



ADMINISTRATIVE OFFICES
201 Main Street
VESTAL, NEW YORK 13850

Universal Pre-K Program

Phone: (607) 757-2291 Fax: (607) 757-3439

January 5, 2021

Dear Parent/Guardian,

We are pleased to inform you that the Vestal Central School District is planning to continue its UPK Program for the 2021-2022 school year, contingent upon the receipt of grant funding from New York State.

New York State includes funding for UPK programs to "provide four-year-old children with a universal opportunity to access high quality pre-kindergarten programs that prepare them for future success by developing strong foundational skills in literacy and numeracy." Eligible children must be district residents who will be four on or before December 1 of the year in which they are enrolled. Transportation is not provided.

The grant would allow 99 Vestal UPK students to attend a half-day program. If the district receives more than 99 applications we will conduct a required lottery to pick students randomly. Students not selected will be placed on a waiting list and parents will be notified as openings become available.

If you are interested in having your child attend our UPK Program for the 2021-2022 school year, fill out the enclosed application, along with two proofs of residency, and return it to the address at the bottom of the form as soon as possible. The documents may be mailed or placed in the drop box located at District Office. Please see the reverse side of this letter for a list of acceptable documents. Please be aware that the return and completion of these materials does not guarantee placement in the program. You will be notified of an available spot after the Board of Education approves the sites. If you have any questions, please do not hesitate to contact the Vestal Central School District at 757-2291 or me at kcmazikewich@vestal.k12.ny.us.

Sincerely,

A handwritten signature in purple ink that reads "Keliann Mazikewich".

Keliann Mazikewich
Director of Instruction

KM/sm
Enc.

Proof of Residency

Upon registering, the District requires two forms of documentation to establish residency and can include, but is not limited to:

- A copy of residential lease or proof of ownership of a home, such as a deed or mortgage statement
- A statement by a third-party landlord, owner or tenant from whom the parent(s) or person(s) in a parental relation leases or with whom they share property within the district, which may be a notarized affidavit
- Other forms of acceptable documentation can be used as well, such as:
 - ✓ Pay stub
 - ✓ Income tax form
 - ✓ Utility or other bill
 - ✓ Membership document based on residency
 - ✓ Voter registration document
 - ✓ Official driver's license, learner's permit or non-driver identification
 - ✓ Documents issued by federal, state or local agencies (such as from a local social services agency)
 - ✓ Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers

Vestal Central School District
UNIVERSAL PRE-KINDERGARTEN (UPK)
Application for Enrollment
2021-2022



Student's Name: _____
First Middle Last

☐ Boy

☐ Girl

Date of Birth: _____

(Please note: Student must be 4 years of age on or before December 1, 2021)

Street Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Home phone number: _____ Work: _____ Cell: _____

Email address: _____

Check the Elementary School you anticipate your child will be attending during 2022-2023 school year:

☐ African Road Elementary ☐ Clayton Ave. Elementary ☐ Glenwood Elementary

☐ Tioga Hills Elementary ☐ Vestal Hills Elementary

Please enclose two proofs of residency with this application.

Parent/Guardian Signature _____

Date: _____

When the site review process is completed you will be notified of the locations. At that time, you will be given the opportunity to confirm your preference for location and half-day.

The Vestal UPK Program is dependent on funding from New York State. Transportation is not available.

Please Return Completed Application to:

Vestal Central School District

Attn: UPK Program

201 Main St.

Vestal, NY 13850

757-2291

757-3439 (fax)

srmurphy@vestal.k12.ny.us (scan)

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. 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.

HOUSING QUESTIONNAIRE

Name of LEA: Vestal Central School District

Name of School: _____

Name of Student: _____
Last First Middle

Gender: ☐ Male ☐ Female Date of Birth: ____/____/____ Grade: ____ ID#: ____
Month Day Year (preschool-12) (optional)

Address: _____ Phone: _____

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 don't 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.

Where is the student currently living? (Please check one box.)

- ☐ In a shelter
- ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe): _____
- ☐ In permanent housing

Print name of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Date

If **ANY box other than "In Permanent Housing" is checked**, then the student/family should be immediately referred to the MV Liaison. In such cases, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

Note TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

PLEASE PRINT

(Please turn over and complete the back of this form)

If there are any custody restrictions which we should be made aware of, please specify below:
Please note if there are any formal custody orders, we will need you to provide a copy at the time of registration.

