose, Throat</th>
</tr>
</thead>
</table>

**Screening Tests**

<table>
<thead>
<tr>
<th>Blood Lead Level (BLL)</th>
<th>Lead Risk Assessment</th>
<th>Hearing</th>
</tr>
</thead>
</table>

**Hematocrit (age 9-12 mo)**

**Tuberculosis**

<table>
<thead>
<tr>
<th>Date</th>
<th>Results</th>
</tr>
</thead>
</table>

**Immunizations - Dates**

<table>
<thead>
<tr>
<th>MMR</th>
<th>Varicella</th>
<th>Td</th>
<th>Tdap</th>
<th>Hib</th>
<th>Polio</th>
</tr>
</thead>
</table>

**Recommendations**

- Full physical activity
- Full diet

**Assessment**

<table>
<thead>
<tr>
<th>Well Child (V2.0)</th>
<th>Diagnoses/Problems (V2.0)</th>
</tr>
</thead>
</table>

**DOSHR ONLY**

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Date</th>
</tr>
</thead>
</table>

**Type of Exam**

<table>
<thead>
<tr>
<th>NAEP Current</th>
<th>NAEP Prior Year/s</th>
</tr>
</thead>
</table>

**Health Care Provider Name and Degree (print)**

Provider License No. and State: [Field]

Facility Name: [Field]

Address: [Field]

City: [Field]
State: [Field]
Zip: [Field]

Telephone: [Field]
Fax: [Field]
# New York State Immunization Requirements for School Entrance/Attendance

**NOTES:**
Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). For grades pre-K through 10, intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. (Exception: intervals between doses of polio vaccine DO NOT need to be reviewed for grades 5, 6, and 10.) Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. Intervals between doses of vaccine DO NOT need to be reviewed for grades 11 and 12. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule.

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Prekindergarten (Day Care, Head Start, Nursery or Pre-K)</th>
<th>Kindergarten and Grades 1, 2, 3 and 4</th>
<th>Grade 5</th>
<th>Grades 6, 7, 8, 9 and 10</th>
<th>Grades 11 and 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DtaP/DTP/Tdap/Td)²</td>
<td>4 doses</td>
<td>5 doses or 4 doses if the 4th dose was received at 4 years or older</td>
<td>3 doses</td>
<td>3 doses</td>
<td></td>
</tr>
<tr>
<td>Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap)³</td>
<td>Not applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio vaccine (IPV/OPV)⁴</td>
<td>3 doses</td>
<td>4 doses or 3 doses if the 3rd dose was received at 4 years or older</td>
<td>3 doses</td>
<td>3 doses</td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps and Rubella vaccine (MMR)⁵</td>
<td>1 dose</td>
<td>2 doses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B vaccine⁶</td>
<td>3 doses</td>
<td>2 doses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox) vaccine⁷</td>
<td>1 dose</td>
<td>2 doses</td>
<td>1 dose</td>
<td>2 doses</td>
<td>1 dose</td>
</tr>
<tr>
<td>Meningococcal conjugate vaccine (MenACWY)⁷</td>
<td>Not applicable</td>
<td>Grades 7, 8 and 9: 1 dose</td>
<td></td>
<td>Grade 12: 2 doses or 1 dose if the dose was received at 16 years or older</td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenzae type b conjugate vaccine (Hib)⁸</td>
<td>1 to 4 doses</td>
<td>Not applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Conjugate vaccine (PCV)⁹</td>
<td>1 to 4 doses</td>
<td>Not applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>