



# Pulaski Academy & Central School District

## Superintendent's Office

Tom Jennings, Superintendent

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Dear Parent/Guardian:

Thank you for inquiring about registering your child at Pulaski Schools. Enclosed is our registration packet. Please complete all of the required forms in the packet and return them with the following:

1. Photo ID of parent/guardian (driver's license, military ID, passport)
2. Birth certificate of the student(s) you are registering
3. **\*\*Proof of residency in Pulaski School District.** Documents that are accepted include: rental lease/agreement, mortgage agreement, property tax bill with STAR, a pay stub showing your address, documents from government agencies such as the Department of Social Services, or a utility bill with your name/address indicated on it, such as an electric bill, TV cable/internet provider bill, or car insurance bill. The Pulaski School District does not accept out-of-district students. You must physically reside within the borders of the Pulaski School District (as address will be confirmed by school tax records) in order to enroll.
4. Current Custody Paperwork (if applicable). Only a parent/legal guardian may register a child to attend the Pulaski School District. For foster care placements an LDSS-2999 form for the child from the County Social Services agency will be required.
5. Physical/Immunization Records that meet NY State requirements (Public Health Law §2164, as amended by Chapter 35 of the Laws of 2019)

**\*\*** = if you are living within the district but do not have proof of residency it is important that you complete the enclosed Residency Questionnaire so we may determine if your child/children are eligible to enroll in school under the McKinney-Vento Act.

**All of these items, in addition to the enrollment paperwork included, are required before we can register your child.**

The district Registrar is Erin Gallagher who is located at the District Office at Lura Sharp Elementary School at 2 Hinman Road in Pulaski. You can contact the registrar at 315-298-5188 or email at [egallagh@pulaskicsd.org](mailto:egallagh@pulaskicsd.org) to schedule an appointment.

Once the completed registration paperwork with all required documentation is received, your child will be registered in our School Tool data system, and the records will be forwarded to the appropriate school office. It is suggested you follow-up with the main office in the building that your child is enrolled to find out what date your child will be able to start school.

To contact Lura Sharp Elementary School, please call 315-298-2412. To contact the Middle School (grades 6-8) office, please call 315-298-6001. To contact the High School (grades 9-12), please call 315-298-5103.

# Pulaski Academy & Central School District

## 2025-26 Instructional Calendar

September 2025						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				
September 1 Labor Day September 2-3 Staff Development Days September 4 Classes Begin						

October 2025						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
October 13 Columbus/Indigenous Peoples Day						

November 2025						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						
November 10 Staff Development Day Nov 11 Veterans Day November 26-28 Thanksgiving Recess						

December 2025						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			
December 22-31 Christmas Recess						

January 2026						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
January 1-2 Christmas Recess January 19 Martin Luther King, Jr. Day January 20-23 Regents Exams						

February 2026						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
February 16 Presidents Day February 16-20 Winter Recess						

March 2026						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				
March 9 Staff Development Day March 30-31 Spring Recess						

April 2026						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		
April 1-3 Spring Recess April 3 - Good Friday						

May 2026						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						
May 25 Memorial Day						

June 2025						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				
June 9-10, 17-26 Regents Exams June 19 Juneteenth June 26 Last Day of School						

School Day Tally			
Sept	21	Feb	15
Oct	22	Mar	20
Nov	16	Apr	19
Dec	15	May	20
Jan	19	Jun	19
Total days = 186			

Legend	
First/Last Days of School	
Recess Days	
Regents Exam Days	
Staff Development Days	



## Pulaski Academy & Central School District

Lura M. Sharp Elementary School  
Pulaski Middle-Senior High School

### Student Records Release Authorization

#### Previous School District Information:

\_\_\_\_\_  
Name of Previous School/School District attended

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address of School

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

The student is anticipated to be ENROLLED on \_\_\_\_\_. Please choose an exit date from your district prior to the above date. Thank you.

