Date:_____

-NEW STUDENTS-

The following information is required to schedule an appointment

- Must be signed out of previous school.
- Transcript from previous school.
- Last report card from previous school.
- Health Record (**MUST** include all immunizations).
- Two Proofs of Residency with address (i.e. driver's license, insurance, telephone, electric, gas/oil, cable or credit card bill).
- Copy of Current Custody Papers (if applicable)
- Copy of Birth Certificate
- Copy of Disciplinary Record
- Copy of Current Schedule
- PARCC, NJ ASK Scores, Any Standardized Testing scores.
- Individualized Educational Plan, I.E.P., (*Special Education Only).*

For office use only:

Sign out sheet	*Received* _____	*PDQ*	*Received* _____
Transcript	*Received* _____		
Report Card	*Received* _____		
Health Record	*Received* _____	*Date given to Health Office* _____	
Proof of Res.	*Received* _____		
Custody Papers	*Received* _____		
Birth Certificate	*Received* _____		
Discipline Report	*Received* _____	*IT – Windows/Gmail*	_____
Current Schedule	*Received* _____	*WIFI*	_____
Testing Scores	*Received* _____	*PDQ to Transportation*	_____
I.E.P.	*Received* _____	*PDQ/BC NJ SMART*	_____

HIGH POINT REGIONAL HIGH SCHOOL
GUIDANCE DEPARTMENT
PERSONAL DATA/REGISTRATION FORM

PLEASE PRINT and ANSWER ALL QUESTIONS

Grade: 9 10 11 12

Counselor: DL KJ BW JK

Date: _____

Copy of Birth Certificate Required

Name: _____ Date of Birth: _____

Last First Middle Mo. Day Yr.

Gender: ***(Please Circle One)***

Male Female

Place of Birth: City _____ State _____ Country _____

Mailing Address: _____ Phone #_____

Road or Street: _____

Town: _____ Zip _____ **Email Address:** _____

☐ **Permanent Residence**

☐ **Temporary Residence (Must check one)**

Please provide 2 proofs of Residency – i.e. Tax bill, electric bill, cable bill, lease agreement, driver's license

District of Residence *(District to Whom You Pay Taxes)*

MUST Circle One: ◯ Branchville ◯ Frankford ◯ Lafayette ◯ Montague ◯ Sussex ◯ Wantage ◯ Other

Name, Address and Phone number of Former School

☐ Check if you have recently been educated outside of the US

_____

List names and ages of brothers and sisters living at home:

_____

Do you live with both parents? Yes _____ No _____

If not, with whom do you live? Name: _____ Relationship: _____

Parents' Names: _____ _____

If applicable - Please provide the most recent official Custody Agreement.

Is parent/guardian on Active Duty, in the National Guard, or in the Reserve of the US Military Service?

Yes _____ No _____

If answered yes, please indicate Active Duty or National Guard_____

Are you interested in participating in any sport at HPRHS? Yes _____ No _____

If yes, please indicate the sport_____

Have you ever received ***SPECIAL EDUCATION*** *services* under IDEA or classroom accommodations under **Section 504** of the Americans with Disabilities Act of 1990? Yes _____ No _____

Have you ever had or still have an **IEP** (Individualized Education Program) Yes _____ No _____

PLEASE Circle One

Ethnicity: ◯ American Indian ◯ Asian ◯ Black ◯ Hispanic ◯ Pacific Islander ◯ White

Language spoken at home: Primary English _____ Other _____

Secondary None _____ Other _____

Parent's Signature: _____ Date: _____

---***For Transportation Office Only***---

Confirm Legal Town (Circle One) Branchville Frankford Lafayette Montague Sussex Wantage Other

Date: _____ Initial: _____

As of 5/2019

NEW STUDENT EMERGENCY CONTACT INFORMATION
2021-2022

Student's Name _____

Grade _____ **Male/Female** _____ **D.O.B** _____

Mother's Name _____

(Please circle the phone you consider the primary phone number to be called)

Mother's Cell Phone _____ Mother's Email _____

Mother's Work Phone _____ Mother's Employer _____

Mother's Home Phone _____

Mother's Address _____

Father's Name _____

(Please circle the phone you consider the primary phone number to be called)

Father's Cell Phone _____ Father's Email _____

Father's Work Phone _____ Father's Employer _____

Father's Home Phone _____

Father's Address _____

Guardian's Name (if applicable)_____

(Please circle the phone you consider the primary phone number to be called)

Guardian's Cell Phone _____ Guardian's Email _____

Guardian's Work Phone _____ Guardian's Employer _____

Guardian's Home Phone _____

Guardian's Address _____

****

Emergency Contact 1

Name _____ Relationship_____

Cell Phone _____ Work Phone _____

Employer _____ Home Phone _____

Emergency Contact 2

Name _____ Relationship_____

Cell Phone _____ Work Phone _____

Employer _____ Home Phone _____

Parent/Guardian Signature _____ **Date** _____

Step 1: Home Language Survey (Parent/Family Version)

Purpose: The home language survey is used solely to offer appropriate educational services (U.S. ED EL Toolkit, Chapter 1). This survey is the first of three steps to identify whether or not a student is eligible to be identified as an English language learner (ELL). "Home" is defined as a student's current place of residence.

Student Information:

Student Name: _____Date of Birth (YYYYMMDD): _____

Current Address: _____

Survey Questions:

1.) List all languages used in the student's home. _____

2.) Was the first language used by the student a language other than English?

_____ **No** _____**Yes**

3.) Does the student speak or understand a language other than English?

_____ **No** _____**Yes**

4.) When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English **most of the time**?

_____ **No** _____**Yes**

5.) When interacting with others outside the home (example: friends, caregivers), does the student understand or use a language other than English **most of the time**?

_____ **No** _____**Yes**

Paso 1: Encuesta sobre el idioma que se habla en casa (versión para padres/familiares)

Objetivo: la encuesta sobre el idioma que se habla en casa se utiliza únicamente con el fin de ofrecer servicios educativos adecuados (de acuerdo con el capítulo 1 de la Herramienta EL del Departamento de Educación de EE. UU.). Esta encuesta es el primero de los tres pasos para determinar si un estudiante es elegible para ser identificado como estudiante de inglés (ELL, por sus siglas en inglés). En este sentido, se entiende por "Casa" el lugar de residencia actual del estudiante.

Información del estudiante:

Nombre del estudiante: _____Fecha de nacimiento (AAAA/MM/DD): _____

Dirección actual:

_____

Preguntas de la encuesta:

1.) Liste todos los idiomas que se hablan en la casa del estudiante. _____

_____

2.) ¿El primer idioma hablado por el estudiante fue un idioma distinto del inglés?

_____ **No** _____**Sí**

3.) ¿El estudiante habla o entiende un idioma distinto del inglés?

_____ **No** _____**Sí**

4.) Cuando se relaciona con otras personas en casa (por ejemplo: padres, encargados, hermanos), ¿el estudiante entiende o habla en un idioma distinto del inglés **la mayor parte del tiempo**?

_____ **No** _____**Sí**

5.) Cuando se relaciona con otras personas fuera de casa (por ejemplo, amigos, cuidadores), ¿el estudiante entiende o habla en un idioma distinto del inglés **la mayor parte del tiempo**?

_____ **No** _____**Sí**

Etap 1: Sondaj sou Lang Lakay (Vèsyon Paran/Fanmi) - (Haitian Creole)

Objektif: Nou itilize sondaj sou lang lakay la sèlman pou ofri sèvis edikasyon (Bwat Zouti U.S. ED EL , Chapit 1). Sondaj sa a se premye nan twa (3) etap pou idantifye si yon elèv elijib pou yo idantifye kòm yon elèv k ap aprann lang angle (English language learner, ELL). Nou defini "Lakay" kòm kote yon elèv abite.

Enfòmasyon Elèv la:

Non Elèv la: _____Dat Nesans (AAAA/MM/JJ): _____

Adrès Aktyèl: _____

Kesyon Sondaj la:

1.) Fè yon lis tout lang yo pale lakay elèv la.

_____

2.) Eske premye lang elèv la te pale se te yon lang ki pa angle?

_____ **Non** _____**Wi**

3.) Eske elèv la pale oswa konprann yon lang ki pa angle?

_____ **Non** _____**Wi**

4.) Lè l ap kominike ak lòt moun lakay la (pa egzanp: paran, responsab legal, frè, sè), èske elèv la konprann oswa itilize yon lang ki pa lang **pifò lè yo.**

_____ **Non** _____**Wi**

5.) Lè l ap kominike ak lòt moun deyò lakay la (pa egzanp: zanmi, moun k ap bay swen), èske elèv la konprann oswa itilize yon lang ki pa lang **pifò lè yo.**

_____ **Non** _____**Wi**