

# Universal Pre-Kindergarten

## 2023-2024 Enrollment Now Open!!

The Lockport City School District, in partnership with The YWCA of the Niagara Frontier, is accepting UPK applications for the 2023-2024 school year.

UPK is a **FREE** program for children in the Lockport City School District who will be 4 years of age on or before December 1, 2023.

To register, you must complete an online application at [www.lockportschools.org/registration](http://www.lockportschools.org/registration) then download and complete the forms listed on the site.

**OR**

Stop by the John Pound Early Childhood Center at 51 High Street or the YWCA located at 32 Cottage Street to pick up an enrollment packet.

All enrollment packets must be submitted to the Board of Education at 130 Beattie Avenue. Please call (716)478-4811 to schedule an appointment.

**Please call the office at John Pound Early Childhood Center at (716)478-4751 with further questions about enrolling.**



# John Pound Early Childhood Center/BHSC

2023-2024 School Year

## Immunization Requirements for Pre-Kindergarten Students

Dear Parent/Guardian,

New York State Law Section 2164 requires certain immunizations (shots) to enter Pre-kindergarten and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations.

### Required Immunizations for Pre-Kindergarten

Immunization	Number of Doses
Polio	3
Hepatitis B	3
Diphtheria/Tetanus/Pertussis	4
Measles/Mumps/Rubella	1
Varicella (Chickenpox)	1
Hemophilus Influenzae	1 to 4
Pneumococcal Conjugate	1 to 4

**Students have 14 days from the start of school to receive all required vaccinations to avoid exclusion.**

Proof of immunization must be **any 1 of the 3** items listed below:

- An immunization certificate signed by your health care provider
- Immunization Registry report (NYSIIS or CIR from NYC) from your health care provider or the Niagara County Health Department - Phone # 716-278-1903
- A blood test (titer) lab report that proves your child is immune to the disease (only applicable for Measles/Mumps/Rubella/varicella and Hepatitis B)
  - For varicella (chickenpox), a note from your health care provider (MD, NP, PA) which says your child had the disease is also acceptable.

If you have questions/concerns about immunizations, please contact your healthcare provider.

Kristi Dzikoski, RN  
John Pound Early Childhood Center  
Phone #: (716) 478-4752  
Fax #: (716) 439-6851

**Lockport City School District**  
**Forms of Documentation for Student Registration**

The Lockport City School District requires the following documents to complete the final registration of a student:

Proof of Residency – must provide two of the following:

- 1) Copy of **CURRENT** residential lease or proof of ownership of a house
- 2) Statement by a third-party landlord, owner, or tenant from whom the parent/legal guardian leases or resides (see district form that can be used). This form or document must be notarized.
- 3) Such other statement by a third party establishing the parent/guardian and student's physical presence in the district (the place in which the child lays his/her head each night):
  - a. **Current** utility bill (landline telephone, electric, heat, cable, or water)
  - b. **Current** school, town or county tax bill
  - c. **Current** mortgage statement or homeowner's insurance statement
  - d. **Current** correspondence with the Niagara County Department of Social Services
  - e. **Current** purchase paperwork from a home

Proof of Age – must provide one of the following:

- 1) Birth Certificate
- 2) Record of baptism
- 3) Passport (including foreign passport)
- 4) If none of the above are available, the district will accept:
  - a. Official driver's license
  - b. State of other government issued identification
  - c. School photo identification that includes date of birth
  - d. Consulate identification card
  - e. Military dependent identification card
  - f. Documents issued by federal, state or local agencies
  - g. Court orders or other court-issued documents
  - h. Native American tribal document
  - i. Records from non-profit international aid agencies and voluntary agencies

Proof of Immunizations

**JOHN POUND EARLY CHILDHOOD CENTER  
LOCKPORT COMMUNITY UNIVERSAL PRE-KINDERGARTEN PROGRAM**

Dear Parents/Guardians:

Thank you for your interest in the Lockport Community Universal Pre-Kindergarten (UPK) Program! We are so happy you chose to enroll your child with us. Our New York State certified teachers provide an enjoyable and enriching learning experience while also academically preparing your child for Kindergarten. The UPK program is run by the YWCA of the Niagara Frontier and works in collaboration with the Lockport City School District. Please fill out the following information to help us better service your family's need for placement in our program.