**Student Name**

**Grade**

**Birth Date**

#### Would you please send the following records:

- ☐ Academic  
(report cards/progress reports,  
transcript, attendance, discipline)
- ☐ Exit Grades
- ☐ Science Labs
- ☐ NYS Assessments
- ☐ Health Records (physical &  
immunizations)
- ☐ Psychological
- ☐ Special Education
- ☐ Birth Certificate
- ☐ Custody Paperwork

#### **Grades K-5 - Forward the records to:**

Lura Sharp Elementary School  
Attn: Elementary Office  
2 Hinman Road  
Pulaski, NY 13142  
LMasuicc@pulaskicsd.org  
Phone: (315) 298-2412 Fax: (315) 298-7464

#### **Grades 6-12 - Forward the records to:**

Pulaski Jr. Sr. High School  
Attn: Guidance Office  
4624 Salina Street  
Pulaski, NY 13142  
KGronosky@pulaskicsd.org  
Phone: (315) 298-5103 Fax: (315) 298-2371

I am the:

☐ Parent/Legal Guardian ☐ Student (if over 18) ☐ D.S.S. Caseworker ☐ School Official

I give my permission to send the above records to Pulaski Academy & Central School District

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

According to the Final Regulations-Family Education Rights and Privacy Act (Buckley Act), dated June 17, 1977, schools are allowed to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31): School officials with legitimate educational interest; and other schools to which a student is transferring.



# Pulaski Academy & Central School District

## Superintendent's Office

Tom Jennings, Superintendent

### ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE

The information and answers you provide below will help the district determine what services you or your child may be eligible 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 documentation normally needed, such as proof of residency, school records, physical/immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services depending on their circumstances.

**Name of Student:** \_\_\_\_\_  
First Middle Last

**Gender:** \_\_\_ Male \_\_\_ Female **Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Name of School Building (circle one):** Lura Sharp Elementary Pulaski Jr/Sr High School

**New/Current Address:** \_\_\_\_\_

**Former address:** \_\_\_\_\_

**Name of Former LEA/School attended:** \_\_\_\_\_

#### **Where is the student currently living? (please check one)**

\_\_\_ Permanent housing (own home, rental w/lease in parent/guardians name, proof of residency provided)

**If any of the below pertain to your child's living situation, your child may be eligible to enroll under the McKinney-Vento Act:**

\_\_\_ Living with another family, family member, or other person(s) because of loss of housing or as a result of economic hardship (often referred to as "doubled-up")

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

\_\_\_ In a seasonal/temporary camper/campground, car, park, bus, or train station

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

\_\_\_\_\_  
**PRINT name of Parent, Guardian or Student**

\_\_\_\_\_  
**Signature of Parent, Guardian, or Student**

\_\_\_\_\_  
**Signature of LEA Homeless Liaison**

\_\_\_\_\_  
**Date**



**PULASKI ACADEMY & CENTRAL SCHOOL DISTRICT**

**Student Information Verification Form**

To be completed by a Parent or Guardian (or student if over 18). Complete all information and sign where appropriate.

**Return this document to the registrar as soon as possible.**

Legal Name of Pupil: \_\_\_\_\_ Grade \_\_\_\_\_  
(As appears on birth certificate) Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Gender at birth \_\_\_\_ Student phone #: \_\_\_\_\_

Student Address: \_\_\_\_\_ ☐ Please check if this address is temporary

Mailing Address: \_\_\_\_\_ ☐ Please check if your student receives  
special education services

**Most recent Legal Custody Papers or Court Order of Protection on file in the district?** Yes / No

**Contact Information:**

*The Schooltool Parent Portal provides parents and guardians of Middle/High School students access to assignments, grades and attendance information through our School Tool data system. To receive access, you must provide a valid email address and receive mail regarding the child. School Messenger refers to our parent automated phone call and email notification system.*

<b>Parent/Guardian Name #1:</b>	Custody: Yes / No	Student lives with: Yes / No
Relationship:	Can Pick Up: Yes / No	Receives Mailings: Yes / No
	First Emergency Contact: Yes / No	Receives Email: Yes / No

Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Employer _____	Phone 1: _____	Call Order 1 2 3	SchoolMessenger Yes / No
Email: _____	Phone 2: _____	1 2 3	Yes / No
	Work Phone: _____	1 2 3	Yes / No

