

MONROE-WOODBURY CENTRAL SCHOOL DISTRICT

EDUCATION CENTER, 278 ROUTE 32, CENTRAL VALLEY, NEW YORK 10917 (845)460-6200 FAX (845)460-6080 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

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? _____

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: <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 (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		PM DROP OFF	
<i>Circle One</i>		<i>Circle One</i>	
<i>Home</i>	<i>Childcare*</i>	<i>Home</i>	<i>Childcare*</i>

*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