

# APPLICATION FOR COMMUNITY-BASED ORGANIZATION (CBO) UNIVERSAL PRE-KINDERGARTEN (UPK) FOR THE 2015 – 2016 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:** \_\_\_\_\_

<b>Section A: STUDENT INFORMATION – Please print clearly in ink</b>			
STUDENT LAST NAME	STUDENT FIRST NAME	DATE OF BIRTH (mm/dd/yyyy)	GENDER (optional)
		/ / 2011	<input type="checkbox"/> M <input type="checkbox"/> F
STUDENT CURRENT ADDRESS (House #, Street, Apt. #, City, State and Zip Code)			<b>N . Y .</b>

<b>Section B: OPTIONAL INFORMATION – Please print clearly in ink</b>
<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: _____

<b>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.		
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	



To the Parent/Guardian:

Federal law requires the New York City Department of Education to collect and record the ethnic identity and race of public school students. This information is used to determine funding for your school, among other things, and is kept secure and confidential.

We need your help to accomplish this task. Please respond to the ethnicity and race identification questions on the back of this page. The first question provides an opportunity for you to indicate whether your child is of Hispanic, Latino, or Spanish origin; the second question provides an opportunity for you to indicate your child's race(s). Please be sure to respond to both questions. Students identified with more than one race will be counted in the "two or more races" category. Hispanic students of all races will be counted in the Hispanic category.

The New York City Department of Education understands the sensitive nature of this process. The options provided by the federal government may not represent an accurate or complete portrayal of your family's own ethnic or race identification. We encourage you to provide responses using your best judgment. If you decline to respond to either question, federal guidelines require New York City Department of Education school staff to make an identification of your child on your behalf.

Race and ethnicity information for students is protected by the confidentiality regulations cited at the bottom of this page.

Thank you for your cooperation.

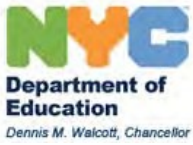
Parents and Guardians: Please complete the form on the reverse side of this page and return it to your child's school.

School staff: File the completed form in the student's Cumulative Record folder as confidential information.

Confidentiality Procedures and Regulations

The Family Educational Rights and Privacy Act (1974) and Regulations of the Chancellor A-820 prohibit unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

<sup>1</sup> Race may be considered as a factor in school enrollment only where required by court order; gender is a factor only in single-gender schools.



THE New York City DEPARTMENT OF EDUCATION
FEDERAL PARENT/GUARDIAN STUDENT ETHNIC & RACE IDENTIFICATION

FORM
PSE

- 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.

English Only

SCHOOL STAFF: PLEASE COMPLETE THIS SECTION

Borough -- District --- School [ ] [ ] [ ]

Name of High School/ Mini School /Annex

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

PLEASE ANSWER BOTH QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND.

For Question (1), check (v) 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.

- YES, Hispanic
NO, not Hispanic

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

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

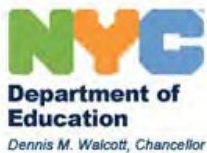
- AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North America and South America (including Central America. (ATS Code: B)
ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Sub-Continent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (ATS Code: C)
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, or other Pacific Islands. (ATS Code: D)
BLACK: A person having origins in any of the Black racial groups of Africa. (ATS Code: E)
WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. (ATS Code: F)

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

Date:

Relationship to Student:

- Parent Guardian Other (Specify): School Staff Observer (Name):



## 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
	/ / 2011		

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:

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

\_\_\_\_\_  
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."**

**PARENT AFFIDAVIT OF RESIDENCY**

In accordance with Chancellor's Regulation A-101, if a parent is subletting an apartment or home, or if more than one family shares a living space and there is only one leaseholder or homeowner, the parent must present a notarized "Address Affidavit" signed both by the primary leaseholder as well as the parent affirming that the family is residing in this home, and must attach the lease or deed.

**Section A: STUDENT INFORMATION – Please print clearly in ink**

STUDENT'S LAST NAME	STUDENT'S FIRST NAME	GENDER (optional) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF BIRTH (MM/DD/YY) <b>2011</b>	OSIS #/STUDENT'S ID # (if available)	TELEPHONE #

STUDENT'S CURRENT ADDRESS (House #, Street, Apt. #, City, State and Zip Code)   <b>N.Y.</b>
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**Section B: PARENT INFORMATION – Please print clearly in ink**

PARENT/GUARDIAN'S LAST NAME	PARENT/GUARDIAN'S FIRST NAME
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PARENT/GUARDIAN'S CURRENT ADDRESS (House #, Street, Apt. #, City, State and Zip Code)   
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HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS
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**Section C: PRIMARY RESIDENT/TENANT INFORMATION – Please print clearly in ink**