**Please note: Your child must turn four years old on or before December 1<sup>st</sup> to be eligible for the UPK program.**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please indicate your choice of classroom availability (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>):

\_\_\_\_\_ 8:30am – 11:00am

\_\_\_\_\_ 8:45am – 11:15am

\_\_\_\_\_ 12:00pm – 2:30pm

\_\_\_\_\_ 12:15pm – 2:45pm

\_\_\_\_\_ 8:30am – 2:30pm **full-day program**

**Please note: Due to limited availability in the full-day programs, a lottery system will be held for these spots. Please indicate your 2<sup>nd</sup> and 3<sup>rd</sup> options above so that we can best serve you in the event that your child was not selected for the full-day program.**

If your child is not placed in the full-day program, but you would like to be added to the full-day waitlist, please check here: \_\_\_\_\_.

Parents/guardians will be notified of their child's specific placement in mid-August. A Meet-and-Greet with the teacher will be scheduled closer to the start of the school year.

If you have any questions please contact the office at (716) 478-4751. We look forward to meeting you and your child soon!

Sincerely,

Jennifer Reardon  
UPK & Early Childhood Programs Director  
YWCA of the Niagara Frontier

**JOHN POUND EARLY CHILDHOOD CENTER  
LOCKPORT COMMUNITY UNIVERSAL PRE-KINDERGARTEN  
PARENT PERMISSION SHEET FOR CHILD PICK UP  
(Please print)**

Teacher \_\_\_\_\_ Classroom Number \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Whom does the child live with? \_\_\_\_\_

**DO NOT RELEASE MY CHILD TO \_\_\_\_\_  
(IF DUE TO CUSTODY ISSUES, PLEASE INCLUDE ALL COURT DOCUMENTATION)**

***If I am not available to pick up my child from school or in the event of an emergency\*, the following people have my permission to do so for me and are at least 18 years of age:***

1. Name \_\_\_\_\_ Phones: \_\_\_\_\_  
Relationship to my child \_\_\_\_\_
2. Name \_\_\_\_\_ Phones: \_\_\_\_\_  
Relationship to my child \_\_\_\_\_
3. Name \_\_\_\_\_ Phones: \_\_\_\_\_  
Relationship to my child \_\_\_\_\_
4. Name \_\_\_\_\_ Phones: \_\_\_\_\_  
Relationship to my child \_\_\_\_\_
5. Name \_\_\_\_\_ Phones: \_\_\_\_\_  
Relationship to my child \_\_\_\_\_

*I hereby authorize the above person(s) to pick up my child from school. If a person comes to pick up my child from school that is not on the list, I understand that he/she will need written permission and a picture ID will need to be provided or my child will not be released to that person. \*In certain situations, verbal permission, may be approved.*

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# John Pound Early Childhood Center

51 High St. Lockport, NY 14094

**\*PLEASE PRINT\***

CHILD'S NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First

Parent/Guardian Name \_\_\_\_\_ Today's Date \_\_\_\_\_

**Please read** each section below, **circle** your answer to each section, and **sign** at the bottom.

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## PHOTOGRAPHY/PHOTOS/VIDEO/FACEBOOK PERMISSION

**YES NO**

I give permission for my child to be photographed or filmed in the John Pound Early Childhood Programs for use in local newspapers, Facebook (the John Pound Early Childhood Program/YWCA of Niagara Frontier Sites), in slides or videos or photo displays in conjunction with activities related to education. My child's name may also be used for these purposes.

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## PHOTOGRAPHY / YEARBOOK

**YES NO**

I give permission for my child to be photographed and his/her photo to be included in the John Pound Early Childhood Programs class picture and/or year book.

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## FIELD TRIP PERMISSION

**YES NO**

I give permission for my child to participate in and travel on field trips under the supervision of John Pound Early Childhood Programs Staff. I will be notified of each trip in advance.

