

STUDENT ENROLLMENT FORM

REGISTRAR USE ONLY

School Entered: SE SC CV NM PT MS HS Other: _____

- New Student
Returning Student
Proof of Age
Proof of Residency
Guardianship Papers
McKinney-Vento
Foster Child
Migrant Student
Special Permission
Title III Eligible Immigrant

Student #: _____
 Enter Date: _____
 Family #: _____

STUDENT INFORMATION

 Student's Last Name Student's First Name Student's Middle Name

 Grade Gender Date of Birth Birth Place: City/State/Country Home Phone

Mailing Address: _____

Residence Address: _____

Ethnicity (Choose one):

- Hispanic/Latino
Not Hispanic/Latino

Race (Choose one or more, regardless of Ethnicity):

- American Indian or Alaska Native
Asian
Native Hawaiian or Other Pacific Islander
Black or African American
White

Current Living Situation:

- *Living in a shelter
* Living with another family or other person because of loss of housing or as a result of economic hardship
* Living in a hotel/motel
*Living in a car, park, bus, train, or campsite
*Other temporary living situation
In permanent housing

***Please indicate previous address below**

Living With:

- Parent/Guardian
Foster Parents
Self (proof of emancipated status required)
Group home or other court placed residence
 (proof of court placement required)

Name of Group Home: _____

- Other

Parent on Active Duty in the Armed Forces Yes No

Army** ____/____/____ through ____/____/____
 Navy** ____/____/____ through ____/____/____
 Air Force** ____/____/____ through ____/____/____
 Marines** ____/____/____ through ____/____/____
 Coast Guard** ____/____/____ through ____/____/____

**Please enter enlist start and end date

STUDENT'S SPECIAL PROGRAMS

Has your child been retained (repeated a grade)? Yes No If yes, what grade? _____

Check if student

- Was enrolled in Gifted Program
Has an IEP
Has 504
Other (Explain) _____

Has your child ever received:

- Counseling ESL Services
Remedial Math Remedial Reading
Speech
Special Services (Explain) _____

MONROE-WOODBURY CENTRAL SCHOOL DISTRICT

EDUCATION CENTER, 278 ROUTE 32, CENTRAL VALLEY, NEW YORK 10917 (845)460-6200 FAX (845)460-6065 www.mw.k12.ny.us

STUDENT EDUCATIONAL BACKGROUND

Previous School Name

Previous School Address

Grades Attended

Is the student currently fulfilling a disciplinary consequence from his/her previous school? Yes No
 If yes, please explain _____

PARENT/GUARDIAN INFORMATION

 Full Name (Relationship)

 Full Name (Relationship)

 Address (if different from student)

 Address (if different from student)

 Home Phone (if different from student)

 Home Phone (if different from student)

 Employer

 Employer

 Work Address

 Work Address

 Work Phone Number

 Cell Phone Number

 Work Phone Number

 Cell Phone Number

 Email Address

 Email Address

EMERGENCY CONTACT INFORMATION

 Full Name (Relationship)

 Work Phone Number

 Cell Phone Number

Is there any address where you would like to have school reports and other information sent other than the home address? Yes No

If yes, give complete name& address _____

 Name

 Address

SIBLINGS/OTHER CHILDREN LIVING AT SAME ADDRESS

Last Name

First Name

DOB

M/F

Present School

I verify that the above information is correct. I am aware and understand that falsification of any of the above information and/or required documentation may result in liability for school district tuition reimbursement.

 Signature

 Date



Lissette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled *Language Background and Educational History*. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.

