

STEP 1: Federal regulations require completion of this form BEFORE a registration application.

PASO 1: Las regulaciones federales requieren que se complete este formulario ANTES de la solicitud de registro



CONFIDENTIAL HOUSING QUESTIONNAIRE

(CUESTIONARIO CONFIDENCIAL DE VIVIENDA)

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.

Las respuestas que dé a las siguientes preguntas ayudarán al distrito a determinar los servicios que usted o su hijo o hija podrán recibir bajo el Acta de McKinney-Vento. Los estudiantes protegidos por el Acta de McKinney-Vento tienen derecho a matricularse en la escuela inmediatamente aun cuando no tengan los documentos que normalmente se necesitan, tales como la prueba de la dirección, reportes escolares, registros de inmunización, o certificado de nacimiento. Los estudiantes protegidos por el Acta de McKinney-Vento también podrían tener derecho a transporte gratuito y a otros servicios.

Where is the student currently living? (¿Donde está el estudiante viviendo actualmente?):

Please check one box. (Por favor marque una caja.)

- in a shelter** (está viviendo en un albergue)
- in a hotel /motel due to lack of alternative, adequate housing**
(está viviendo en un hotel/motelpor falta de una vivienda alternativa, adecuada)
- at a train or bus station, in a car, or at a campsite**
(está viviendo en una estación de trenes o autobuses, en un automóvil, o en un campamento)
- with relatives or others due to loss of housing, economic hardship or similar reason**
(está viviendo con familiares u otras personas debido a la pérdida de la vivienda, dificultades económicas, o razones similares)
Is this living arrangement with relatives or others temporary OR permanent? (Please circle one)
es esta situación de vivienda con familiares u otras personas temporal O permanente? (por favor circule uno)
- Other, please describe** _____
(otro, por favor explique)
- In permanent housing** (En un hogar permanente)

Please list the names of the children in your household between the ages of 3 to 5:

(Si una de las casillas más arriba se han comprobado, por favor escriba los nombres de los niños en su hogar entre las edades de 3 a 5):

Child's Name (Nombre del niño/a)

Date of birth (Fecha de nacimiento)

STUDENT'S NAME (NOMBRE DEL/DE LA ESTUDIANTE):

Please Print first and last name (Por favor imprime el nombre y apellido)

Gender (Genero): Male (Hombre)
 Female (Mujer)

Date of Birth: ___ / ___ / ___
Month Day Year (Mes Dia Año)

Grade: _____
preschool-12 (jardin de infants – 12)

***** WRITE AN "X" IN THE BOX NEXT TO THE PHONE NUMBER YOU WANT USED FOR ROBOCALLS *****
(ESCRIBA UNA "X" EN LA CAJA AL LADO DEL NÚMERO DE TELÉFONO QUE DESEA USAR PARA ROBOCALLS)

CONTACT PHONE NUMBER (NUMERO DE TELEFONO): Home _____ Cell _____
(Casa) (Celular)

CURRENT ADDRESS (DIRECCIÓN ACTUAL): _____

PREVIOUS ADDRESS (DIRECCIÓN ANTERIOR): _____

Print name of Parent, Guardian, OR Student if unaccompanied homeless youth
(Imprima el nombre del Padre, Tutor o Estudiante si es un joven sin hogar no acompañado)

Signature of Parent, Guardian, OR Student if unaccompanied homeless youth
(Firma del Padre, Tutor o Estudiante si es joven sin hogar no acompañado)

Date
(Fecha)



Our Vision

“Through the work of all, we will achieve inclusive excellence.”

Our Mission

“Inspiring Students to become tomorrow’s leaders beyond Academy Field”

WELCOME
to the
Office of Registration

STEP 2: Please read this and initial where indicated

Only those students whose parents / guardians are residents of the Newburgh Enlarged City School District are eligible to attend Newburgh Schools without paying tuition.

INITIAL: _____

STEP 3: Complete the registration form.

STEP 4: WAIT to complete racial/ethnic form at intake.



Office of Registration

124 Grand Street

Newburgh, NY 12550

E-mail: registration@necsd.net

Website: www.newburghschools.org

Tel: (845) 563-KIDS (5437) Fax: (845) 568-6679

**PARENTS/GUARDIANS MUST BE RESIDENTS OF THE NEWBURGH SCHOOL COMMUNITY
IN ORDER FOR STUDENTS TO BE ELIGIBLE TO ATTEND NEWBURGH SCHOOLS**

In order to verify your child's eligibility to attend the Newburgh Enlarged City School District, you must submit the following documents, records or information to the Office of Registration.

