

Ready to be enrolled: _____
Date: _____

Student Name _____ Grade _____

Elmira Heights Central School District

Registration Checklist

- ___ Government issued birth certificate
- ___ Signed affidavit of residency
- ___ Court orders regarding custody (if applicable)

In order to ***verify district residency***, parents or guardians **MUST** provide **TWO** sources of documentation from the following:

- ___ **Bank contract or mortgage agreement** showing purchase of home with name, address, and lot number
- OR
- ___ **Signed rent or lease receipt** with landlord's name, address, and telephone number or **DSS processed landlord statement**

And one of the following:

- ___ Either of the following showing address within the district in parent's name:
 - **Utility Bill** -most recent (phone, gas, electric, cable)
 - **Deposit receipt** for gas, electric, phone, cable **service start up**
- ___ **Driver's license or NY State ID card with picture** showing current district address (no temporaries) *If address has changed, it can not be accepted.*
- ___ **Currently active bank account/checkbook statement** with name and address imprinted (bank may be contacted to verify existence of account)
- ___ **Payroll stub with address**
- ___ **Change of address verification from the Post Office or U.S. postmark dated business mail**
- ___ **Major moving company receipt** for moving household goods
- ___ **Receipt** from local firm showing **delivery** of newly purchased major appliances or furniture

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW.



District Office
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Transportation: (607) 739-1358
www.heightsschools.com

Date _____

State of New York)

County of Chemung)

I, _____ being duly sworn, deposes and says:

I am the (parent/legal guardian) of:

Student Name _____ Grade _____

a student in the Elmira Heights Central School District, and make this affidavit under penalty of perjury. I am responsible for and do provide the guidance and make the decisions necessary for said child's well being.

I certify that I reside at _____

Telephone _____

and that said student resides at the address with me, eats the majority of his or her meals, and the place from which he or she leaves for school and to which he or she returns after school. The above address constitutes my legal residence, it is the place where I am registered to vote, the address on my drivers license and the address listed on my income tax returns.

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(Parent / Legal Guardian Signature

Enter with high expectations – leave with confidence and pride.



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 English. Your assistance in answering these questions is greatly appreciated.

Thank You

TO BE COMPLETED BY SCHOOL PERSONNEL			
DISTRICT	<i>Please print or type clearly</i>		
SCHOOL	GRADE		
STUDENT NAME			
DATE OF BIRTH			
	Month:	Day:	Year:
STUDENT IDENTIFICATION NUMBER			
COUNTRY OF BIRTH / ANCESTRY			
NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S.			
NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION			
DETERMINATION:			
	<input type="checkbox"/> Possible LEP		
	<input type="checkbox"/> English Proficient		

(✓ boxes that apply)

- What language(s) is spoken in the student's home or residence? English Other _____
specify
- What language(s) are spoken most of the time to the student, in the home or residence? English Other _____
specify
- What language(s) does the student understand? English Other _____
specify
- What language(s) does the student speak? English Other _____
specify
- What language(s) does the student read? English Other _____ Does Not Read
specify
- What language(s) does the student write? English Other _____ Does Not Write
specify
- In your opinion, how well does the student understand, speak, read and write English?

	<i>Very well</i>	<i>Only a little</i>	<i>Not at all</i>
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent/Guardian/Other

Date

Month: Day: Year:

