

# Millcreek-West Unity Local Schools

## Student Registration

STUDENT ID# \_\_\_\_\_

### Student Information

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
PO Box# \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Primary Phone \_\_\_\_\_

Grade \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_  
Birthdate \_\_\_\_\_ Birth City \_\_\_\_\_  
Is a language other than English spoken at home? \_\_\_ Yes \_\_\_ No  
**If yes, please complete the Home Language Survey (attached)**  
Ethnic Identity: \_\_\_ White \_\_\_ Black \_\_\_ Hispanic \_\_\_ Asian  
\_\_\_ American Indian \_\_\_ Native Hawaiian/Pacific Islander

Does your child have any of the following?  
\_\_\_ IEP \_\_\_ 504 \_\_\_ Title I Reading \_\_\_ Gifted Services  
Other \_\_\_\_\_

### SIBLING INFORMATION

Brothers: (name & age) \_\_\_\_\_  
\_\_\_\_\_  
Sisters: (name & age) \_\_\_\_\_  
\_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian Name #1 \_\_\_\_\_  
Address (if different than student) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Education (highest grade completed) \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_

Parent/Guardian Name #2 \_\_\_\_\_  
Address (if different than student) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Education (highest grade completed) \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_

**Student lives with:** \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father  
\_\_\_ Stepmother \_\_\_ Stepfather \_\_\_ Grandparent \_\_\_ Guardian  
**Natural Parents are:** \_\_\_ Together \_\_\_ Separated \_\_\_ Divorced  
\_\_\_ Shared Parenting \_\_\_ Never Married \_\_\_ Deceased Mother  
\_\_\_ Deceased Father

Parent/Guardian Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

# HILLTOP SCHOOLS

## TRANSPORTATION REQUEST FORM

Date: \_\_\_\_\_

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

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

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

Parent/Guardian Name: \_\_\_\_\_

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

Phone#: \_\_\_\_\_

Requested AM pick up location: \_\_\_\_\_

Requested PM drop off location: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_

I understand that my child(ren) must be in their assigned safety spot when the bus arrives to pick them up in the AM and stay in their safety spot when they are dropped off in the PM until my child(ren) sees the back of the bus pulling away. Scheduled bus times may vary 5-10 minutes daily.

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

**AM Bus#** \_\_\_\_\_

**PM Bus#** \_\_\_\_\_



Bus# AM \_\_\_\_\_

Bus# PM \_\_\_\_\_



## Kindergarten/Preschool Transportation Agreement Millcreek-West Unity Schools

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

My child will be picked up every day at: \_\_\_\_\_

My child will be dropped off every day at: \_\_\_\_\_

Will your child be picked up and dropped at the same location(s) for a 2-hour delay/early dismissal? Yes or No

If no, please specify: \_\_\_\_\_

**I assure that there will be an adult present when my child is boarding the bus as well as when my child is dropped off.** I will assist the driver as necessary by helping my child on and off the bus. If I am unable to be present, I will assure that another responsible adult will be assigned to meet these requirements. I understand that failure to do so may result in my child being returned to the school.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone#

**Note: Any changes during the school year must be approved by the Transportation Director and a new Transportation Agreement must be completed.**



\_\_\_\_\_ Please check here if parent/guardian will be providing transportation for the above named child.

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

\_\_\_\_\_  
Date

**MILLCREEK-WEST UNITY SCHOOLS**  
**Home Language Survey**

Student's Name: \_\_\_\_\_  
First Name                      Middle Initial                      Last Name

**For Parents/Guardians:**

**Please answer the following questions:**

1. What language did your son/daughter speak when he/she first learned to talk? \_\_\_\_\_
2. What language does your son/daughter use most frequently at home? \_\_\_\_\_
3. What language do you use most frequently to your son/daughter? \_\_\_\_\_
4. What language do the adults at home most often speak? \_\_\_\_\_
5. How long has your son/daughter attended school in the United States? \_\_\_\_\_

**For School District Personnel:**

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (2.1.1.21), and proceed to assess the student's English language proficiency.

INITIAL ENGLISH LANGUAGE ASSESSMENT

**Communication Skill**

**Proficiency Level**

<b>Listening:</b>	____ Beginning	____ Intermediate	____ Advanced	____ Proficient
<b>Speaking:</b>	____ Beginning	____ Intermediate	____ Advanced	____ Proficient
<b>Reading:</b>	____ Beginning	____ Intermediate	____ Advanced	____ Proficient
<b>Writing:</b>	____ Beginning	____ Intermediate	____ Advanced	____ Proficient
<b>*Comprehension:</b>	____ Beginning	____ Intermediate	____ Advanced	____ Proficient

**\*note:** the comprehension score is calculated by averaging the listening and reading scores

Assessment instrument(s) used: \_\_\_\_\_  
\_\_\_\_\_

Student is LEP?    \_\_\_\_ Yes    \_\_\_\_ NO

If the student has been in U.S. schools for less than three years, is the student eligible for extended accommodations for statewide academic assessments?    \_\_\_\_ Yes    \_\_\_\_ No

