



MONROE-WOODBURY

CENTRAL SCHOOL DISTRICT

Eric Hassler, Ed.D, Assistant Superintendent for Curriculum and Instruction
278 Route 32, Central Valley, NY 10917

T: (845) 460-6200
Fax: 845-460-6082
mw.k12.ny.us

January 2017

Dear Parents,

We welcome your child to Monroe-Woodbury as an entering kindergartener. Follow the directions below when completing the kindergarten enrollment form and please print the information clearly using ink.

1. Complete the Student Enrollment Form, **sign and date the bottom of the form.**
2. Complete the Transportation Form including any babysitter information.
3. Complete the Parent/Guardian Home Language Questionnaire, sign and date.
4. **Return Student Enrollment Form, Transportation Form and Home Language Questionnaire only (5 pages total) no later than Monday, February 17, 2017.**

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

NYS law requires a review of each new entrant. This review, more commonly referred to as kindergarten screening, takes approximately 45 minutes. It involves your child spending time with members of our staff to determine concept, language, and speech development. There will also be a review of your child's immunization and health records.

Kindergarten screenings take place in May. You will receive a letter in April indicating which school your child will be attending in September, either Sapphire Elementary or Smith Clove Elementary, the date and time of your child's kindergarten screening, and the required supplemental documentation.

If you have any questions regarding the kindergarten screening process, please feel free to contact either Karen Brock, Sapphire Elementary School Principal, at 460-6500 or Christopher Berger, Smith Clove Elementary School Principal at 460-6300. If you have questions concerning the student registration process, please call Central Registry at 460-6200 Ext. 6237.

Monroe-Woodbury Central School District

MONROE-WOODBURY CENTRAL SCHOOL DISTRICT

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

KINDERGARTEN ENROLLMENT FORM

REGISTRAR USE ONLY

School Entered: SE SC

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: **SEPT 2017**

Family #: _____

STUDENT INFORMATION

Student's Last Name

Student's First Name

Student's Middle Name

K

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

Check if student

- Receives Counseling
- Has an IEP
- Receives Speech
- Receives Special Services (Explain) _____

MONROE-WOODBURY CENTRAL SCHOOL DISTRICT

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STUDENT EDUCATIONAL BACKGROUND		
Preschool Name	Preschool Address	Year(s) attended

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? <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



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:
		<input type="checkbox"/> Male
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	_____
	<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 (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: _____

K 2017

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: _____