

# Talabalar ro'yxatdan o'tish shakli

Ota-ona/vasiy tomonidan bajarilishi kerak:

Talaba ma'lumotlari

For Official Use  
Rasmiy ishlatish uchun

ES  MS  HS  
 GE  SE  ELL

FAMIYASI		ISMI		OTASINI ISMI		Talaba ID #	
UY MANZILI (Uy raqami, ko'cha nomi, kvartira #, shahar, shtat, ZIP)					UY TELEFON RAQAMI ( )		
TUG'ILGAN SANASI (kk/oo/yyyy)	YOSH	JINSIY <input type="checkbox"/> Ayol <input type="checkbox"/> Erkak <input type="checkbox"/> Ayol ham, erkak ham emas		TUG'ILGAN JOYI		UY/ONA TILI	
OXIRGI MAKTAB (yoki hozirgi maktab) NIMI, SHAHAR, HOTARI						OXIRGI BINF TUGLANGAN	
SOG'LIQ SUG'URTA HAQIDA MA'LUMOT: Talaba sog'liq sug'urtasiga egami? <input type="checkbox"/> Ha ⇒ Agar HA bo'lsa, u qanday qamrov turi hisoblanadi? <input type="checkbox"/> Xususiy sog'liq sug'urtasi <input type="checkbox"/> Medicaid <input type="checkbox"/> Bolalar salomatligi Plus B <input type="checkbox"/> YO'Q ⇒ Agar YO'Q bo'lsa, qamrov olish haqida sizga murojaat qilishni xohlaysizmi? <input type="checkbox"/> Ha <input type="checkbox"/> Yo'q					SALOMATLIK OGOHLANTIRISH: Jismoniy faoliyatda ishtirok etishga ta'sir qiladigan har qanday sog'liq holati. <input type="checkbox"/> Ha <input type="checkbox"/> Yo'q		
MAXSUS TA'LIM MA'LUMOTLARI: Talaba maxsus ta'lim xizmatlarini oladimi? <input type="checkbox"/> HA ⇒ Agar HA bo'lsa, sizda Individuallashtirilgan Ta'lim Rejasining (IEP) nusxasi bormi? <input type="checkbox"/> Ha <input type="checkbox"/> Yo'q <input type="checkbox"/> YO'Q							

STUDENT NAME: LAST

Ota-ona/vasiy haqida ma'lumot

FAMIYASI		ISMI		TALABA BILAN MUNOSABAT	
UY MANZILI (Uy raqami, ko'cha nomi, kvartira #, shahar, shtat, ZIP)			OTA-ONA/VASIY ASOSLANGAN TIL YOZILGAN: GAPIRISH:		
UY TELEFON RAQAMI ( )		ISH/UYALI TELEFON RAQAMI ( )		OTA-ONA/VOYNING E-Pochta	

FIRST

To Be Completed by Enrollment Staff (Ro'yxatdan o'tish xodimlari tomonidan to'ldirilishi):

<p><b>Registration (check one):</b></p> <input type="checkbox"/> New <input type="checkbox"/> Re-admit to NYC DOE (less than 1 year) <input type="checkbox"/> Re-admit to NYC DOE (longer than 1 year) <input type="checkbox"/> Code 10 Return (If Code 10 Return): <input type="checkbox"/> Student has current transcript <input type="checkbox"/> Transcript request made to out-of-New York City school	<p><b>Disposition:</b></p> <p>Enrolled School Name _____ DBN _____</p>
	<p><b>Referred to:</b></p> <p>School Name _____ DBN _____</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p>
<p><b>Transfer Request (check one):</b></p> <input type="checkbox"/> Safety <input type="checkbox"/> Medical <input type="checkbox"/> Travel (HS only) <input type="checkbox"/> Child Care (ES only) <input type="checkbox"/> Sibling (ES only) <input type="checkbox"/> Other (please specify): _____	<p>Notes: _____</p>

DATE:

Men maslahatchi bilan uchrashdim va o'z variantlarimni va maktabga joylashtirish jarayonini tushundim. Men taqdim etilgan ma'lumotlarni tushunaman va davom etish uchun kerakli ma'lumotlarni oldim.

Ota-ona/vasiyning ismi/imzosi: \_\_\_\_\_ Sana: \_\_\_\_\_

Maslahatchi nomi/imzosi: \_\_\_\_\_

Qo'shimcha sharhlar: \_\_\_\_\_