Please provide me with access to the Parent Square and Schooltool Parent Portal for my child (*Please note that Parent Portal is only available for Middle/High School students*) Yes / No

<b>Parent/Guardian Name #2:</b>	Custody: Yes / No	Student lives with: Yes / No
Relationship:	Can Pick Up: Yes / No	Receives Mailings: Yes / No
	First Emergency Contact: Yes / No	Receives Email: Yes / No

Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Employer _____	Phone 1: _____	Call Order 1 2 3	SchoolMessenger Yes / No
Email: _____	Phone 2: _____	1 2 3	Yes / No
	Work Phone: _____	1 2 3	Yes / No

Please provide me with access to the Parent Square and Schooltool Parent Portal for my child (*Please note that Parent Portal is only available for Middle/High School students*) Yes / No

### Emergency Contacts / Permission to pick up

The following people may be contacted in an emergency situation if parents/guardian are unavailable, and will have permission to pick up your child if you cannot be reached. You must provide at least one emergency contact.

#### Emergency Contact Name:

Relationship to Student:

Can Pick Up: Yes / No

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

Phone 1: \_\_\_\_\_

	Call	Order	School	Messenger
1	2	3	Yes	No

Phone 2: \_\_\_\_\_

1	2	3	Yes	No
---	---	---	-----	----

Work Phone: \_\_\_\_\_

1	2	3	Yes	No
---	---	---	-----	----

Email: \_\_\_\_\_

#### Emergency Contact Name:

Relationship to Student:

Can Pick Up: Yes / No

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

Phone 1: \_\_\_\_\_

	Call	Order	School	Messenger
1	2	3	Yes	No

Phone 2: \_\_\_\_\_

1	2	3	Yes	No
---	---	---	-----	----

Work Phone: \_\_\_\_\_

1	2	3	Yes	No
---	---	---	-----	----

Email: \_\_\_\_\_

#### Additional permission to pick up:

In addition to emergency contacts, the following people also have permission to pick up my child (if applicable).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

#### Other Information

Do you have any children in your household that have not reached school age? Yes / No

Name/Relationship	Date of Birth	Gender
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

#### Parental Opt-Out:

\_\_\_\_\_ I do not want my child's photograph, artwork, or film footage released by Pulaski Academy & Central School District on the school district's website, social media or calendar

\_\_\_\_\_ I do not want my child's directory information released (as defined in and authorized by the Family Educational Rights Privacy Act (FERPA))



**Paperless Correspondence Opt-In (email address is required):**

\_\_\_\_\_ I have reviewed my email address on this form and verify that it is correct. I wish to receive my student's progress reports/report cards electronically via Parent Portal (*for Middle/High School students only*)

**Affirmation:** I, the undersigned, affirm that the above information is true and correct and that I am the custodial parent or legal guardian of the child named above and that I understand that it is my responsibility to notify the school of any changes.

\_\_\_\_\_  
**Printed Name of Parent/Guardian/Student**

\_\_\_\_\_  
**Signature of Parent/Guardian/Student**

\_\_\_\_\_  
**Date**

## Student Confidential Health Update

Legal Name of Pupil: \_\_\_\_\_  
(As appears on birth certificate)      Last      First      Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Student's Dentist: \_\_\_\_\_

May we call a local doctor in an emergency? Yes / No

Please answer YES or NO to each of the following questions about your child:

### In the past year:

- |   |          |
|---|----------|
| 1. Any injuries?  | Yes / No |
| 2. Any illness lasting more than one week?                    | Yes / No |
| 3. Passed out, been knocked out or diagnosed with concussion? | Yes / No |
| 4. Had any fractures or dislocations?                         | Yes / No |

### Medical History:

- |  |          |
|--|----------|
| 1. Presently receiving medical care for any condition?             | Yes / No |
| 2. Had an operation or been hospitalized overnight?                | Yes / No |
| 3. Have bleeding tendencies?                                       | Yes / No |
| 4. Have diabetes?  | Yes / No |
| 5. Have any hearing difficulty, ear surgery?                       | Yes / No |
| 6. Have difficulty breathing, tuberculosis, asthma, wheezing?      | Yes / No |
| 7. Have any heart disease, heart murmur, heart surgery?            | Yes / No |
| 8. Have any convulsive disorder, seizures, epilepsy?               | Yes / No |
| 9. Have any kidney disease, absence or loss of kidney or function? | Yes / No |

