NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the **student is not required to submit proof of residency** and other required documents that may be part of the registration packet.

HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: ☐ Male ☐ Female Date of Birth: ____ / ____ / ____ (Month / Day / Year) Grade: ____ (preschool-12) ID#: _____ (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

If **ANY box other than "In Permanent Housing" is checked**, then the student/family should be immediately referred to the MV Liaison. In such cases, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

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

INSTRUCTIONS FOR COMPLETING THE HOUSING QUESTIONNAIRE

Purpose of the Housing Questionnaire

All Local Education Agencies (LEAs) are required to identify students experiencing homelessness. LEAs include school districts, charter schools and BOCES. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. The New York State Education Department (NYSED) encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Housing Questionnaire attached here,
2. Update/modify the Model Enrollment Form – Housing Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Model Enrollment Form - Residency Questionnaire into the LEA's Enrollment Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

Who should fill out the Housing Questionnaire?

A Housing Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool-12. "Preschool" includes any LEA administered or funded preschool program, such as a pre-k or Head Start program administered by an LEA. The Housing Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

Confidentiality

Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met. To this end, LEAs may share a student's Housing Questionnaire with LEA personnel such as:

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data to SED

However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by SED.

Other than the above uses, housing information **should be kept confidential** and **should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Housing Questionnaires and housing information from becoming a part of a student's permanent record.

Discussing the Housing Questionnaire with Students and Families

In reviewing the Housing Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will kept confidential and will only be shared with those LEA staff who are responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

LEAs are advised to explain to parents that if a parent claims that her/her child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However LEAs **cannot contact a landlord or building superintendent** to verify a student's housing status without prior parental consent**.** Contacting a landlord or building superintendent without the parent's express prior written permission is a violation of FERPA, a federal law.

If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Housing Questionnaire

If the parent, person in parental relation, or unaccompanied youth declines to complete the Housing Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

Completing the Form

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs **cannot not contact a landlord or building superintendent** to verify a student's housing status. (See above for more information.)

Definitions of Temporary Housing Arrangements

"*With another family or other person" (also referred to as "doubled-up")"*

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

"*Other temporary living situation"*

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

"In permanent housing"

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

Next Steps for LEAs with Students Living in Temporary Housing Arrangements

If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, the LEA must complete a Designation Form. If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out. For more information about determining eligibility see the National Center on Homeless Education's Determining Eligibility Brief, available at: http://nche.ed.gov/downloads/briefs/det_elig.pdf.

If a student who is identified as homeless was last permanently housed in a different school district, the district of attendance/local district will be eligible for tuition reimbursement from SED for the cost of educating the student. School districts should complete a STAC-202 form if eligible for tuition reimbursement. For more information about STAC-202 forms contact the STAC Office at 518-474-7116 or NYS-TEACHS at 800-388-2014.

Northeast (Webutuck) Central School District
PO Box 405 – 194 Haight Road
Amenia, NY 12501
(845) 373-4100

Required Documentation for Northeast (Webutuck) Central School District Registration / Documentación requerida para e registro del distrito escolar central del noreste (Webutuck):

- **Student's Birth Certificate / Certificado de nacimiento del estudiante**
- **Current Physical / Físico actual**
- **Immunization Records / Registros de vacunas**
- **Two forms of Proof of Residency / Dos formas de Prueba de Residencia**

All new students seeking enrollment in the Northeast (Webutuck) Central School District must provide proper documentation and/or information to establish residency / Todos los estudiantes nuevos que deseen inscribirse en el Distrito Escolar Central del Noreste (Webutuck) deben proporcionar la documentación y/o información adecuada para establecer la residencia.

The following is documentation that may be used to establish residency. (Note: This is not intended to be an exhaustive list, and the District may consider other documentation and/or information, as appropriate) / La siguiente es la documentación que se puede utilizar para establecer la residencia. (Nota: Esta no pretende ser una lista exhaustiva, y el Distrito puede considerar otra documentación y/o información, según corresponda)

- A copy of a residential lease or ownership of a home, such as a deed or mortgage statement / o Una copia de un contrato de arrendamiento residencial o propiedad de una vivienda, como una escritura o declaración de hipoteca.
- A notarized or signed statement by a third-party landlord, owner or tenant from the whom the parent(s), guardian(s) or person(s) in parental relation leases or with whom they share property within the district / o Una declaración certificada ante notario o firmada por un tercero arrendador, propietario o inquilino de quien los padres, tutores o persona(s) en relación de paternidad arriendan o con quienes comparten propiedad dentro del distrito

Other forms of documentation include / Otras formas de documentación incluyen

- Pay stubs / Talonarios de pago
- Federal or NYS Income Tax, W-2 or Earning Statement / Impuesto sobre la renta federal o del estado de Nueva York, W-2 o declaración de ingresos
- Utility Bill / Factura de servicios públicos
- Voter Registration notification card / Tarjeta de notificación de registro de votantes
- Official Driver's License, Learner's Permit or Non-Driver's Identification / Licencia de conducir oficial, permiso de aprendizaje o identificación de no conductor
- Documents issued by federal, state or local agencies (such as social service agency) / Documentos emitidos por agencias federales, estatales o locales (como una agencia de servicio social)
- Government issued Identification / Identificación emitida por el gobierno
- Membership document based on residency / Documento de afiliación basado en la residencia

Reminder: Education Law (Section 3202.1) states that residency of the student is the residency of the parent. If you move from the Northeast (Webutuck) CSD and do not withdraw your children at the time you move, you will be responsible for the tuition / Recordatorio: La Ley de Educación (Sección 3202.1) establece que la residencia del estudiante es la residencia de los padres. Si se muda del CSD del noreste (Webutuck) y no retira a sus hijos en el momento de mudarse, será responsable de la matrícula.

Documentation Relating to Legal Custody and Special Circumstances / Documentación Relativa a la Custodia Legal y Circunstancias Especiales

If there are any other special circumstances such as custody agreements or orders of protection, please submit those documents to us. They will be copied and filed in the student's records. The schools cannot refuse to release a child to a parent/legal guardian unless there are court documents on file with the District to the contrary / Si hay otras circunstancias especiales, como acuerdos de custodia u órdenes de protección, envíenos esos documentos. Se copiarán y archivarán en los registros del estudiante. Las escuelas no pueden negarse a entregar a un niño a un padre/tutor legal a menos que existan documentos judiciales archivados en el Distrito que indiquen lo contrario.