DOCUMENTS NEEDED TO REGISTER CHECKLIST

1. PROOF OF AGE

- Original or Certified Transcription of your child's Birth Certificate or Baptismal Certificate (regardless of the issuing nation)
- ONLY if you are UNABLE to provide either of the above documents, your child's Passport (regardless of the issuing nation)
- In the absence of the above documents, you may provide any other documentation that has been in existence for over two years that could be used to establish your child's age.
For example:
 - a.) official driver's license or non-driver identification card;
 - b.) state or local government issued identification;
 - c.) military dependent identification card;
 - c.) school photo identification with date of birth;
 - d.) consulate identification cards;
 - e.) hospital or health records;
 - f.) documents issued by federal, state or local agencies (e.g., local service agency, Federal Office of Refugee Resettlement);
 - g.) court orders or other court issued documents;
 - h.) Native American tribal document; or
 - i.) records from non-profit international aid agencies and voluntary agencies.

2. PROOF OF RESIDENCY

Please submit (1) document from the Primary list **AND** at least (1) document from the Supplementary list (below):

PRIMARY PROOF OF RESIDENCY:

(PROOF OF RESIDENCY IS CONSIDERED "CURRENT" WHEN IT'S NO OLDER THAN 3 MONTHS)

- If you **RENT** - A residential lease ALONG WITH the current rent receipt (the District reserves the right to also request a Statement of Landlord or Owner)
- If you **OWN** - A monthly mortgage statement OR deed if paid off
- If you live with **SOMEONE ELSE** – An interview may be conducted and our in-house Landlord Affidavit given. This affidavit is to be signed in front of a notary by the person whom the Family is living with. **Photo identification AND (1) form of address proof (from our list)** for the person whom the Family is living with will be required when submitting this affidavit.

- A sworn statement from a third party that establishes your presence in the Newburgh Enlarged City School District (*In-house "Third Party Affidavit" will be provided by Registration if necessary*)

SUPPLEMENTARY PROOF OF RESIDENCY:

(PROOF OF RESIDENCY IS CONSIDERED "CURRENT" WHEN IT'S NO OLDER THAN 3 MONTHS)

Choose acceptable forms of proof to submit **in addition to the primary proof**, including but not limited to the following **types** of documents with **CURRENT ADDRESS** to indicate residency. Unless there are special circumstances, (1) item from the "Utility" category satisfies this requirement.

- Current Utility bill (gas, electric, telephone, cable) with the location of service indicated
- Current Pay Stub with address
- Current Income Tax Form
- Current Membership Documents based on residency (e.g., library card)
- Current Voter registration documents
- Current Official Driver's License, learner's permit or non-driver identification
- Current State or other government issued identification
- Current Documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement, Social Security SSI, Child Support)

___ 3. PROOF OF CUSTODY, GUARDIANSHIP OR FOSTERCARE

- If parents are separated, divorced or have custody orders, these documents **MUST** be provided to District
- If foster parents, documents from NYS Office of Children and Family Services (e.g., LDSS-2999)
- If custody/guardianship is with a third party, you must complete our in-house Affidavit of Responsibility (from the parents and custodial persons). The District will consider requests for exceptions to this requirement in limited but appropriate circumstances.

___ 4. IMMUNIZATION (SHOT) RECORD

Students who do not have documentation of receiving any, or an insufficient number of, immunizations or proof of immunity may be permitted to attend school for a grace period of not more than 14 calendar days, which may be extended to not more than 30 calendar days for a student who is transferring from out of state or from another country and can show a good faith effort to get the necessary evidence of immunization. (10NYCRR 66-4). After the grace period, the student may be excluded from attendance in school.

___ 5. COPY OF LAST PHYSICAL EXAM (must be within 12 months of start of school year)

___ 6. Government Issued Picture ID of the Parent/Guardian

___ 7. If available, Current Report Card, Transcript (**and IEP if applicable**)

Fax number or e-mail address for the school district where your child is coming from is required, so that we may forward them our consent form to release records.

Students may only be registered by a parent, guardian or caseworker.

THIS APPLICATION MUST BE SUBMITTED IN PERSON TO THE OFFICE OF REGISTRATION.

For the most efficiency, you may email registration@necsd.net with any special circumstances, so you may be advised accordingly.

INCOMPLETE REGISTRATION PACKETS WILL NOT BE ACCEPTED.

Newburgh Enlarged City School District Registration Form

Please use **BLACK ink to complete this form.*

School: _____
ID #: _____ Verified by: _____

STUDENT INFORMATION

Has the student ever attended Newburgh Schools? <input type="checkbox"/> YES <input type="checkbox"/> NO	Today's Date: _____
--	---------------------

STUDENT NAME: _____

Last
First
Middle

Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: _____	Grade: _____
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Has the student ever received any special education services, IEP, or a 504 Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: _____ _____ _____	Are either or both of the student's parents or legal guardian(s) currently serving on full time, active duty in any branch of the Armed Forces? (Armed Forces include Army, Navy, Air Force, Marine Corps, Coast Guard or full-time National Guard) <input type="checkbox"/> YES <input type="checkbox"/> NO Date Entered Armed Forces? Month____ Date____ Year____ Date Exited Armed Forces? Month____ Date____ Year____
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IS THE STUDENT A RESIDENT OF: City of Newburgh Town of Newburgh Town of New Windsor

Home Address: _____

City / State
Zip Code

Mailing Address (if different than above) : _____

City / State
Zip Code

STUDENT LIVES WITH:

Both Parents Mother Only Father Only Mother & Step-Father Father & Step-Mother Guardian

Foster Parent - Please indicate name of Foster Parent(s) _____
 Caseworker Name and phone number _____

Group Home Name OR other court placed residence address and phone number _____

 Caseworker Name and phone number _____

Self _____

Other (explain) _____

STUDENT NAME: _____ DATE OF BIRTH _____ ID# _____

PARENT / GUARDIAN / INFORMATION

Are there any existing or pending custody/guardianship litigation and/or other court orders? YES NO

If yes, specify and provide a copy: _____

BIOLOGICAL MOTHER

Lives in home with the student: YES NO

Name: _____

Address (if different from student): _____

Previous Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____

BIOLOGICAL FATHER

Lives in home with the student: YES NO

Name: _____

Address (if different from student): _____

Previous Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____

SPECIAL HOME CIRCUMSTANCES: (Complete if a Single Parent, Guardian, Foster Parent or Agency)

If separated or divorced, other parent will have the right to visit student in school and access student records unless we have a legal document indicating otherwise. Please state any restrictions in the area below and provide a copy of legal document if applicable. Restrictions will not be honored without receipt of a valid legal document.

Legal Custody of child is with _____. Is there a custody agreement? _____

List any restrictions other parent has regarding child _____

List type and date of legal document provided _____

Guardian Name(s) _____

Address _____ City _____ State _____

City _____ State _____ Home # _____ Cell# _____ Work# _____

If you are a Foster care Agency you must complete the following and provide a DSS-2999 Form.

Name of Foster Parent(s) _____

Name of Agency _____ Agency Code # _____

Agency Address _____ Type of Agency _____

Case Worker and/or Social Worker _____ Phone # _____

DSS Case # _____ CIN # _____ CB # _____

Date child was placed at current location _____ Date at previous _____

EMERGENCY INFORMATION - Person(s) to contact in case of an emergency (Local names and numbers please)

Name: _____ Relationship to the Child: _____

Address: _____ Phone: _____

Name: _____ Relationship to the Child: _____

Address: _____ Phone: _____

List below full legal names of children living in your household for whom you have legal responsibility:

Name: _____ Relationship to student _____ Date of Birth: _____

Name: _____ Relationship to student _____ Date of Birth: _____

Name: _____ Relationship to student _____ Date of Birth: _____

I certify that all of the information above is true and accurate as of this date.

PARENT / GUARDIAN PRINT: _____ PARENT / GUARDIAN SIGNATURE: _____

RELATIONSHIP TO STUDENT: _____ DATE: _____



Office of Registration

124 Grand Street

Newburgh, NY 12550

TEL: (845) 563-KIDS (5437) "option 4" FAX: (845) 568-6679

registration@necsd.net

newburghschools.org

CONSENT FOR RELEASE OF RECORDS

(AUTORIZACION PARA ENVIO DE REGISTROS)

The student below has been enrolled in the Newburgh Enlarged City School District. Please forward all school records, including but not limited to birth certificate or other proof of age, health and immunization information, psychological, social history, I.E.P., discipline records and other pertinent data to the specified Newburgh school building.

El estudiante nombrado abajo se ha matriculado en el Distrito Escolar Extendido de la Ciudad de Newburgh. Por favor envíe todos los registros escolares, incluso el certificado de nacimiento, información sobre la salud e inmunizaciones, evaluación psicológica, historial social, I.E.P., y cualquier otra información pertinente, a la escuela del Distrito Escolar Extendido de la Ciudad de Newburgh especificada.

Name of School Last Attended

(Nombre de la Escuela Más Reciente)

Student's Name

(Nombre del Estudiante)

School Street Address

(Dirección de la Escuela)

Date of Birth

(Fecha de Nacimiento)

Grade

(Grado)

City

(Ciudad)

State

(Estado)

Zip

(Código Postal)

PLEASE SEND SPECIAL EDUCATION

RECORDS (I.E.P., etc.) TO:

(POR FAVOR ENVIE LOS REGISTROS DE EDUCACION ESPECIAL (i.e.p., ETC) A:

Department of Special Education

Newburgh Enlarged City School District

124 Grand Street, Newburgh, NY 12550

Tel: (845) 563-8520 / Fax: 563-8529

Phone

(Teléfono)

Fax

(Fax)

PLEASE FORWARD RECORDS TO:

- List of schools and their addresses: Balmville School, Gardnertown Leadership Academy, Meadow Hill School, Newburgh Free Academy WEST, Newburgh Free Academy MAIN, Fostertown School, Heritage Middle School, Temple Hill Academy, New Windsor School, Newburgh Free Academy NORTH, GAMS School, Horizons-on-the-Hudson, Vails Gate School, South Middle School.

Parent / Legal Guardián (Padre/Madre/Guardián Legal)

Date (fecha)

MODIFIED HEALTH INVENTORY

STUDENT NAME:	DATE OF BIRTH:	ID #:
GRADE:	Sex: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
Does the child have any physical or emotional concerns, allergies or health conditions that we should be aware of? <input type="checkbox"/> YES <input type="checkbox"/> NO *If yes, please explain: _____		
Does your child presently take any medication? <input type="checkbox"/> YES <input type="checkbox"/> NO *If yes, please explain: _____		
Does your child have any vision, hearing or speech problems? <input type="checkbox"/> YES <input type="checkbox"/> NO *If yes, please explain: _____		
Does your child have any disability that has required special education services? <input type="checkbox"/> YES <input type="checkbox"/> NO *If yes, please explain: _____		
Are there any special situations or concerns in your family which might affect the behavior or learning needs of your child? <input type="checkbox"/> YES <input type="checkbox"/> NO *If yes, please explain: _____		

PHYSICAL EXAMINATIONS

For School Use Only

Immunizations – Complete/copy attached

Immunizations - Incomplete/student lacking:

<input type="checkbox"/> OPV / IPV	<input type="checkbox"/> MMR	<input type="checkbox"/> DTP / DTap	<input type="checkbox"/> Hep B
<input type="checkbox"/> Varicella	<input type="checkbox"/> Menactra	<input type="checkbox"/> Pertussis	<input type="checkbox"/> Pneumovax
<input type="checkbox"/> Hib	<input type="checkbox"/> Tdap	<input type="checkbox"/> TD	

Please check one of the following:

- I will have my child's physical examination done by his/her private medical care giver. I will return the completed physical examination form to the school health office no later than 30 days following the start of school or I will present the health office with the physician's name and a verifiable appointment date.
- I elect to have my child's physical examination done in school and by signing below I give my permission for the school physician and/or nurse practitioner to complete this examination. I understand that this examination will be scheduled starting on or after October 1st and I will receive notification of the date at least two weeks prior to the scheduled physical examination.
 - I WILL be present for my child's physical.
 - I WILL NOT be present for my child's physical.

I certify that the above information is correct.

Parent / Guardian Signatiure: _____ Date: _____

***** THIS FORM TO BE COMPLETED AFTER ENROLLMENT *****

State Required Information

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused because of race, color, creed, national origin, sex/gender, citizenship, disability, or immigration status.

STUDENT RACIAL AND ETHNIC IDENTIFICATION

STUDENT NAME: _____ DATE OF BIRTH _____ ID# _____

Student Racial AND Ethnic Identification: Answer both questions 1 and 2. Please read the questions before responding. Place an "X" in the box that best describes your child.

1. Is the student of Hispanic or Latino origin? (Hispanic, Latino or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South America, or other Spanish culture or origin, regardless of race). **YES HISPANIC** **NOT HISPANIC**

2. What is the student's race?
Select ONE OR MORE races from the following five racial groups. Place an "X" in the box that best describes your child.

You must mark *at least one* box for state demographics recording purposes.

- AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North & South America (including Central America), and who maintains tribal affiliation or community attachment.
- ASIAN:** A person having origins in any of the origins in any peoples of the Far East, Southeast Asia, or the Indian subcontinent (including for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand & Vietnam).
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins or any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.
- WHITE:** A person having origins in any of the original peoples of Europe, South Africa or the Middle East.

What is the primary language spoken at home by the parent/guardian? _____
What is the primary language spoken at home by the student? _____

Parent/Legal Guardián (*Padre/Madre/Guardián Legal*)

Date (*fecha*)



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 (HLO)

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.

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

SCHOOL DISTRICT INFORMATION:

NEWBURGH ENLARGED CITY SCHOOL DISTRICT 124 GRAND STREET
NEWBURGH, NY 12550

District Name (Number) & School

Address

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

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: