

# APPLICATION FOR COMMUNITY-BASED ORGANIZATION (CBO) UNIVERSAL PRE-KINDERGARTEN (UPK) FOR THE 2012 – 2013 SCHOOL YEAR

## DIRECTIONS:

**Please print clearly** in blue or black ink only. Please note that only Parent/ Guardians who are New York City residents may submit an application. Complete, sign and return this application directly to each CBO you wish to apply to. Be sure to make a copy of the application and retain for your records. For a list of CBOs, please review the Pre-kindergarten Directory available at your local school, CBO or online at <http://schools.nyc.gov/ChoicesEnrollment/PreK>.

**NAME OF CBO YOU ARE APPLYING TO:** \_\_\_\_\_

Section A: STUDENT INFORMATION – Please print clearly in ink			
STUDENT LAST NAME	STUDENT FIRST NAME	DATE OF BIRTH (mm/dd/yyyy) / / 2008	GENDER (optional) <input type="checkbox"/> M <input type="checkbox"/> F
STUDENT CURRENT ADDRESS (House #, Street, Apt. #, City, State and Zip Code) <div style="text-align: right; padding-right: 50px;"><b>N . Y .</b></div>			

Section B: OPTIONAL INFORMATION – Please print clearly in ink
<b>HEALTH INSURANCE</b> Does the student have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> If yes, what type of coverage is it? <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Child Health Plus B <input type="checkbox"/> No <input type="checkbox"/> If no, would you like to be contacted about getting coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HOME LANGUAGE</b> In which language(s) would you like to receive written and/or oral communication regarding the Pre-Kindergarten Admissions Process? Please check all that apply: <input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> Bengali <input type="checkbox"/> Chinese <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Urdu <input type="checkbox"/> Other, please specify: _____

Section C: PARENT INFORMATION – Please print clearly in ink		
<b>I understand that daily attendance and promptness are required. I must arrange for a responsible adult to bring my child to school and pick him/her up daily. I understand that no transportation is provided.</b>		
PARENT/GUARDIAN LAST	NAME PARENT/GUARDIAN FIRST NAME	RELATIONSHIP TO STUDENT
DAYTIME TELEPHONE NUMBER	EVENING TELEPHONE NUMBER	PARENT/GUARDIAN EMAIL ADDRESS
Parent/Guardian Signature		Date

- All students between 5 and 21 years of age have the right to a free public education.
- Federal law requires the New York City Department of Education to collect and record the ethnic identity and race(s) of public school students.
- Children may not be refused admission to a public school because of race, color, creed, national origin, gender, gender identity, pregnancy, immigration/citizenship status, disability, sexual orientation, religion, or ethnicity.<sup>1</sup>

**SCHOOL STAFF: PLEASE COMPLETE THIS SECTION**

Borough --

District     

Grade Code

Class Code

NYC Student Identification Number

(HIGH SCHOOL ONLY 4-DIGIT)

Date of Birth (Month/Day/Year)

Student Name: Last, First, Middle Initial

**PARENT/GUARDIAN: PLEASE COMPLETE THIS SECTION**

For Question (1), check (✓) the box that best describes your child.

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

11

For Question (2), check (✓) **all** boxes that apply to your child.

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

11

11

11

11

11

Signature of Parent/Guardian/Other/School Staff Observer:

Date:

Relationship to Student:

1

## Residency Questionnaire

**Parent/Guardian/Student:**

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435, and must be completed for each student. The information you provide is confidential. Your child will not be discriminated against based upon the information provided.

Please complete the following questions regarding the student's housing in order to help determine services the student may be eligible to receive.

**Note to schools/Temporary Housing Liaisons:** Please assist students and families in filling out this form. 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.

Student Name			
Last	First	Middle	
OSIS #	Date of Birth MM/DD/YY	Gender	School
	/ / 2008		

Please identify the student's current living arrangements. Please check one box:

Check (√)	Residency Questionnaire Choice	School Use Only
		ATS Code
<input type="checkbox"/>	<b>Doubled-Up</b> With another family or other person because of loss of housing or as a result of economic hardship	<b>D</b>
<input type="checkbox"/>	<b>Shelter</b> Emergency or transitional shelter	<b>S</b>
<input type="checkbox"/>	<b>Awaiting Foster Care Placement</b>	<b>A</b>
<input type="checkbox"/>	<b>Hotel / Motel</b> Living in what is NOT an emergency or transitional shelter <b>and</b> involves payment	<b>H</b>
<input type="checkbox"/>	<b>Other Temporary Living Situation</b> Trailer park, campground, car, park, public places, abandoned building, street, or any other inadequate living space	<b>T</b>
<input type="checkbox"/>	<b>Permanent Housing</b> Student who is living in a fixed, regular, and adequate housing situation	<b>P</b>

If the student is NOT living in permanent housing, also indicate if the below applies:

	Unaccompanied Youth Youth who is not in the physical custody of a parent or guardian	School Use Only
		Enter "Y" if applicable
<input type="checkbox"/>		

\_\_\_\_\_  
Parent/Guardian Name (print)

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

\_\_\_\_\_  
Date

Please return this form to your child's school as requested.