If you are not the natural parent but have legal guardianship of the student(s), please provide us with any available relevant documents / Si usted no es el padre natural pero tiene la tutela legal del estudiante(s), proporciónenos cualquier documento relevante disponible

This box for office use only:

Birth Certificate: _____ Custody Papers _____ Migrant Student _____ Proof of Residency: _____

Guardianship Papers _____ Foster Child _____ Immunizations _____ Restraining Order _____

McKinney-Vento _____

Student ID# _____ Entry Date: _____ BUS NUMBER: AM: PM:

Northeast (Webutuck) Central School Registration Form

Preschool (Ages 3-5) / Preescolar (Edades 3-5) _____
Webutuck Elementary PreK-3 / Escuela Primaria Webutuck PreK-3 _____
Eugene Brooks Intermediate 4-8 / Eugene Brooks Intermedio 4-8 _____
Webutuck High School 9-12 / Escuela secundaria Webutuck 9-12 _____

Student Information / Información del estudiante:

_____ _____ _____ _____

Student's Last Name / Apellido del estudiante First Name / Nombre de pila Middle Name / Segundo nombre M/F

Grade Entering / Ingreso de grado: _____ Date of Birth / Fecha de nacimiento: _____

Place of Birth / Lugar de nacimiento _____
City/State/Country / Ciudad estado Pais

If born outside of USA when did student enter the country (month/year) / Si nació fuera de EE. UU., ¿cuándo ingresó el estudiante al país (mes/año)?_____

When did student start school (month/year) / ¿Cuándo comenzó el estudiante la escuela (mes/año)?_____

Mailing Address / Dirección de envio: _____

Residence Address / Dirección de residencia: _____
(For Bus transportation / Para el transporte en autobús)

Permanent/temporary residence? / ¿Residencia permanente/temporal? _____

Are you living in a shelter or other arrangement due to a lack of housing? / ¿Está viviendo en un refugio u otro arreglo debido a la falta de vivienda? _____

Is this a shared residence (are you living with another family member or friend?) / ¿Es esta una residencia compartida (¿estás viviendo con otro familiar o amigo?) Yes/ Sí___ No___

Home Phone Number / Número de teléfono de casa: _____

Mobile Number / Mobile Number: _____

Health / Emergency Information / Información de salud/emergencia:

Doctor's Name/Town / Nombre del Doctor/Pueblo: _____

Phone / Teléfono: _____

Emergency Contact: (Person to be contacted if parents/guardians cannot be reached. This person will be authorized to act for the parent) / Contacto de emergencia: (Persona a contactar si no se puede contactar a los padres/tutores. Esta persona estará autorizada para actuar en nombre de los padres).

Name / Nombre: _____ Phone / Teléfono: _____

Address / DIRECCIÓN: _____

Relation / Relación: _____

Parent/Guardian Information / Información de padres/tutores:

Mother / Madre

Name/Nombre: _____ Phone/Teléfono: _____

Address / DIRECCIÓN: _____

Employer / Empleador: _____ Phone / Teléfono: _____

Email / Correo electrónico: _____

Active Military / Militar Activo: Yes / Sí _____ No _____

Father / Padre

Name/Nombre: _____ Phone/Teléfono: _____

Address / DIRECCIÓN: _____

Employer / Empleador: _____ Phone / Teléfono: _____

Email / Correo electrónico: _____

Active Military / Militar Activo: Yes / Sí _____ No _____

Guardian / Guardián

Name/Nombre: _____ Phone/Teléfono: _____

Address / DIRECCIÓN: _____

Employer / Empleador: _____ Phone / Teléfono: _____

Email / Correo electrónico: _____

Active Military / Militar Activo: Yes / Sí _____ No _____

Student's Special Program/Services / Programa/Servicios Especiales del Estudiante

Does child receive Special Education Services? / ¿El niño recibe servicios de educación especial?

Yes / Sí _____ No _____

Does child have an IEP? / ¿El niño tiene un IEP? Yes / Sí _____ No _____

Does your child receive/¿Recibe su hijo: Counseling/Asesoramiento _____

Speech/Discurso _____ Resource Room/Aula de recursos _____

AIS Math/Matemáticas AIS _____ AIS Reading/Lectura AIS _____

Other (explain)/Otro explicar)_____

Has your child ever been retained (repeated a grade?) / ¿Su hijo ha sido retenido alguna vez (¿repitió un grado?) _____ If Yes, what grade? / En caso afirmativo, ¿qué grado? _____

Student Educational Background

School Name/Nombre de escuela	School Address/Phone/Escuela Dirección/Teléfono	Grades Attended/ Grados a los que asistió

I verify that the above information is correct / Verifico que la información anterior es correcta:

Print name / Imprimir nombre: _____

*Relationship to Student/Relación con el estudiante:*_____

I give permission for the school to release health information to staff and faculty. This information will only be released to alert the staff/faculty to any health issues they should be aware of:

(Including but not limited to: Medications, Allergies, Glasses, Diabetic, and Chronic/Acute Illness, etc.) / Doy permiso para que la escuela divulgue información de salud al personal y la facultad. Esta información solo se divulgará para alertar al personal/facultad sobre cualquier problema de salud que deban tener en cuenta:

(Incluyendo pero no limitado a: Medicamentos, Alergias, Anteojos, Diabéticos y Enfermedades Crónicas/Agudas, etc.)

Signed/Firmado: _____ Date/Fecha: _____

Northeast (Webutuck) Central School District Registration Form
Student Racial and Ethnic Identification Form

Formulario de registro del distrito escolar central del noreste (Webutuck)
Formulario de identificación racial y étnica del estudiante

To the Parent/Guardian: The Northeast (Webutuck) Central School District has adopted a policy, which requires the collection and recording of the ethnic identity of students within the district in accordance with the federal categories and definitions. This information is used to report information to the State and Federal Education Departments. / Para el padre/tutor: El Distrito Escolar Central del Noreste (Webutuck) ha adoptado una política que requiere la recopilación y el registro de la identidad étnica de los estudiantes dentro del distrito de acuerdo con las categorías y definiciones federales. Esta información se usa para reportar información a los Departamentos de Educación Estatal y Federal.

Student Name / Nombre del estudiante: _____
Last/Último First/Primero Middle/Medio

Grade/Calificación: _____ Student ID/ Identificación del Estudiante: _____

Date of Birth/ Identificación del Estudiante _____

Directions / Direcciones:

Please answer questions 1 and 2. Please read them before you respond. / Conteste las preguntas 1 y 2. Léalas antes de responder.

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish Origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture of origin, regardless of race. (Please put a check in the box that best describes your child. Please check only one box). / ¿El estudiante es hispano, latino o de origen español? Hispano, latino o de origen español significa una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano, u otra cultura de origen español, independientemente de la raza. (Marque la casilla que mejor describa a su hijo. Marque solo una casilla).

   ☐ **Yes, Hispanic / Si, hispano**
   ☐ **No, not Hispanic / No, no hispano**

2. Select one or more races from the following five racial groups. (Please put a check in the boxes that apply. Please check at least one box). / Seleccione una o más razas de los siguientes cinco grupos raciales. (Marque las casillas que correspondan. Marque al menos una casilla).

☐ **AMERICAN INDIAN OR ALASKA NATIVE**: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. For example: Cherokee, Mohawk, Inuit.
☐ **ASIAN**: A person having origins in any of the original 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, and Vietnam.
☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER**: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
☐ **BLACK**: 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, North Africa, or the Middle East.

_____ _____
Signature of Parent/Guardian/Other / Firma del padre / tutor / otro Relationship / Relación

Northeast (Webutuck) Central School District

REQUEST FOR RECORDS / SOLICITUD DE REGISTROS

Date / Fecha: _____

Name of Student / Nombre del estudiante: _____

Date of Birth / fecha de nacimiento: _____ Grade / Calificación: _____

I, _____, hereby grant permission to the below mentioned school to send the following / por la presente otorgo permiso a la escuela mencionada a continuación para enviar lo siguiente:

1. Transcript / Transcripción
2. Health Records / Registros de Salud
3. Recommendations and Comments / Recomendaciones y Comentarios
4. Psychological and/or Special Education Records / Expedientes psicológicos y/o de educación especial
5. Discipline Records / Registros de disciplina

Name of Previous School and Address / Nombre de la escuela anterior y dirección:

_____

_____

_____

Phone number of school / Número de teléfono de la escuela: _____

Fax number of school / Número de fax de la escuela: _____

Please send the requested records to:

Northeast (Webutuck) Central School (Grades Preschool – 12)
PO Box 405 - 194 Haight Road
Amenia, NY 12501
Phone: 845-373-4100 x4404
Fax: 845-373-7095

Email records to: lorinda.coulthard@webutuck.org

_____
Signature of Parent/Guardian / Firma del padre/tutor

Webutuck (Northeast) Central School District
Affidavit of Landlord

In the matter of the Investigation of the Residence Status of:

_____
Name(s) of Lessee/Renter

Pursuant to Section 3202 of Educational Law

_____
STATE OF NEW YORK
COUNTY OF DUTCHESS

_____ being duly sworn deposes and says:
(Name of Landlord)

I am the owner or corporate officer of the owner of the property within the Northeast (Webutuck) Central School District, located at:

_____
(Complete address)

I have rented or leased occupancy of the premises described above to:

First Name Last Name	First Name Last Name
A.	F.
B.	G.
C.	H.
D.	I.
E.	J.

To the best of my knowledge and information, the persons named above are residents of the described premises.

I state that the forgoing statements are true and correct. They are made by me on the knowledge that the information I have given will be used by Webutuck (Northeast) CSD in making determinations based upon the accuracy of my statements.

Should it determined that I have provided incorrect or false information on this form; I understand that I may be charged with perjury.

_____
Signature of Landlord

Sworn before me on this _____ day, 20__

_____
Notary Public

Webutuck Central School District

Transportation Request Form / Formulario de solicitud de transporte

Date / Fecha: _____

Student's Name / El nombre del estudiante: _____
(Last) (First)

Home Address / Direccion de casa: _____
(Street Address – NO PO Boxes please / Dirección de la calle - NO PO Boxes por favor)

City/Ciudad: _____ State/Estado: _____ Zip/Código postal:_____

Home Telephone/Teléfono de casa:: _____ Cell/Celúla: _____

Emergency Contact/Contacto de emergencia:_____
(Full Name/Nombre completo) (Phone/Teléfono)

School Year/Año escolar: _____ Grade/Calificación: _____ DOB: _____

Parents/Guardians/Padres/Guardianes:_____
(Name/Nombre) (Phone/Teléfono)

Parents/Guardians/Padres/Guardianes:_____
(Name/Nombre) (Phone/Teléfono)

If your child goes to/from a childcare provider at a different address than above, please complete the form below including the name, address, and telephone number of the childcare provider.
Si su hijo va o viene de un proveedor de cuidado infantil en una dirección diferente a la anterior, complete el formulario a continuación, incluidos el nombre, la dirección y el número de teléfono del proveedor de cuidado infantil.

Pick Up / Levantar	**Drop Off / Dejar**
____ Home _____ Childcare Provider	**____ Home _____ Childcare Provider**
____ Hogar _____ Proveedor de cuidado de niños	**____ Hogar _____ Proveedor de cuidado de niños**
Provider's Name / Nombre del proveedor:	**Provider's Name / Nombre del proveedor:**
_____	**_____**
Provider's Address / Dirección del proveedor:	**Provider's Address / Dirección del proveedor:**
_____	**_____**
Provider's Phone / Teléfono del proveedor:	**Provider's Phone / Teléfono del proveedor:**
_____	**_____**
Check Days / Consultar días:	**Check Days / Consultar días:**
___ Mon ___ Tues ___ Wed ___ Thur ___ Fri	**___ Mon ___ Tues ___ Wed ___ Thur ___ Fri**

STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Elisa Alvarez, Associate 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 Person in Parental Relation:
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:		
First	*Middle*	*Last*
DATE OF BIRTH:		**GENDER:**
		❑ Male ❑ Female
Month	*Day*	*Year*
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	*First Name*	*Relation to*

HOME LANGUAGE CODE _____

Language Background
(Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	❑ English	❑ Other	_____ *specify*	
2. What was the first language your child learned?	❑ English	❑ Other	_____ *specify*	
3. What is the Home Language of each parent/guardian?	❑ Parent 1 _____ *specify*		❑ Parent 2 _____ *specify*	
	❑ Guardian(s) _____ *specify*			
4. What language(s) does your child understand?	❑ English	❑ Other	_____ *specify*	
5. What language(s) does your child speak?	❑ English	❑ Other	_____ *specify*	❑ Does not speak
6. What language(s) does your child read?	❑ English	❑ Other	_____ *specify*	❑ Does not read
7. What language(s) does your child write?	❑ English	❑ Other	_____ *specify*	❑ Does not write

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: ❑ Parent ❑ 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:

STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

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

Cuestionario de Idioma del Hogar (Home Language Questionnaire - HLQ)

Estimados padres o persona en relación parental:
Con el fin de proporcionar la mejor educación posible a su hijo(a), necesitamos determinar el nivel del habla, lectura de él o ella, escritura y comprensión en el inglés, así como conocer su educación previa e historial personal. Por favor, llene con su información las secciones "Conocimientos de idiomas" e "Historial educativo". Apreciamos mucho su colaboración respondiendo a estas preguntas.
Gracias.

NOMBRE DEL ESTUDIANTE:		
Nombre	*Segundo nombre*	*Apellido*
FECHA DE NACIMIENTO:		GÉNERO:
Mes *Día* *Año*		❑ Masculino ❑ Femenino
INFORMACIÓN DE LOS PADRES/PERSONA EN RELACIÓN PARENTAL		
Apellido	*Primer Nombre*	*Relación con el estudiante*

HOME LANGUAGE CODE

Conocimientos de idiomas
(Por favor, marque todas las opciones que sean aplicables)

1. ¿Qué idioma(s) se habla(n) en el hogar o residencia del estudiante?	❑ Inglés	❑ Otro *especifique*	
2. ¿Cuál fue el primer idioma que su hijo(a) aprendió?	❑ Inglés	❑ Otro *especifique*	
3. ¿Cuál es el idioma primario de cada padre / tutor?	❑ Padre 1 *especifique*	❑ Padre 2 *especifique*	❑ Tutor(es) *especifique*
4. ¿Qué idioma o idiomas entiende su hijo(a)?	❑ Inglés	❑ Otro *especifique*	
5. ¿Qué idioma o idiomas habla su hijo(a)?	❑ Inglés	❑ Otro *especifique*	❑ No sabe hablar
6. ¿Qué idioma o idiomas lee su hijo(a)?	❑ Inglés	❑ Otro *especifique*	❑ No sabe leer
7. ¿Qué idioma o idiomas escribe su hijo(a)?	❑ Inglés	❑ Otro *especifique*	❑ No sabe escribir

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*	

Cuestionario de Idioma del Hogar (HLQ) — Página Dos

Historial Educativo

8. Indique con un número el total de años que su hijo(a) lleva inscrito en una escuela _____

9. ¿Cree usted que su hijo(a) pueda tener dificultades, interferencias o problemas educacionales que le afecten su capacidad para entender, hablar, leer o escribir en inglés o en cualquier otro idioma? En caso afirmativo, por favor descríbalos.

*Sí**	*No*	*No se sabe*	
❑	❑	❑	*** En caso afirmativo, por favor explique:** _____

¿Qué gravedad considera usted que tienen estas dificultades educacionales? ❑ Poca gravedad ❑ Algo grave ❑ Muy grave

10a. ¿Alguna vez se ha recomendado a su hijo(a) a tener una evaluación de educación especial? ❑ No ❑ Sí* ****Por favor, llene 10b.***

10b. *<u>*Si se le ha recomendado alguna vez una evaluación,*</u> ¿ha <u>recibido</u> su hijo(a) alguna vez alguna forma de educación especial?

❑ No ❑ Sí – Explique, que forma o formas de educación especial recibió: _____

Edad en la que recibió la intervención o forma de educación especial *(favor de marcar todas las opciones que sean aplicables):*

❑ De nacimiento a 3 años (Intervención Temprana) ❑ 3 a 5 años (Educación Especial) ❑ 6 años o mayor (Educación Especial)

10c. ¿Tiene su hijo(a) un Programa de Educación Individualizada (Individualized Education Program - IEP)? ❑ No ❑ Sí

11. ¿Considera que hay alguna otra información importante que la escuela deba saber sobre su hijo(a)? *(Por ejemplo, talentos especiales, problemas de salud, etc.)*

12. ¿En qué idioma(s) quiere usted recibir la información de la escuela? _____

_____ Mes: Día: Año: _____

Firma de un padre o de la persona en relación paternal ***Fecha***

Relación con el estudiante: ❑ Padre ❑ Otra: _____

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 ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

WCSD 1:1 Device User Agreement - Acuerdo de usuario del dispositivo
The WCSD Device Pledge - El compromiso del dispositivo WCSD

Device Contract for Students / Contrato de dispositivo para estudiantes:

1. I will take good care of my assigned device and charger / Cuidaré bien de mi dispositivo y cargador asignados.
2. I will never leave my device/charger unattended / Nunca dejaré mi dispositivo/cargador desatendido
3. I will never loan out my device/charger/keyboard to other individuals / Nunca prestaré mi dispositivo/cargador/teclado a otras personas
4. I will know where my device/charger/keyboard is at all times / Sabré dónde está mi dispositivo/cargador/teclado en todo momento
5. I will charge my device's battery daily / Cargaré la batería de mi dispositivo diariamente
6. I will not sync my school issued device to any other computer or device / No sincronizaré mi dispositivo proporcionado por la escuela con ninguna otra computadora o dispositivo
7. I will keep food and beverages away from my device / Mantendré alimentos y bebidas alejados de mi dispositivo
8. I will not disassemble any part of the device or attempt any repairs / No desarmaré ninguna parte del dispositivo ni intentaré repararlo.
9. I will protect my device by only carrying it safely and in the case (if provided) / Protegeré mi dispositivo solo llevándolo de forma segura y en el estuche (si se proporciona).
10. I will use my device in ways that are appropriate and educational, meeting the WCSD expectations / Usaré mi dispositivo de manera apropiada y educativa, cumpliendo con las expectativas del WCSD
11. I will not remove or tamper with the school security profiles placed on my device / No eliminaré ni alteraré los perfiles de seguridad de la escuela colocados en mi dispositivo.
12. I will not place decorations (stickers, markers, etc.) on my device / No colocaré decoraciones (pegatinas, marcadores, etc.) en mi dispositivo
13. I will not deface the serial number iPad sticker on any device / No desfiguraré la etiqueta adhesiva del iPad con el número de serie en ningún dispositivo
14. I understand that my device is subject to inspection at any time without notice and remains the property of WCSD / Entiendo que mi dispositivo está sujeto a inspección en cualquier momento sin previo aviso y sigue siendo propiedad de WCSD
15. I will follow the expectations outlined in the WCSD acceptable use policy and the WCSD agreement while at school, as well as outside school / Seguiré las expectativas descritas en la política de uso aceptable de WCSD y el acuerdo de WCSD mientras esté en la escuela, así como fuera de la escuela.
16. I will file a police report in case of theft, vandalism, and other acts covered by homeowners insurance / Presentaré una denuncia policial en caso de robo, vandalismo y otros actos cubiertos por el seguro de propietarios
17. I will be responsible for all damage, loss, abuse, or theft as per district insurance policy / Seré responsable de todo daño, pérdida, abuso o robo según la póliza de seguro del distrito.
18. I agree to return the schools' devices, case and chargers in good working condition / Acepto devolver los dispositivos, estuches y cargadores de las escuelas en buenas condiciones de funcionamiento
19. I agree that it is my responsibility to ensure there is sufficient memory and storage on my device for school use / 19. Acepto que es mi responsabilidad asegurarme de que haya suficiente memoria y almacenamiento en mi dispositivo para uso escolar

Students who withdraw, are expelled, or terminate enrollment for any reason must return their individual school device on the date of termination. All devices and chargers must be returned to the WCSD / Los estudiantes que se dan de baja, son expulsados o cancelan la inscripción por cualquier motivo deben devolver su dispositivo escolar individual en la fecha de terminación. Todos los dispositivos y cargadores deben devolverse al WCSD.

I understand and agree to the stipulations set forth in the WCSD Device Agreement, the Student Acceptable Use Policy and the WCSD 1:1 Device Pledge / Entiendo y acepto las estipulaciones establecidas en el Acuerdo de Dispositivos de WCSD, la Política de Uso Aceptable del Estudiante y el Compromiso de Dispositivos 1:1 de WCSD.

Student name / Nombre del estudiante: _____

Student signature / Firma del alumno: _____

Parent name / Nombre del padre: _____

Parent signature / Firma de los padres: _____

Date / Fecha: _____

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name	Sex: ☐ M ☐ F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies ☐ No ☐ Yes, indicate type	Type: ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
Asthma ☐ No ☐ Yes, indicate type	☐ Intermittent ☐ Persistent ☐ Other : ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
Seizures ☐ No ☐ Yes, indicate type	Type: Date of last seizure: ☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
Diabetes ☐ No ☐ Yes, indicate type	Type: ☐ 1 ☐ 2 ☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes: *Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.*

BMI_____kg/m2

Percentile (Weight Status Category): ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and>

Hyperlipidemia: ☐ No ☐ Yes ☐ Not Done **Hypertension:** ☐ No ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height: **Weight:** **BP:** **Pulse:** **Respirations:**

Laboratory Testing	Positive	Negative	Date
TB- PRN	☐	☐	
Sickle Cell Screen-PRN	☐	☐	
Lead Level Required Grades Pre- K & K			**Date**
☐ Test Done ☐ Lead Elevated ≥ 5 µg/dL			

List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)

☐ **System Review and Abnormal Findings Listed Below**

☐ HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
☐ Dental	☐ Cardiovascular	☐ Back/Spine	☐ Skin	☐ Social Emotional
☐ Neck	☐ Lungs	☐ Genitourinary	☐ Neurological	☐ Musculoskeletal

☐ Assessment/Abnormalities Noted/Recommendations:

☐ Additional Information Attached

Diagnoses/Problems (list) ICD-10 Code*

*Required only for students with an IEP receiving Medicaid

Name:	DOB:

Vision & Hearing SCREENINGS - Required for PreK or K, 1, 3, 5, 7, & 11

Vision (w/correction if prescribed)	**Right**	**Left**	**Referral**	**Not Done**
Distance Acuity	20/	20/	☐ Yes ☐ No	☐
Near Vision Acuity	20/	20/		☐
Color Perception Screening ☐ Pass ☐ Fail				☐
Notes				

Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.			**Not Done**
Pure Tone Screening	**Right** ☐ Pass ☐ Fail	**Left** ☐ Pass ☐ Fail	**Referral** ☐ Yes ☐ No	☐
Notes				

Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7	**Negative**	**Positive**	**Referral**	**Not Done**
	☐	☐	☐ Yes ☐ No	☐

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

☐ **Student may participate in all activities without restrictions.**

☐ **Student is restricted from participation in:**

- ☐ **Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
- ☐ **Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.
- ☐ **Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.
- ☐ **Other Restrictions:**

Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level **OR** Grades 9-12 who wish to play at the modified interscholastic sports level.

Tanner Stage: ☐ I ☐ II ☐ III ☐ IV ☐ V Age of First Menses (if applicable) : _____

☐ **Other Accommodations*:** (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

MEDICATIONS

☐ **Order Form for Medication(s) Needed at School Attached**

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS

HEALTH CARE PROVIDER

Medical Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone: Fax:

Please Return This Form To Your Child's School When Completed.

Date Withdrew_____ F _____ R _____ D_____

2023-2024 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and **return it to the address listed below.** Call ***(phone number),*** if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to: **(School Name)**
(Street Name)
(City, State, Zip Code)

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

2. SNAP/TANF/FDPIR Benefits:
If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4 and sign the application.**

Name: _____ CASE #: _____

3. Report all income for ALL Household Members (Skip this step if you completed step 2)

All Household Members (including yourself and all children that have income).
List all Household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions ***Amount / How Often***	Child Support, Alimony ***Amount / How Often***	Pensions, Retirement Payments ***Amount / How Often***	Other Income, Social Security ***Amount / How Often***	No Income
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐

Total Household Members (Children and Adults) ☐☐

***Last Four Digits of Social Security Number:** XXX-XX- __ __ __ __ I do not have a SS# ☐

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#) or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.
I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.
Signature: _____ **Date:** _____
Email Address: _____
Home Phone: _____ Work Phone: _____ Home Address: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: ☐Hispanic or Latino ☐Not Hispanic or Latino
Race (Check one or more): ☐American Indian or Alaskan Native ☐Asian ☐Black or African American ☐Native Hawaiian or Other Pacific Island ☐White

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

☐ SNAP/TANF/Foster
☐ Income Household: Total Household Income/How Often: _____/_____ Household Size: _____
☐ Free Meals ☐ Reduced Price Meals ☐ Denied/Paid
Signature of Reviewing Official_____ **Date Notice Sent:** _____

Date Withdrew_____ **Attachment Vb** F_____R_____D_____

2023-2024 Solicitud de Familia para las Comidas Escolares y Leche Gratis o Precios Reducidos

Para solicitar por comidas gratuitas o precios reducidos para sus niños, lea las instrucciones en el reverse, complete este formulario para su hogar, firme su nombre y volver a. Llame si usted necesita ayuda. Nombres adicionales se pueden ser listados en un documento separado.

Devuelva aplicaciones completas a: Northeast (Webutuck) CSD
PO Box 405 – 194 Haight Road
Amenia, NY 12501

1. Lista todos los niños en su hogar que asisten una escuela:

Nombre del estudiante	Escuela	Grado/Profesor(a)	Hijo/a de crianza	Sin Ingreso, Emigrante, Fugitivo
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

2. SNAP/TANF/FDPIR beneficios:
Si alguien en su hogar recibe cupones de alimentos, o beneficios de TANF o FDPIR, liste su nombre y CASO # aquí. Vaya a la parte 4, y firme la solicitud.

Nombre:_____CASO #_____

3. Informe todos los ingresos para TODOS los miembros del hogar (Omita este paso si usted respondió 'sí' al paso 2)

Todos los miembros del hogar (incluyendo a ti mismo y todos los niños que tienen ingresos).
Lista todos los miembros de la Familia no aparece en el paso 1 (incluido usted mismo) incluso si no reciben ingresos. Por cada miembro de su familia, si no reciben ingresos, informe los ingresos totales de cada fuente en su conjunto sólo dólares. Si no reciben cualquier otra fuente de ingresos, escriba ' 0 '. Si introduce ' 0' o dejar los campos en blanco, está certificando (prometedor) que no hay informe de ingresos.

Nombre del miembro del hogar	Ganancias del trabajo antes de las deducciones ***Cantidad/Frecuencia***	La manutención de menores, pensión alimenticia ***Cantidad/Frecuencia***	Pensiones, los pagos de jubilación ***Cantidad/Frecuencia***	Otros ingresos, Seguridad Social ***Cantidad/Frecuencia***	Sin Ingreso, Emigrante, Fugitivo
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	☐
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	☐
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	☐
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	☐
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	☐

Totales miembros de la familia (niños y adultos) ☐☐

Últimos cuatros dígitos del Numero de Seguridad Social: XXX-XX- _____ ___

No tengo un SS# ☐

* Al completar la sección 3, un miembro de adulto del hogar tiene que proveer los últimos cuatro dígitos de su número de Seguro Social (SS#), o marcar el " no tengo un numero de SS#" antes de que la aplicación puede ser aprobada.

4. Firma: Un miembro adulto del hogar tiene que firmar esta aplicación antes de que puede ser aprobado.
Certifico (prometo) que toda la información en esta aplicación es verdadera y que todos los ingresos están reportado. Entiendo que les doy esta información para que la escuela recibirá fondos federales; los funcionarios de la escuela pueden verificar la información, y si yo doy intencionalmente información falsa, puedo ser procesado bajo leyes federales y estatales aplicables, y mis hijos pueden perder beneficios de comida.

Firma:_____ **Fecha:** _____
Dirección de correo electrónico: _____
Teléfono de la casa:_____Teléfono del trabajo:_____Dirección de la casa:_____

5. Estamos obligados a solicitar información sobre la raza de sus niños y su origen étnico. Esta información es importante y ayudaa garantizar que servimos completamente a nuestra comunidad. Responder a esta sección es opcional y sus niños seguirán teniendo derecho a solicitar comidas escolares gratis o a precio reducido.

Grupo étnico : ☐ Hispano o latino ☐No hispano o latino

Raza (marque una o más): ☐Indio americano o nativo de Alaska ☐Asiático ☐Negro o afroamericano ☐Nativo de Hawái u otra isla del Pacífico ☐Blanco

NO ESCRIBA DEBAJO ESTA LINEA- PARA USO DE LA ESCUELA

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

☐ SNAP/TANF/Foster
☐ Income Household: Total Household Income/How Often:_____/_____ Household Size: _____
☐ Free Meals ☐ Reduced Price Meals ☐ Denied/Paid
Signature of Reviewing Official_____**Date Notice Sent:**_____

Faxed by: _____ District: _____

NEW YORK STATE MIGRANT EDUCATION PROGRAM

IDENTIFICATION & RECRUITMENT OFFICE

PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take few minutes to complete this questionnaire.

Has anyone in your family worked, or looked for work at the following occupations during the past 3 years?

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)

If you answer YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____

Telephone number: (_____)-_____-_____Best time to be reached:_____AM/PM

Previous Address: _____

Student name: _____ Age_____Grade_____

Student name: _____ Age_____Grade_____

To submit this referral please fax to 845-257-2953, or by mail to Mid-Hudson Migrant Education Program – 353 VH Annex 1 Hawk Drive, New Paltz, NY 12561

Faxed by: _____ District: _____

NEW YORK STATE MIGRANT EDUCATION PROGRAM

OFICINA DE IDENTIFICACIÓN Y RECLUTAMIENTO- ENCUESTA PARA PADRES

El programa de Educación para Migrantes (MEP), está autorizado por el Título I, Parte C de la Acta de Educación Elemental y Secundaria (ESEA). EL MEP provee una variedad de servicios educativos para las familias que trabajan en la agricultura, **sin importar su nacionalidad o estado legal**. Este programa **es gratuito** para aquellas familias elegibles y puede incluir servicios de tutorías, elegibilidad de almuerzo gratuito en la escuela, excursiones, programa de verano, actividades de envolvimiento para padres, programa de emergencias y referidos a otras organizaciones o agencias.

Por favor tome unos minutos para completar este cuestionario.

¿Usted o algún miembro de su familia ha trabajado o buscado trabajo en algunas de las siguientes ocupaciones en los pasados 3 años?

- ☐ Cualquier trabajo agrícola (como plantando, seleccionando, o cosechando frutas o vegetales, cultivando o cortando flores o árboles, trabajo en lechería u otro rancho de animales, pescando, etc.)
- ☐ Trabajando en la cultivación o procesamiento de los árboles.
- ☐ Trabajando en una planta de procesamiento, empacando, lavando o cortando vegetales, frutas o carnes.

Si usted contestó que sí, por favor complete la siguiente información:

Nombre del Padre/Encargado: _____

Dirección Física: _____

Teléfono: (_____)-_____-_____Mejor tiempo para ser contactado_____AM/PM

Dirección anterior: _____

Nombre del estudiante:_____Edad_____Grado_____

Nombre del estudiante:_____Edad_____Grado_____

Para someter este referido, por favor envíelo por fax a 845-257-2953, o por correo a NYS Migrant Education Program – 353 VH Annex – 1 Hawk Drive, New Paltz, NY 12561.

Nita M. Lowey
CENTER FOR HEALTH IN SCHOOLS
OPEN DOOR FAMILY MEDICAL CENTER

Healthy Children for a Better Tomorrow

School Based Health Centers (SBHC) provide a full range of medical services, dental and behavioral health screenings, and care for students when they are sick – all within your child's school.

With a focus on prevention and wellness, children are healthy and ready to learn.

NO out of pocket costs No co-pays. All insurances accepted. Uninsured welcome. Families are **NEVER BILLED FOR SERVICES.**

Eliminate time lost for doctor's office visits. Missed time from work, traveling, sitting in waiting rooms.

National studies indicate that students **NOT enrolled** in a SBHC **lost 3x as much class time** as enrolled students.

SBHC staff know the students, school community and culture, addressing health and wellness from an inside perspective.

SBHCs help children and families take control of chronic conditions - like asthma - to **avoid emergency room visits.**

Open Door offers **insurance enrollment.** Every child in NYS is eligible for **HEALTH INSURANCE.**

SBHC SERVICES

- Primary medical care (includes complete physical exams)
- Dental/oral health screenings and care
- Behavioral health screenings
- Sports physicals
- Immunizations
- First aid/sick care
- Laboratory tests
- Health education
- Referrals to specialty care
- Chronic illness care (includes asthma, diabetes, and weight management)
- Health insurance enrollment
- Prescriptions

HOW IT WORKS

- Serves all students living in the Webutuck Central School District
- Elementary students will be escorted to the SBHC in the High School/EBIS building
- The SBHC can be your child's primary care provider (PCP)
- Each SBHC student will have an annual health check to keep care up to date
- Students who already have a PCP can still use SBHC services while at school

One time PARENTAL CONSENT is required. To enroll your child please scan the QR code.

The SBHC is located:

In the hallway connecting Webutuck High School and Eugene Brooks Intermediate School

Webutuck Central School District
194 Haight Road
Amenia, NY 12501
845-247-1040

After hours and on weekends:

(914) OD-CARES
(914) 632-2737

Nita M. Lowey Center for Health in Schools
School Based Health Center Consent Form

By completing and signing this form, I consent for the Open Door Family Medical Center School Based Health Center (SBHC) to provide medical care (in person or virtual) to the student named below, including necessary medical tests, evaluations, immunizations and care management, as allowed by New York State law.

I understand that:

1. Medical providers employed by Open Door Family Medical Center deliver care in the School Based Health Center (SBHC) located within your child's school district.
2. The School Based Health Centers are licensed by the New York State Department of Health to provide comprehensive primary care services.
3. This consent form will remain in effect as long as the student is enrolled in school and lives in the school district, unless I notify the School Based Health Center that I wish to revoke my consent, which I may do at any time.
4. All SBHC-enrolled students will have one yearly medical well-visit in the SBHC. When the SBHC provider is the student's primary care provider, this will be the annual physical exam. For students with a non-SBHC provider as their primary care provider, this will be a brief visit to update the medical record and complete routine screenings.
5. Confidentiality between the student and the health provider will be ensured in specific service areas in accordance with the law.
6. The student's health center record will be maintained as a confidential medical record; it is not a school record. As mandated by the Education Law Article 19 and the Regulations of the Commissioner, health examinations in the school years for which they are required, as well as those for new entrants and sports physicals, will be shared with the school nurse. Additional health information will be shared with the school nurse only on a need-to-know basis, as determined by the SBHC Clinical Director, to secure the child's health and welfare.
7. By law, parental consent is not required for prenatal care, sexual education and services, mental health care and pregnancy prevention, and the provision of services where the health of the student appears to be endangered. Parental consent is not required for students who are 18 years or older or for students who are parents or legally emancipated.
8. Students will be encouraged to involve their parents or guardians in counseling and medical care decisions.
9. Parents and guardians are welcome to attend appointments with their children. If a parent or guardian is not accompanying their child, and when needed due to child age or SBHC location in a separate building, patients will be escorted to and from the SBHC by a school or SBHC employee.

I authorize Open Door Family Medical Center to release information regarding treatment to third party payers or others for purposes of billing and for any reason that may be required to comply with statutes or regulations in accordance with accepted medical practices.

I have read the above information and have had the opportunity to have any of my questions answered.

Student Name:		**Address:**		**Zip Code:**	
Date of Birth:		**Current School:**		**Current Grade:**	
Name of Individual Providing Consent:			**Relationship to patient:** ☐ Parent ☐ Guardian ☐ Self		
Signature:		**Date:**	If patient has health insurance, name of insurance company:		
Phone #:			Other Contact Phone #: Relationship to Patient:		

Please check one:

☐ A. I would like the SBHC to be my child's primary care provider/regular doctor (physical exams, sick visits, etc.)

☐ B. I have a primary care provider for my child and would like to use the SBHC for sick visits and other care, as needed. As stated above, all SBHC-enrolled students will have one annual well visit with the SBHC – this will not interfere with insurance coverage.

The name of my child's primary care provider is: _____

I would like the SBHC to share medical records with my child's primary care provider ☐ Yes ☐ No

OPEN DOOR
FAMILY MEDICAL CENTER

Nita M. Lowey
CENTER FOR HEALTH IN SCHOOLS
OPEN DOOR FAMILY MEDICAL CENTER

Niños Sanos Para Un Futuro Mejor

Centros de Salud Basados en la Escuela (SBHC) brindan servicios completos médicos, exámenes dentales y de salud mental, y atención a los estudiantes cuando están enfermos- todo dentro de la escuela de su hijo.

Con un enfoque en la prevención y el bienestar, los niños están saludables y listos para aprender.

SIN Costo ninguno. No hay copagos. Se aceptan todos los seguros. Niños sin seguro bienvenidos. **A LAS FAMILIAS NUNCA SE LES COBRA POR SERVICIOS.**

TIME SAVED

Elimina tiempo perdido en visitas a los consultorios médicos. Tiempo perdido del trabajo, viajando, esperando en salas de espera.

Los estudios nacionales indican que los estudiantes que **NO están inscritos** en un SBHC pierden **3 veces más tiempo** de clase que los estudiantes inscritos.

El personal del SBHC conoce a los estudiantes, la comunidad y cultura escolar, cuidando de los estudiantes con una perspectiva dentro de la escuela.

Los SBHC ayudan a los niños y las familias a controlar las condiciones crónicas-como el asma- para **evitar visitas a la sala de emergencias.**

Open Door ofrece **inscripción al seguro médico.** TODOS los niños del estado de Nueva York son elegibles.

SERVICIOS DEL SBHC

- Atención médica primaria (incluye exámenes físicos completos)
- Exámenes y atención de salud dental
- Exámenes de salud mental
- Exámenes físicos deportivos
- Vacunas
- Primeros auxilios / atención médica
- Pruebas de laboratorio
- Educación sobre la salud
- Referencias a atención especializada
- Atención de enfermedades crónicas (incluye asma, diabetes y control de peso)
- Inscripción al seguro médico
- Recetas

¿CÓMO FUNCIONA?