PRIMARY RESIDENT/TENANT'S LAST NAME	PRIMARY RESIDENT/TENANT'S FIRST NAME
-------------------------------------	--------------------------------------

PRIMARY RESIDENT/TENANT'S CURRENT ADDRESS (House #, Street, Apt. #, City, State and Zip Code)   
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HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS
------------	------------	------------	---------------

RELATIONSHIP TO PARENT	ANTICIPATED DURATION OF STAY
------------------------	------------------------------

**To be completed by the Parent:**

I, \_\_\_\_\_, the parent of \_\_\_\_\_, (insert name and date of birth of student),  
hereby affirm that I am residing with \_\_\_\_\_ (insert name)  
at the following address \_\_\_\_\_ (insert address and contact number of primary leaseholder).

I understand that the New York City Department of Education has the right to conduct an Attendance Investigation to verify my residence including a visit to the home of the primary leaseholder. I also understand that registration in school is based on eligibility determined by my residence, and the Department of Education has the right to transfer students for whom falsified documentation was provided at the time of registration.

In the event that my residency changes, I agree to notify my child's school and present new proof of address.

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

STATE OF NEW YORK

SS:

COUNTY OF \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**To be completed by Primary Leaseholder/Tenant:**

I hereby affirm that \_\_\_\_\_ (insert name of parent and child/children)  
are residing with me at \_\_\_\_\_ (insert address).

I understand that by signing this affidavit I am verifying the residence of \_\_\_\_\_ (insert names).

I also understand that the New York City Department of Education has the right to conduct an Attendance Investigation to verify the residence of the parties named in this affidavit, including a visit to my home and interviews with my neighbors. I can be contacted at the number(s) listed below should the Department of Education require further information.

Primary Leaseholder Signature: \_\_\_\_\_

STATE OF NEW YORK

SS:

COUNTY OF \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

\_\_\_\_\_  
Notary Public

## 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.

<p>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</p>								
<p>IF NO:</p> <p>a. Where did he/she go participate in daycare/preschool/play group?</p>								
<p>b. What was the date of enrollment?</p>								
<p>c. How long did he/she attend?</p>								
<p>d. Which language was used for instruction?</p>								
<p>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</p>								
<p>IF YES:</p> <p>a. Where did he/she participate in daycare/preschool/play group?</p>								
<p>b. How long did he/she attend?</p>								
<p>c. Which language was used for instruction?</p>								
<p>3. Does your child have any conditions that require special help or attention in school?      <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>								
<p>IF YES, please check all that apply:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Hearing impaired</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Emotionally impaired</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Visually impaired</td> <td style="border: none;"><input type="checkbox"/> Asthma</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Speech impaired</td> <td style="border: none;"><input type="checkbox"/> Developmentally Disabled</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Physically impaired</td> <td style="border: none;"><input type="checkbox"/> Other (Please Specify) _____</td> </tr> </table>	<input type="checkbox"/> Hearing impaired	<input type="checkbox"/> Emotionally impaired	<input type="checkbox"/> Visually impaired	<input type="checkbox"/> Asthma	<input type="checkbox"/> Speech impaired	<input type="checkbox"/> Developmentally Disabled	<input type="checkbox"/> Physically impaired	<input type="checkbox"/> Other (Please Specify) _____
<input type="checkbox"/> Hearing impaired	<input type="checkbox"/> Emotionally impaired							
<input type="checkbox"/> Visually impaired	<input type="checkbox"/> Asthma							
<input type="checkbox"/> Speech impaired	<input type="checkbox"/> Developmentally Disabled							
<input type="checkbox"/> Physically impaired	<input type="checkbox"/> Other (Please Specify) _____							
<p>IF YES, what early intervention has your child received, if any?</p>								
<p>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)?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>								
<p>IF YES: Which ones?</p>								

**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.

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

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

TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY		
Date:	Name of Student:	
Borough	District:	School:
Gender:	Ethnicity Code: (form PSE):	Date of Birth:
Relationship of person providing information for survey (check one):		
<input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Other (specify): _____		
If an interview is conducted, in what language is it conducted?		
Is a translator/interpreter used?		
Pre-K Home Language Code		
Potential English Language Learner?		
Instruction will be provided in:		
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <input type="checkbox"/> Both English and the home language of _____		



Department of Education

Office of Communications and Media Relations
52 Chambers Street, New York, NY 10007
Tel: 212.374.5141 Fax: 212.374.5584

CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE
(e.g. educational, public service, or health awareness purposes)

Student Name: School:

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by.

I also grant to the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if Student is under 18): Date:

Address of Parent/Guardian:

OR

Signature of Student (if 18 or over): Date:

Address of Student: