

SCHUYLERVILLE  
CENTRAL SCHOOL DISTRICT

Student's Name: \_\_\_\_\_ Student's ID # \_\_\_\_\_  
(Last) (First) (Middle)

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

Yes, Hispanic  No, not Hispanic

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

AMERICAN INDIAN or ALASKA NATIVE: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.

ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

BLACK: A person having origins in any of the black racial groups of Africa.

WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

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Child's Place of Birth: \_\_\_\_\_  
(City of Birth) (State of Birth)

Was your child born outside the United States?  No  Yes If Yes, please answer questions below:

What country was your child born in? \_\_\_\_\_ Date of entry into the United States: \_\_\_\_\_

Date child first entered U.S. schools: \_\_\_\_\_ Date child first entered NY schools: \_\_\_\_\_

Does the child have a parent on Active Duty in the Armed Forces?  No  Yes

Branch of Service: \_\_\_\_\_

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Name of Last School Child Attended \_\_\_\_\_

Address and Phone Number \_\_\_\_\_

Has your child ever repeated a grade?  No  Yes If Yes, which grade(s): \_\_\_\_\_

Date Entered 9<sup>th</sup> Grade: July 1, \_\_\_\_\_ (High School Students Only)

Has the student participated in a club or JV/varsity sport?  No  Yes

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Special Education Needs:

Is your child **CURRENTLY** receiving special education services?  No  Yes

**If Yes, please place a checkmark next to each service he/she is receiving.**

- |  |  |
|--|--|
| <input type="checkbox"/> Speech / Language Therapy | <input type="checkbox"/> 1:1 Aide                  |
| <input type="checkbox"/> Physical Therapy          | <input type="checkbox"/> 504 Plan                  |
| <input type="checkbox"/> Occupational Therapy      | <input type="checkbox"/> Classroom Aide            |
| <input type="checkbox"/> Consultant Teacher        | <input type="checkbox"/> Resource Room             |
| <input type="checkbox"/> Self-Contained Classroom  | <input type="checkbox"/> Declassified              |
| <input type="checkbox"/> BOCES                     | <input type="checkbox"/> Extended Test Taking Time |

Other Special Education Needs: \_\_\_\_\_

Has your child ever received special education services **IN THE PAST**?  No  Yes

Date Services Ended: \_\_\_\_\_

- |  |  |
|--|--|
| Are you presently living in a shelter?   | <input type="checkbox"/> No <input type="checkbox"/> Yes                         |
| Are you presently living in a motel, hotel or transitional housing situation?              | <input type="checkbox"/> No <input type="checkbox"/> Yes                         |
| Are you living in a car, trailer or private property owned by other, or seasonal campsite? | <input type="checkbox"/> No <input type="checkbox"/> Yes                         |
| Are you temporarily in other's home or apartment, due to a loss of housing?                | <input type="checkbox"/> No <input type="checkbox"/> Yes                         |
| Are you temporarily with an adult that is not a parent or legal guardian?                  | <input type="checkbox"/> No <input type="checkbox"/> Yes                         |
| Is your child receiving any special or remedial services?                                  | <input type="checkbox"/> No <input type="checkbox"/> Yes                         |
| Do you have home computer? <input type="checkbox"/> No <input type="checkbox"/> Yes        | Is Internet accessible? <input type="checkbox"/> No <input type="checkbox"/> Yes |