If you have answered YES to any of the above questions, please explain:

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### Allergies:

\_\_\_\_\_ Food    \_\_\_\_\_ Insects    \_\_\_\_\_ Animals    \_\_\_\_\_ Environmental    \_\_\_\_\_ Medication    \_\_\_\_\_ Other

Please state what student is allergic to and how she/he reacts: \_\_\_\_\_

Does medication need to be available in school for this allergy? Yes / No

If Yes, name of medication: \_\_\_\_\_

### Medicine:

Is your child currently taking any medication? Yes / No

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

If medication needs to be dispensed in school, please complete the **Authorization for administration of medication in school** form found on our website or from the school nurse.



## Student Confidential Health Update Continued

Is there anything else concerning the health of your child which the school should know about in order to maintain the health, safety and well-being of your child? \_\_\_\_\_

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

**Note:** *Health information will be shared in confidence with school administration and when appropriate with teachers and staff. Health information will also be shared with emergency response personnel when necessary.*

**Affirmation:** I, the undersigned, affirm that I am the custodial parent or legal guardian of the student named, that the above information is true and correct, and that I understand that it is my responsibility to notify the school of any changes.

\_\_\_\_\_  
**Printed Name of Parent/Guardian/Student**

\_\_\_\_\_  
**Signature of Parent/Guardian/Student**

\_\_\_\_\_  
**Date**

Pulaski Academy and Central School District  
STUDENT RACIAL AND ETHNIC IDENTIFICATION

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

<b>Name of School:</b>	Pulaski Academy & Central School
------------------------	----------------------------------

<b>Student Identification Number:</b> (To be filled in by School)	<b>Date of Birth:</b>
---	-----------------------

<b>Student Name:</b> Last, First, Middle:	<b>Grade Level:</b>
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**DIRECTIONS TO PARENT/GUARDIAN:**

PLEASE ANSWER QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND. For question 1, check the box that best describes your child. Check only one box.

1. Is the student of Hispanic, Latino, or Spanish origin? Of Hispanic, Latino, or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central/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. For question 2 check all the groups that apply to your child; check at least one box.

- ☐ **AMERICAN INDIAN OR ALASKAN NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment
- ☐ **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 OR AFRICAN AMERICAN:** 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.

\_\_\_\_\_  
Signature of Parent/Guardian/Other

\_\_\_\_\_  
Date

Relationship to Student (Please check one below)

☐ Parent   ☐ DSS Caseworker   ☐ Guardian   ☐ Other (Specify) \_\_\_\_\_



# Hello!

Please help us get your child to school and back home safely.

Fill in the schedule below so we can be certain the students are on the correct busses.

See the example:



## EXAMPLE

Student name:	Bus Pick Up From:	Bus Drop Off At:
Sam Smith	(Address)	(Address)
Monday	100 Maple Street	22 Oak Ave
Tuesday	100 Maple Street	**Exempt
Wednesday	22 Oak Ave	22 Oak Ave
Thursday	22 Oak Ave	100 Maple Street
Friday	**Exempt	**Exempt

**\*\*Exempt = Student will not ride the bus.**

They will be dropped off and/or picked up by a parent/guardian.

**Please complete the other side for Exempt Students ONLY**

Please complete and return to school.

Student name:	Bus Pick Up From:	Bus Drop Off At:
	(Address)	(Address)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Each time your child's regular transportation schedule changes, you will be asked to update and sign a new calendar.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher Name/Grade

FOR OFFICE USE ONLY: Date Office Received \_\_\_\_\_ Notified: \_\_\_\_ Transportation

Pulaski Academy & Central School  
**Transportation Exemption**



Pulaski Academy and Central School provides bus transportation for all students and assumes responsibility for children from pick-up to drop-off. Parents may choose to exempt their child from this transportation to either provide the transportation themselves or allow their child to walk to and from school.