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## OUTDOOR ACTIVITIES PERMISSION

**YES NO**

I give permission for my child to participate in walks and outdoor activities under the supervision of John Pound Early Childhood Programs Staff.

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## COMPUTER USE

**YES NO**

I give permission for my child to use classroom computers for educational purposes as they pertain to the John Pound Early Childhood Programs curriculum.

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**Parent/Guardian Signature** \_\_\_\_\_

## *In Case of Emergency*

Name of Primary Insurance \_\_\_\_\_ Policy Holder Name/DOB \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number/ID Number \_\_\_\_\_

In the event of an accident or serious illness requiring immediate medical intervention, every effort will be made to contact the parent/guardian. If the YWCA is unable to contact the Parent/Guardian or the persons indicated on the previous page, I authorize the YWCA of the Niagara Frontier to transport my child. Please note: Local rescue team will transport only to the nearest emergency facility, Eastern Niagara Hospital. I accept responsibility for all medical bills resulting from the illness or injury while my child is in the care of the YWCA of the Niagara Frontier. I understand that some information on this form is confidential and may be shared with school/transportation personnel to protect my child's health and safety while at school.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

Dear Parents,

The YWCA UPK is a participant in a New York State mandated Developmental Screening Program (DIAL-IV) through the Lockport City School District. Your child will be screened in the areas of Education, Speech and Language, Hearing and Motor Skills. Screening occurs at two points in the school year: at enrollment and again prior to kindergarten.

Screenings are similar to a snap shot picture. It will show only what your child is doing at that time on that day. YWCA UPK teachers are a part of the screening process. We will be able to share with the screeners any concerns you, or we, may have.

Screenings are not evaluations. Screenings will not tell us specifics, only if there seems to be a delay. If a possible delay is found, you will get a letter with the areas of concern noted and the suggestion that your child be further evaluated.

An evaluation is a more lengthy process that looks very closely at how your child does in a number of areas. An important piece of the evaluation is the Parent information provided throughout the process.

Thank You

# LOCKPORT CITY SCHOOL DISTRICT EMERGENCY HEALTH FORM

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **M or F:** \_\_\_\_\_

(Last) (First) (M)

<b>Student Address:</b>	<b>Apt/Lot#</b>
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School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

**DO NOT RELEASE MY CHILD TO:** (Court Documentation Required): \_\_\_\_\_

Who does child live with: ☐ Mother /Father same address ☐ Mother ☐ Father ☐ Legal Guardian ☐ Foster Parent

Legal documentation of Custody: ☒Yes ☐No If yes, please provide office with original court paperwork, we will make a copy.

**Mother Name:** \_\_\_\_\_  
(Last) (First)

Mother Home# \_\_\_\_\_  
Mother Cell# \_\_\_\_\_

Mother Address:	Apt/Lot#	City	Zip
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Email: \_\_\_\_\_ Employer \_\_\_\_\_ Mother Work# \_\_\_\_\_

**Father Name:** \_\_\_\_\_ Father Home# \_\_\_\_\_  
(Last) (First) Father Cell# \_\_\_\_\_

Father Address:	Apt/Lot#	City	Zip
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Email: \_\_\_\_\_ Employer \_\_\_\_\_ Father Work# \_\_\_\_\_

**Guardian Name:** \_\_\_\_\_ Relationship \_\_\_\_\_  
Guardian Home# \_\_\_\_\_ Guardian Cell# \_\_\_\_\_

Guardian Address:	Apt/Lot#	City	Zip
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Email: \_\_\_\_\_ Employer \_\_\_\_\_ Guardian Work# \_\_\_\_\_

Diagnosed Medical Conditions:

**ALLERGIES:** \_\_\_\_\_ **MEDICATIONS:** \_\_\_\_\_

DOCTOR NAME: Phone# DENTIST NAME: Phone#

**IN CASE OF EMERGENCY: IF PARENT/GUARDIAN CANNOT BE REACHED, PLEASE LIST SOMEONE YOU GIVE PERMISSION TO DURING THE DAY TO PICK UP YOUR CHILD**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Home Phone#                      Cell #:                      Work: #