**Note:** The answer you give above will help determine what services you or your child may be eligible to receive under the McKinney-Vento Act. Students who are protected under the 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. After the student has been enrolled, the new school must contact the last school attended to request the student's educational records, including immunization records, and Students in Temporary Housing (STH) Liaison(s) must help the student get any other necessary documents or immunizations. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services. Please refer to Chancellor's Regulation A-780.

**This form is accompanied by a one-page attachment titled,  
"McKinney-Vento Homeless Assistance Act – Students in Temporary Housing Guide for Parents & Youth."**

## The New York City Department of Education Pre-Kindergarten Language Needs Survey

Dear Parent or Guardian,

This survey is an important piece of your pre-kindergarten enrollment package as it provides your new school with information about your family's language needs. Your assistance in answering the questions below is greatly appreciated. Please return this form to your school administrator,

\_\_\_\_\_, and if you have questions, speak with \_\_\_\_\_ at

\_\_\_\_\_.

Thank You

**PART 1. LANGUAGE NEEDS:** This information will establish what language is used at home and the language of instruction requested by the family (if available).

1. Which language(s) do you speak at home? Please check (✓) all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> English        | <input type="checkbox"/> Urdu                        |
| <input type="checkbox"/> Spanish        | <input type="checkbox"/> French                      |
| <input type="checkbox"/> Chinese        | <input type="checkbox"/> Korean                      |
| <input type="checkbox"/> Bengali        | <input type="checkbox"/> Albanian                    |
| <input type="checkbox"/> Arabic         | <input type="checkbox"/> Punjabi                     |
| <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Polish                      |
| <input type="checkbox"/> Russian        | <input type="checkbox"/> Other, please specify _____ |

2. What language does the child **understand**?

English ☐ Other Home Language(s) ☐

3. What language does the child **speak**?

English ☐ Other Home Language(s) ☐

4. What language does the child **read**?

English ☐ Other Home Language(s) ☐ Does not read yet ☐

5. What language does the child **write**?

English ☐ Other Home Language(s) ☐ Does not read yet ☐

6. What language is spoken in the child's home or residence **most of the time**?

English ☐ Other Home Language(s) ☐

7. What language does the child speak with parents/guardians **most of the time**?

English ☐ Other Home Language(s) ☐

8. What language does the child speak with brothers, sisters, or friends **most of the time**?

English ☐ Other Home Language(s) ☐

9. What language does the child speak with other relatives or caregivers (e.g., babysitters) **most of the time**?

English ☐ Other Home Language(s) ☐

10. Would you like your child to receive instruction using your home language (if available):

☐ All the time ☐ Most of the time ☐ Some of the time

## The New York City Department of Education Pre-Kindergarten Language Needs Survey

**PART 2. INSTRUCTIONAL PLANNING:** Responses to these supplementary questions will be used for instructional planning. Enter the correct response for each of the following questions concerning your child.

1. Is this your child's first time participating in an instructional program or group experience in the U.S.?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF NO:	
a. Where did he/she go participate in daycare/preschool/play group?	
b. What was the date of enrollment?	
c. How long did he/she attend?	
d. Which language was used for instruction?	
2. Has your child participated in an instructional program or group experience in <u>another country</u> ?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES:	
a. Where did he/she participate in daycare/preschool/play group?	
b. How long did he/she attend?	
c. Which language was used for instruction?	
3. Does your child have any conditions that require special help or attention in school? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>	
IF YES, please check all that apply:	
<input type="checkbox"/> Hearing impaired <input type="checkbox"/> Visually impaired <input type="checkbox"/> Speech impaired <input type="checkbox"/> Physically impaired	<input type="checkbox"/> Emotionally impaired <input type="checkbox"/> Asthma <input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Other (Please Specify) _____
IF YES, what early intervention has your child received, if any?	
4. Does the child use any other form(s) of communication, such as American Sign Language or Augmentative Communication Device (e.g., Communication Board-manual/electronic)? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>	
IF YES: Which ones?	

**PART 3. PARENT INFORMATION:** Responses to these supplementary questions will be used so that the NYC Department of Education can communicate with you in the language of your choice.

1. What is your first language?	
Parent/Guardian: _____	Parent/Guardian: _____
First language: _____	First language: _____
2. In what language would you like to receive written information from the school?	
3. In what language would you prefer to communicate orally with school staff?	
Parent Signature _____	Date _____