



# MONROE-WOODBURY

## CENTRAL SCHOOL DISTRICT

*Education Center, 278 Route 32, Central Valley, New York 10917*

T: (845) 460-6200

F: (845) 460-6080

[mw.k12.ny.us](http://mw.k12.ny.us)

Elsie Rodriguez

*Superintendent of Schools*

Dear Parents and Guardians:

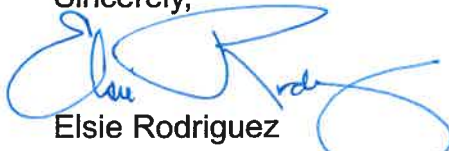
Welcome to Monroe-Woodbury!

Enclosed you will find forms and documentation to facilitate student registration. If you are homeless, you only need to complete the first page of the packet, as the answers you give will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. You can also receive assistance from our McKinney-Vento Liaison, Denise Guerriero at 845-460-6200 ext. 6718.

The packet includes the registration form as well as the list of accepted documentation for compulsory age and proof of residency. You will need to make an appointment with our registrar and bring all of your documentation to the appointment in order to complete the registration process. The registration office is open from 8:00 am through 4:00 pm daily, and can be reached by calling 845-460-6200 ext. 6237. If you are registering multiple children, you will need to complete a packet for each child, however you will only need one appointment.

We look forward to working with you.

Sincerely,



Elsie Rodriguez  
Superintendent of Schools

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

HOUSING QUESTIONNAIRE

Name of LEA: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last First Middle

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_ ID#: \_\_\_\_\_  
Month Day Year (preschool-12) (optional)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): \_\_\_\_\_
- In permanent housing

\_\_\_\_\_  
Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Date

**NOTE TO SCHOOLS/LEAS:** If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

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**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		

**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

**Residence Address:** \_\_\_\_\_

**P.O.Box (If applicable)** \_\_\_\_\_

**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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)	
_____		_____	
Email Address		Email Address	
_____		_____	
Employer		Employer	
_____		_____	
_____	_____	_____	_____
Work Phone Number	Cell Phone Number	Work Phone Number	Cell Phone Number

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

<b>STUDENT NAME:</b>		
_____		
First	Middle	Last
_____	_____	_____
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
_____	_____	_____
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
_____		
_____	_____	_____
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

_____
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### 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>	<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:

<b>SCHOOL DISTRICT INFORMATION:</b>	<b>STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:</b>
_____	_____
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: \_\_\_\_\_ PROFICIENCY LEVEL ACHIEVED ON NYSITELL:     ENTERING     EMERGING     TRANSITIONING     EXPANDING     COMMANDING  
 MO.    DAY    YR.

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