Address: \_\_\_\_\_ Apt/Lot# \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Home Phone#                      Cell #:                      Work: #

Address: Apt/Lot# City: Zip

In the event of an accident or serious illness requiring immediate medical intervention, every effort will be made to contact the parent/guardian. If the school is unable to contact the parent/guardian or the person indicated above, I authorize the school to transport my child. Please note: Local rescue team will transport according to medical direction provided by Emergency Medical Systems (EMS). I understand that some information on this form is confidential and may be shared with school/transportation personnel to protect my child's health and safety while at school.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **H-17, 01, 2013**



NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**CHILD IN CARE MEDICAL STATEMENT**

**To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner**

Name of Child:	Date of Birth: / /	Date of Examination: / /
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**Immunizations required for entry into day care**

**Medical Exemption** The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s). ☐ Yes ☐ No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	5 <sup>th</sup> Date / /
Polio (IPV or OPV)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	
Haemophilus influenzae type B (Hib)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date <b>OR</b> 1 <sup>st</sup> Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	
Hepatitis B	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /		
Measles, Mumps and Rubella (MMR)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /			
Varicella (also known as Chicken Pox)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /			

**Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A**

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

**Tests**

Tuberculin Test Date: / / Mantoux Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative _____ mm			
TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test. If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.			
Lead Screening Date: / /			
Attach lead level statement			
<b>Lead Screening (Include All Dates and Results)</b>			
1 year	/ /	Result: _____ mcg/dL	<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
2 years	/ /	Result: _____ mcg/dL	<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
<b>Most recent date of lead screening (if different from above):</b>			
	/ /	Result: _____ mcg/dL	<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
<b>Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.</b>			
If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.			

(Continued on reverse side)

**CHILD IN CARE MEDICAL STATEMENT** *(continued)***Health Specifics****Comments**

Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Summary of Physical Exam**

Include special recommendations to child day care providers

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On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care.

☐ Yes ☐ No

_____ Signature of Examiner	_____ Address
_____ Please Print Name	_____ City, State, Zip
_____ Title	(     )     -     /     / Phone     Date

# LOCKPORT CITY SCHOOL DISTRICT - HEALTH HISTORY FORM

State law requires that all new entrants produce proof of sufficient vaccine status. **THEREFORE: A COPY OF IMMUNIZATIONS FROM A DOCTOR OR CLINIC IS REQUIRED – PLEASE ATTACH TO THIS FORM.**

**I understand that the information contained on this form will be kept confidential and may be shared with school and transportation personnel if needed to protect the student's health and safety while at school.**

STUDENT'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
(First) (Initial) (Last)

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_ SEX: ( ) Female ( ) Male  
(City) (State) (Country)

NAME OF PHYSICIAN: \_\_\_\_\_ NAME OF DENTIST: \_\_\_\_\_

## HEALTH CONDITIONS PLEASE CHECK ANY THAT APPLY TO YOUR CHILD

___ Abnormal spinal curvature (scoliosis, etc.)	___ Ear infections (more than 3 in one year)	___ Head injury or loss of consciousness
___ Asthma or wheezing	___ Tubes in ears: Left ___ Right ___	___ Frequent headaches
___ Depressed immune system	___ Wears hearing aid	___ Frequent nosebleeds
___ Sickle cell disease/Blood disorder	___ Wears glasses/contacts	___ Fainting or blacking out
___ Seizure disorder	___ Other visual impairment _____	___ Concern about relationship with
___ Diabetes	___ Orthopedic impairment _____	siblings or friends
___ Pregnancy	___ Heart Condition/murmur _____	___ Behavioral / Emotional problems
___ Broken bones _____		___ Substance abuse: ___ Drugs ___ Alcohol
___ Other (please specify): _____		___ Depression
___ Any Surgeries: _____	___ Any Restrictions: _____	___ Suicide attempt

\*\*\* Please describe/explain the health conditions noted above, along with any other concerns which you feel the school should be aware of on the back of this form:

