

WYANDANCH UNION FREE SCHOOL DISTRICT
1445 STRAIGHT PATH
WYANDANCH, NY 11798
Phone number: 631-870-0510



Please complete the following information for this student who has enrolled in the Wyandanch Union Free School District and fax or email to draudales@wufsd.net Fax: 631-491-1243

Student Name: _____

Previous School: _____

Date of Birth: _____ Date of entry to US Schools: _____ Entering Grade: _____

Did Student receive ENL Services: YES NO Date entered ENL Program: _____

If applicable: Date student exited ENL Program? _____

Was student screened: YES NO If yes, Date _____ By Whom: _____

NYSITELL Level: _____ Date Administered: _____

Listening: _____ Reading: _____ Speaking: _____ Writing: _____ Total Score: _____

Is he/she a SIFE student: YES NO

NYSESLAT Date: _____

NYSESLAT Proficiency Level: Entering Emerging Transitioning Expanding Commanding

NYSESLAT Scores:

Listening: _____ Speaking: _____ Reading: _____ Writing: _____

NYSESLAT Scale Score: _____

FOR OUT OF STATE ENGLISH LANGUAGE LEARNER ONLY:

Student: Not an ENL Language Learner Received English Language Learner Services

Name of State English Development Assessment: _____

Score and Proficiency Level: _____

Name of authorized person completing this form: _____ Date: _____

Title: _____

Thank you in advanced for your assistance and prompt response.