

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 ENROLLMENT FORM

REGISTRAR USE ONLY

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

- | | | |
|--|---|-------------------|
| <input type="checkbox"/> New Student | <input type="checkbox"/> McKinney-Vento | Student #: _____ |
| <input type="checkbox"/> Returning Student | <input type="checkbox"/> Foster Child | Enter Date: _____ |
| <input type="checkbox"/> Proof of Age | <input type="checkbox"/> Migrant Student | Family #: _____ |
| <input type="checkbox"/> Proof of Residency | <input type="checkbox"/> Special Permission | |
| <input type="checkbox"/> Guardianship Papers | <input type="checkbox"/> Title III Eligible Immigrant | |

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) _____

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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



Lisette 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:		

<i>First</i>	<i>Middle</i>	<i>Last</i>
DATE OF BIRTH:		GENDER:
_____		<input type="checkbox"/> Male
<i>Month</i>	<i>Day</i>	<i>Year</i>
		<input type="checkbox"/> Female
PARENT/PERSON IN PARENTAL RELATION INFO:		

<i>Last Name</i>	<i>First Name</i>	<i>Relation to Student</i>

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

 *If yes, please explain: _____

How severe do you think these difficulties are? Minor Somewhat severe Very severe

10a. Has your child ever been referred for a special education evaluation in the past? No Yes* *Please complete 10b below

10b. *If referred for an evaluation, has your child ever received any special education services in the past?

No Yes – Type of services received: _____

Age at which services received (Please check all that apply):

Birth to 3 years (Early Intervention) 3 to 5 years (Special Education) 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? No 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? _____

Month: Day: Year:

Signature of Parent or of Person in Parental Relation

Date

Relationship to student: Mother Father 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: No Yes

**DATE OF INDIVIDUAL INTERVIEW:

Mo. DAY YR.

OUTCOME OF INDIVIDUAL INTERVIEW:

- ADMINISTER NYSITELL
 ENGLISH PROFICIENT
 REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____

POSITION: _____

DATE OF NYSITELL ADMINISTRATION:

Mo. DAY YR.

PROFICIENCY LEVEL ACHIEVED ON NYSITELL:

- ENTERING EMERGING TRANSITIONING EXPANDING 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