STUDENT NAME:		

First	Middle	Last
_____	_____	_____
DATE OF BIRTH:		GENDER:
Month	Day	Year
_____	_____	_____
PARENT/PERSON IN PARENTAL RELATION INFO:		

_____	_____	_____
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	_____	<input type="checkbox"/> Father
		<i>specify</i>	<i>specify</i>
	<input type="checkbox"/> Guardian(s)	_____	_____
			<i>specify</i>
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not speak
			<i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read
			<i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not write
			<i>specify</i>

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
_____	_____
District Name (Number) & School	Address

Home Language Questionnaire (HLQ)—Page Two

Educational History
8. Indicate the total number of years that your child has been enrolled in school _____
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. Yes* No Not sure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.) _____ _____ _____
12. In what language(s) would you like to receive information from the school? _____

_____ <i>Signature of Parent or of Person in Parental Relation</i>	Month: Day: Year: _____ <i>Date</i>
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	

MONROE-WOODBURY CENTRAL SCHOOL DISTRICT

Transportation Department, 27 Mine Road, Monroe NY 10950 Tel: 845-460-6010 (www.mw.k12.ny.us)

Dawn Russell
Director of Transportation

Patricia Batewell
Assistant Director of Transportation

TRANSPORTATION DEPARTMENT INFORMATION FOR DETERMINING BUS STOP

STUDENT INFORMATION

School Entered: SC SE CV NM PT MS HS Other: _____

Student ID # (District Supplied)

Registration Date

Student Grade

Student's Last Name

Student's First Name

Student's Middle Name

BUS STOP INFORMATION

AM PICK UP

Circle One

Home

*Childcare**

PM DROP OFF

Circle One

Home

*Childcare**

*Please note: The Childcare Provider must reside in the same school location as your child's residence in order to be transported to/from that Provider. **Childcare arrangements must be scheduled for five days per week.**

Childcare Provider Name: _____

Address: _____

Phone Number: _____

Monroe-Woodbury CSD — Central Registration - Required Information

278 Rt 32, Central Valley, NY 10917
Phone: 845-460-6200 ext.6237 · Fax: 845-460-6065

Please Note: All of the following information **MUST BE** provided before any registration is processed.

Grade	Building	Student Name

For information or general questions, call 845-460-6200 ext. 6237

Proof Provided	Description of Proof Received	Registration Requirements
<input type="checkbox"/>		Completed Student Enrollment Form (total 5 pages) <i>All forms must be signed by the parent or legal guardian only.</i>
<input type="checkbox"/>		Proof of Age: Original Birth Certificate Only
<input type="checkbox"/>		Proof of Residency: Please submit original documents. <i>*Name(s) on closing papers, utility bill, lease, notarized affidavits & letters must match parent/guardian.</i> <ul style="list-style-type: none"> <input type="checkbox"/> District Homeowner: signed closing papers & utility bill (i.e.—Orange & Rockland, Central Hudson, Frontier, etc.) ** Must show exact address not section/block/lot. <input type="checkbox"/> Rent with a lease: signed lease & utility bill <input type="checkbox"/> Rent without a lease: notarized Landlord Affidavit & original utility bill <input type="checkbox"/> Living with a district resident: <ul style="list-style-type: none"> *From the district resident: <ol style="list-style-type: none"> 1. A notarized letter stating his/her name, address, and the name(s) of the parent/guardian and the children residing with them 2. Two (2) different utility bills in his/her name *From the parent/guardian <ol style="list-style-type: none"> 1. A notarized letter stating his/her name, his/her children’s name(s), address, and the name of the district resident they are living with 2. A utility bill in his/her name OR the parent/guardian’s driver’s license, car registration AND car insurance at the district resident’s address <i>*Notarized letters must state all parties names (including children) & district address.</i>
<input type="checkbox"/>		Immunization Records and Physical Examination Information
<input type="checkbox"/>		Records Request: (provided at registration) All parents/guardians must sign a records request/release form to be sent to the previous school.
<input type="checkbox"/>		Prior School Information: Please bring previous school’s phone/fax number and bring the child’s most recent report card. <i>Middle School and High School Registrants — Discipline record will be requested from previous schools.</i> <i>Students may not attend schools until all forms have been submitted and approved.</i>

FALSIFICATION OF ANY DOCUMENTS MAY RESULT IN THE PARENT/GUARDIAN BEING HELD LIABLE FOR THE SCHOOL DISTRICT TUITION RATE