ALLERGIES: (Please list and describe reactions): \_\_\_\_\_

SEVERE ILLNESSES OR INJURIES: \_\_\_\_\_

DAILY MEDICATIONS AND DOSAGE: (please list and explain associated medical condition) \_\_\_\_\_

OTHER: \_\_\_\_\_

\_\_\_\_\_  
(Print name of person completing this form)

\_\_\_\_\_  
(Signature of person completing this form)

\_\_\_\_\_  
(Relationship to student)

\_\_\_\_\_  
(Date completed)

Explanation of health conditions from other side:

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Other concerns or comments:

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**New York State Migrant Education Program  
Identification & Recruitment Office  
Parent Survey**

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act. The MEP provides a variety of educational services to families who work in agriculture. This program is free of charge to all eligible families and may include tutoring, free lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take a few minutes to complete this questionnaire.

1) Has anyone in your family moved from another country, town or school district within the past 3 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

2) Has anyone in your family worked or looked for work at the following occupations within the last 3 years:

\_\_\_\_\_ Any agricultural or farm work such as hay, dairy, fruit or vegetable crops, poultry, fish farming, nursery/ greenhouse, other)?

\_\_\_\_\_ Work related to logging, timber growing or harvesting? Work at food processing plant such as vegetable or poultry processing plants packing apples or vegetables?

If you answer YES, please provide contact information below:

Parent/Guardian/Eligible Person's Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Student(s) Name(s) with Ages & Grades: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

To submit this referral please contact Irene Sanchez (recruiter) at 585-694-1460 or fax to 585-395-5731 or by mail to Brockport Migrant Education Tutorial and Support Services Program, The College at Brockport, 350 New Campus Drive B-9, Brockport, New York 14420.

**LOCKPORT CITY SCHOOL DISTRICT**  
**RESIDENCY SUPPLEMENTAL QUESTIONNAIRE**  
**(to be completed by all new students and those submitting a change of address)**

The answer you give below will help the District determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento 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. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

The following questions are intended to determine the extent to which children and their families or a youth are living in a fixed, regular and adequate living situation.

Where is the student currently living? (Check one)

\_\_\_\_\_ In permanent housing

\_\_\_\_\_ In a hotel / motel

\_\_\_\_\_ In a shelter

\_\_\_\_\_ With another family or other person because of loss of housing or as a result of economic hardship

\_\_\_\_\_ In a place not designated for ordinary sleeping accommodations such as a car, park, or campsite

\_\_\_\_\_ Other temporary living situation (please describe): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Student Name: \_\_\_\_\_  
(PLEASE PRINT)

Parent / Guardian Name: \_\_\_\_\_  
(PLEASE PRINT)

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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

Lisette 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:**

Month Day Year

**GENDER:**

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

### 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:

MO. DAY YR.

PROFICIENCY LEVEL  
ACHIEVED ON  
NYSITELL:

☐ ENTERING    ☐ EMERGING    ☐ TRANSITIONING    ☐ EXPANDING    ☐ COMMANDING

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



## Community Eligibility Provision (CEP)/Provision 2 non-base year Household Income Eligibility Form

City School District of the City of Lockport is participating in the Community Eligibility Provision (CEP) or Provision 2 in a non-base year. All children in the school will receive meals/milk at no charge regardless of household income or completion of this form. This form is to determine eligibility for additional State and federal program benefits that your child(ren) may qualify for. Read the instructions on the back, complete **only one** form for your household, sign your name and return it to the school named above. Call Karen Schleicher at 478-4840 if you need help.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	No Income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 5, and sign the application.

Name: \_\_\_\_\_ CASE # \_\_\_\_\_

3. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

4. Signature: An adult household member must sign this application.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school may receive federal funds. The school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature:

Date:

Email Address:

Home Phone

Work Phone

Home Address

**DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY**

**Annual Income Conversion (Only convert when multiple income frequencies are reported on application)  
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12**

SNAP/TANF/Foster

Income

Total Household Income/How Often:

Household Size:

Free Eligibility

Reduced Eligibility

Denied Eligibility

**Signature of Reviewing Official**

## CEP/Provision 2 Non-Base Year Household Income Form INSTRUCTIONS

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**PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE FORM FOR YOUR HOUSEHOLD.**

- (1) Print the names of the children, including foster children, for whom you are applying on one form.
  - (2) List their grade and school.
  - (3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.
- 

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**PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.**

- (1) List a current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
  - (2) An adult household member must sign the form in PART 4. **SKIP PART 3** - Do not list names of household members or income if you list a SNAP, TANF or FDPIR number.
- 

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**PARTS 3 & 4 ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PARTS 3 AND 4.**

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are completing the form for, all other children, your spouse, grandparents, and other related and unrelated people living in your household. Use another piece of paper if you need more space.
  - (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
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### PRIVACY ACT STATEMENT

#### LCSD Policy 5672

The School District values the protection of private information of individuals in accordance with applicable law and regulations. Further, the District is required to notify affected individuals when there has been or is reasonably believed to have been a compromise of the individual's private information in compliance with the Information Security Breach and Notification Act and Board policy.

a) "Private information" shall mean \*\*personal information in combination with any one or more of the following data elements, when either the personal information or the data element is not encrypted or encrypted with an encryption key that has also been acquired: 1. Social security number; 2. Driver's license number or non-driver identification card number; or 3. Account number, credit or debit card number, in combination with any required security code, access code, or password which would permit access to an individual's financial account. "Private information" does not include publicly available information that is lawfully made available to the general public from federal, state or local government records. \*\*\*"Personal information" shall mean any information concerning a person which, because of name, number, symbol, mark or other identifier, can be used to identify that person.

b) "Breach of the security of the system" shall mean unauthorized acquisition or acquisition without valid authorization of computerized data which compromises the security, confidentiality, or integrity of personal information maintained by the District. Good faith acquisition of personal information by an employee or agent of the District for the purposes of the District is not a breach of the security of the system, provided that private information is not used or subject to unauthorized disclosure.



# Lockport City School District

## Student Ethnicity Document

Student:

School:

Date:

Ethnic Group:

Is the student Hispanic/Latino?

☐ Yes: If yes, please also check the appropriate racial group designated below.

☐ No

For ALL students, please check any that apply:

☐ Asian

☐ American Indian / Alaskan Native

☐ Black or African America

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Multi-racial (select from above all that apply)

Parent/Legal Guardian Signature:

For Office Use Only
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Date of Official Enrollment in the District:



## REQUIRED CONSENT FORM

IT IS MANDATORY THAT THIS FORM IS RETURNED, SIGNED AND DATED

### GOOGLE APP FOR EDUCATION

As with any educational endeavor, a strong partnership with families is essential to a successful experience. The Lockport City School District requires consent from a parent before offering the tools in Google Apps for Education. The Lockport City School District uses Google Tools including email, Drive, Docs, Calendar, and other Google Tools. Using Google Apps for Education tools and services, students collaboratively create, edit and share files and websites for school related projects and communicate electronically with other students and teachers. These services are online and are available 24 hours a day, 7 days a week from any internet-connected computer. Lockport City School Districts use of Google Apps for Education is set up and secured solely for educational purposes. For that reason, our students are not subjected to advertising as it is disabled when our students access Google Apps for Education.

☐ I give my consent

☐ I do not give consent

\_\_\_\_\_  
Parent (Guardian) Signature – **REQUIRED**

\_\_\_\_\_  
Date – **REQUIRED**

### PUBLICITY (NOT LIMITED TO TELEVISION, NEWSPAPER, WEBSITE, SOCIAL MEDIA)

City School District encourages promotion of outstanding student achievement and recognition of school related activities. With your consent, we will allow for the recognition of your child in District related print & online publications and promotions which may include a student's full name, school and grade level, photographs, video, audio, examples of work, recognition for achievements and/or involvement.