By signing this exemption, you are indicating that you wish to have your child **fully exempted from district transportation, and all transportation to/from school will be provided by a parent or guardian.**

**\*\*For elementary students, you must park your car and walk to the main lobby entrance of the Elementary School to take your child from the school at the end of the day. Do not wait in your vehicle. We will not be walking your child to your vehicle.**

If bus transportation is needed on an occasional/unscheduled basis, you must notify the elementary office for elementary students at (315) 298-2412, and the transportation department directly for middle/high school students (315) 298-7378.

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I request that my child be dismissed from school without bus transportation.

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher (for elementary students): \_\_\_\_\_

Not riding Bus # (if known): \_\_\_\_\_

Does this apply to the morning bus run also? Y or N

(Child will be dropped off to school round-trip by parent/guardian)

Does this apply to **Emergency** Early Dismissals? Y or N

For elementary students, does this apply to **Scheduled** Early Dismissals? Y or N

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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

Elisa Alvarez, Associate 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 Person in Parental Relation:*  
*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.*

<b>STUDENT NAME:</b>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
		<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
Last Name	First Name	Relation to

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"/> Parent 1	<input type="checkbox"/> Parent 2	_____ 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? \_\_\_\_\_

Month:    Day:    Year:

\_\_\_\_\_  
Signature of Parent or of Person in Parental Relation

\_\_\_\_\_  
Date

Relationship to student: ☐ Parent    ☐ 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:





# Pulaski Academy & Central School District

Superintendent's Office

Tom Jennings, Superintendent

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Dear Parents:

Each year, the Department of Education provides over \$36 million in Impact Aid to school districts that serve the children of military and civilian employees. In order to receive this aid, school districts must gather registration data regarding the students enrolled in their district. The information is gathered to determine eligibility for Impact Aid and pertains to any student whose mother, father or legal guardian is ***active duty military, OR a civilian working on a military post.***

***PLEASE ONLY FILL OUT THIS FORM IF YOU ARE  
ACTIVE DUTY MILITARY OR A CIVILIAN WORKING ON A MILITARY POST***

Parents/Legal Guardian Name 1: \_\_\_\_\_

☐ Active Duty    ☐ Civilian working on a military post (Please check one)

Parents/Legal Guardian Name 2: \_\_\_\_\_

☐ Active Duty    ☐ Civilian working on a military post (Please check one)

Custodial Students (add more lines if needed):

Name: \_\_\_\_\_ Grade: \_\_

Name: \_\_\_\_\_ Grade: \_\_

Name: \_\_\_\_\_ Grade: \_\_

Name: \_\_\_\_\_ Grade: \_\_

Name: \_\_\_\_\_ Grade: \_\_

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Parent/Legal Guardian Signature

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Date



## Eligibility screen for Migrant Education services

\*\*\* Migrant Education Program services are free of charge and may include tutoring, assistance with health needs, educational field trips, summer programs, parent involvement activities, adult education, emergency assistance and referrals to other services as needed. The Migrant Program through CiTi BOCES is committed to promoting equity for migrant farmworkers and their families by valuing diversity, understanding the importance of their work, advocating on their behalf, and identifying and addressing the ongoing and emerging needs of the migrant population.\*\*\*

Has your family moved to a different school district in the last 3 years? YES \_\_\_\_\_ NO \_\_\_\_\_

In the last 3 years has a parent or guardian (or an older child) traveled across state or school district boundaries to work in seasonal agricultural activities such as: dairy, planting, picking/harvesting fruits or vegetables, food processing or packaging, logging or tree farming? YES \_\_\_\_ NO \_\_\_\_



If you can answer YES to BOTH of the above questions, your family may qualify for Migrant Education services. To be contacted by a Migrant Education recruiter, please complete the information below.

Child's name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Child's name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Child's name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Child's name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

### Parents/ Guardians

Mother's name \_\_\_\_\_ Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(city, town or village) (Zip) Work or Message # \_\_\_\_\_

School District \_\_\_\_\_ School Building \_\_\_\_\_

School Contact Person \_\_\_\_\_ Contact Number \_\_\_\_\_

Other Useful information (directions, farm names, best time to contact, etc.) \_\_\_\_\_

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