PLEASE NOTE THE BELOW SECTIONS ARE FOR CONTACTS OTHER THAN THE PARENTS/GUARDIANS

ADDITIONAL CONTACT	Name: _____ (Mr/Mrs/Ms/Dr/Etc) (First) (Middle) (Last) (Jr/Sr/III/IV)	Relationship to Student? _____
	Street: _____ Apt/Unit/Lot/Etc: _____	Living with Student? YES NO
	City: _____ State: _____ Zip: _____	Allowed to Pick Up Student? YES NO
	Home Phone: _____ Cell Phone: _____	
	Work Phone: _____ Work Phone 2: _____	
	Email Address: _____	

ADDITIONAL CONTACT	Name: _____ (Mr/Mrs/Ms/Dr/Etc) (First) (Middle) (Last) (Jr/Sr/III/IV)	Relationship to Student? _____
	Street: _____ Apt/Unit/Lot/Etc: _____	Living with Student? YES NO
	City: _____ State: _____ Zip: _____	Allowed to Pick Up Student? YES NO
	Home Phone: _____ Cell Phone: _____	
	Work Phone: _____ Work Phone 2: _____	
	Email Address: _____	

Other Children in Family:

Name: _____ (First) (Middle) (Last) (Jr/III/IV)	Building: _____	Sex: _____ (M/F)	DOB: _____ (MM/DD/YYYY)	At Residence: _____ (Yes/No)
Name: _____ (First) (Middle) (Last) (Jr/III/IV)	Building: _____	Sex: _____ (M/F)	DOB: _____ (MM/DD/YYYY)	At Residence: _____ (Yes/No)
Name: _____ (First) (Middle) (Last) (Jr/III/IV)	Building: _____	Sex: _____ (M/F)	DOB: _____ (MM/DD/YYYY)	At Residence: _____ (Yes/No)
Name: _____ (First) (Middle) (Last) (Jr/III/IV)	Building: _____	Sex: _____ (M/F)	DOB: _____ (MM/DD/YYYY)	At Residence: _____ (Yes/No)
Name: _____ (First) (Middle) (Last) (Jr/III/IV)	Building: _____	Sex: _____ (M/F)	DOB: _____ (MM/DD/YYYY)	At Residence: _____ (Yes/No)

Emergency Information:

Physician: _____ Phone: _____ Hospital Choice: _____

Allergy or other Medical Alerts:

Signature of Parent/Guardian: _____ **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: _____

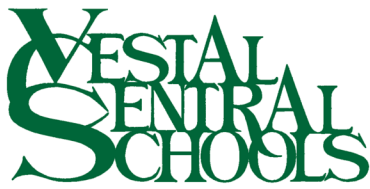
DATE OF NYSITELL
ADMINISTRATION:

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:



VESTAL, NEW YORK 13850

Dear Parent/Guardian:

The Vestal Central School District is pleased to celebrate the accomplishments of our children. As a result, student artwork, writing, photographs, videos and or audio clips and quotes may be used in the Vestal Central School District's print and electronic publications or by the media.

If you allow this use by both the Vestal Central School District and the media, please check the box below on the left under "General Release".

If you do not want your child's artwork, writing, photograph, video, quote or name to be published, please check the appropriate box below on the right under "Opt Out".

Then complete the bottom of this form, sign it, and return it to your child's school. We will keep this form on file throughout your child's school years. If at any time you change your mind regarding your decision, you can contact your child's school principal in order to fill out a new form.

GENERAL RELEASE:

- ☐ I give permission to use my child's likeness/words in the form of artwork, writing, photograph, video and/or audio clips and quote in promotional publications for the Vestal Central School District and for media events. this includes the school district website, official district social media pages and the community newsletter, "Look at Us!".

OPT OUT:

- ☐ I do not want my child's artwork, writing, photograph, video and/or audio clip or quote released to the media, **but will allow publication by the Vestal Central School District. This includes the school district website, official district social media pages and the community newsletter, "Look at Us!"**.
- ☐ I do not want my child's artwork, writing, photograph, video and/or audio clip or quote published in any form by the Vestal Central School District.

Student's Name: _____ Graduating Class Year: _____

School: _____

Parent/Guardian's Name (please print): _____

Signature of Parent/Guardian: _____ Date: _____

Challenge

Support

Foster

Invest