☐ I give my consent

☐ I do not give consent

\_\_\_\_\_  
Parent (Guardian) Signature – **REQUIRED**

\_\_\_\_\_  
Date – **REQUIRED**

### STUDENT ACCEPTABLE USE POLICY (ON THE BACK OF THE FORM)

My child and I have read and agree to abide by the Acceptable Use Policy and Guidelines of the Lockport City School District. We understand and agree to use technology and communicate in an appropriate manner, honoring all relevant laws, regulations and guidelines. I understand that violations of the Student Acceptable Use Policy may result in suspension of internet privileges and disciplinary action. We agree to follow the Student Acceptable Use Policy and understand our responsibility for the privilege of using these innovative educational technologies.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent (Guardian) Signature – **REQUIRED**

\_\_\_\_\_  
Date – **REQUIRED**

We encourage you to learn more about our use of Google Apps for Education, Publicity, and our Student Acceptable Use Policy and to review our guidelines for posting on the Lockport City School District website and social media that are always available online at: <http://www.lockportschools.org/TechGuidelines>

**THIS CONSENT SHALL REMAIN IN EFFECT UNTIL AN UPDATED FORM IS SUBMITTED.**

Date:

Grade:

First Name:

Student Last Name:

PLEASE PRINT

## STUDENT USE OF ELECTRONIC INFORMATION SYSTEMS (ACCEPTABLE USE POLICY)

The Board of Education will provide student access to various electronic information systems through the District's computer system ("DCS" hereafter) consisting of software, hardware, computer networks and electronic communication systems. This may include access to systems such as electronic mail, internet or intranet services. It may include the opportunity for some students to have independent access to the District systems from their home or other remote locations. All use of District systems, including independent use off school premises, shall be subject to this policy and accompanying regulations. Further, all such use must be in support of education and/or research and consistent with the goals and purposes of the Lockport City School District.

One purpose of this policy is to provide notice to students and parent/guardians that, unlike most traditional instructional or library media materials, the District information systems will allow student access to external computer systems not controlled by the School District where it is impossible for the District to screen or review all of the available materials. Some of the available materials may be deemed unsuitable by parents/guardians for student use or access. This policy is intended to establish general guidelines for acceptable student use. Parents/guardians of students must be willing to share the responsibility to set and convey standards for appropriate and acceptable use of the District's systems to their children.

### Standards of Acceptable Use

Generally, the same standards of acceptable student conduct which apply to any school activity shall apply to the use of the District systems. This policy does not attempt to articulate all required and/or acceptable uses of the District systems; nor is it the intention of this policy to define all inappropriate usage. Administrative regulations will further define general guidelines of appropriate student conduct and use as well as proscribed behavior.

Lockport City School District students shall also adhere to the laws, policies and rules governing electronic systems including, but not limited to, copyright laws, rights of software publishers, license agreements, and student rights of privacy created by federal and state law.

Students who engage in unacceptable use may lose privileged access of district systems in accordance with applicable due process procedures, and may be subject to further discipline under the District's school conduct and discipline policy and the District Code of Conduct. The District reserves the right to pursue legal action against a student who willfully, maliciously, or unlawfully damages or destroys property (physical and/or intellectual) of the District. Further, the District may bring suit in civil court against the parents/guardians of any student who willfully, maliciously, or unlawfully damages or destroys

District property pursuant to General Obligations Law Section 3-112.

Student data files and other electronic storage areas are considered to be school district property, subject to control and inspection. The Superintendent of Schools or his/her designee may access all such files and communications without prior notice to ensure system integrity and that users are complying with the requirements of this policy and accompanying regulations. Students SHOULD NOT expect that information stored on district systems will be private.

### Notification/Authorization

The District's Acceptable Use Policy and Regulations is made available to parents and students in order to provide notice of the school's requirements, expectations, and students' obligations when accessing the district information systems at [www.lockportschools.org](http://www.lockportschools.org) or by request to the Director of Assessment and Technology.

The District requires a consent form to be on file for every student regarding access to Google tools, publicity and Student Acceptable Use. Should a parent wish to change consent, they may do so by completing the appropriate form. Procedures define the process by which parents may submit a written request to change student use of the district information systems in accordance with the law, Commissioner's Regulations and or District policies and procedures.