- Disponible para todos los estudiantes en el Distrito Escolar Central de Webutuck
- Los estudiantes de primaria serán acompañados al SBHC en el edificio de la escuela secundaria/ EBIS
- El SBHC puede ser el proveedor de atención primaria (PCP) de su hijo.
- Cada estudiante del SBHC tendrá un chequeo médico anual para mantener registros médicos actualizados.
- Los estudiantes que ya tienen un PCP aún pueden usar los servicios del SBHC mientras están en la escuela.

Se requiere **CONSENTIMIENTO DE LOS PADRES** una vez. Para inscribir a su hijo escanee el código QR.

El SBHC está ubicado:

En el pasillo que conecta a Webutuck High School y Eugene Brooks Intermediate School

Webutuck Central School District
194 Haight Road
Amenia, NY 12501
845-247-1040

Fuera del horario regular y durante fin de semana:
(914) OD-CARES
(914) 632-2737

Nita M. Lowey Centro de Salud en las Escuelas
Formulario de Consentimiento para el Centro de Salud Escolar

Al completar y firmar este formulario, doy mi consentimiento para que el Centro de Salud Escolar (SBHC) de Open Door Family Medical Center brinde atención médica (en persona o virtual) al estudiante mencionado a continuación, incluyendo pruebas médicas necesarias, evaluaciones, inmunizaciones y manejo de cuidado, según lo permitido por la ley del estado de Nueva York.

Entiendo que:
1. Los proveedores médicos empleados por Open Door Family Medical Center brindan atención en el Centro de Salud Escolar (SBHC) ubicado dentro del distrito escolar de su hijo(a).
2. Los Centros de Salud Escolares están autorizados por el Departamento de Salud del Estado de Nueva York para brindar servicios completos de atención médica.
3. Este formulario de consentimiento permanecerá vigente mientras el estudiante esté inscrito en la escuela y viva en el distrito escolar, a menos que yo notifique al SBHC que deseo revocar mi consentimiento, lo cual puedo hacer en cualquier momento.
4. Todos los estudiantes inscritos en el SBHC tendrán una visita médica anual de bienestar en el SBHC. Cuando el proveedor del SBHC es el proveedor de atención primaria del estudiante, este será el examen físico anual. Para los estudiantes con un proveedor que no pertenece al SBHC (como un médico privado), esta será una visita breve para actualizar el registro médico y pruebas de rutina.
5. Se garantiza la confidencialidad entre el estudiante y el proveedor de salud en áreas de servicio específicas de acuerdo con la ley.
6. El registro del estudiante se mantendrá como un registro médico confidencial; no es un expediente escolar. Según lo dispuesto por el artículo 19 de la Ley de Educación y el Reglamento del Comisionado, los exámenes de salud en los años escolares para los que se requieren, así como de los recién ingresados y los exámenes físicos deportivos, se compartirán con la enfermera de la escuela. La información de salud adicional se compartirá con la enfermera de la escuela solo cuando sea necesario, según lo determine la Directora Clínica del SBHC, para garantizar la salud y el bienestar del niño.
7. Por ley, no se requiere el consentimiento de los padres para el cuidado prenatal, servicios relacionados con educación sexual, salud mental, y prevención de embarazo, y servicios en casos donde la salud del estudiante parece estar en peligro. No se requiere el consentimiento de los padres para los estudiantes mayores de 18 años o para los estudiantes que son padres o están legalmente emancipados.
8. Se les promueve a los estudiantes a involucrar a sus padres o tutores en las decisiones de asesoramiento y atención médica.
9. Los padres y guardianes están bienvenidos a asistir a las citas con sus hijos. Si un padre o guardián no acompañara a su hijo(a), y cuando sea necesario debido a la edad del niño(a) o la ubicación del SBHC en un edificio separado, los pacientes serán acompañados hacia y desde el SBHC por un empleado de la escuela o un empleado de SBHC.

Autorizo a Open Door Family Medical Center a compartir información sobre el tratamiento a terceros pagadores u otras personas con fines de facturación y por cualquier motivo que pueda ser necesario para cumplir con las regulaciones de acuerdo con las prácticas médicas aceptadas.

He leído la información anterior y he tenido la oportunidad de que me respondan a mis preguntas.

Nombre del Estudiante:		**Dirección:**		**Código Postal:**	
Fecha de Nacimiento:		**Escuela Actual:**		**Grado Actual:**	
Nombre de Persona brindando Consentimiento:			**Relación al Paciente:** ☐ Padre/Madre ☐ Guardián ☐ Si mismo		
Firma:		**Fecha:**	**Si el paciente tiene seguro médico, nombre de la compañía de seguro:**		
# de Teléfono:	( ) -		**Otro número de teléfono de contacto:** ( ) - **Relación al paciente:**		

Por favor elija uno:

☐ A. Me gustaría que el SBHC fuera el médico primario de mi hijo/a (exámenes físicos, visitas de enfermedad, etc.)

☐ B. Tengo un proveedor de atención primaria para mi hijo/a y me gustaría usar el SBHC para visitas de enfermedad y otros cuidados, según sea necesario. Como se indicó anteriormente, todos los estudiantes inscritos en el SBHC tendrán una visita anual del SBHC; esto no interferirá con la cobertura del seguro.

El nombre del proveedor de atención primaria de mi hijo/a es: _____
Me gustaría que el SBHC comparta los registros médicos con el proveedor de atención primaria de mi hijo/a ☐ Sí ☐ No

PLEASE RETURN FORM TO THE SCHOOLS MAIN OFFICE BY SEPTEMBER 20

Webutuck Central School District

USE OF STUDENT PHOTOS/VIDEOS

The Webutuck Central School District staff often photograph, film and interview WCSD students at events and school activities for promotional and publicity purposes. / El personal del Distrito Escolar Central de Webutuck suele fotografiar, filmar y entrevistar a los estudiantes del WCSD en eventos y actividades escolares con fines promocionales y publicitarios.

This information is sometimes posted on the WCSD website and/or featured on WCSD social media channels including Facebook, Twitter, YouTube, and Instagram. / Esta información a veces se publica en el sitio web de WCSD y/o aparece en los canales de redes sociales de WCSD, incluidos Facebook, Twitter, YouTube e Instagram.

- Confidential student information is not shared / La información confidencial del estudiante no se comparte
- Students' first and last names may be included in news items on the District website when it relates to participation in curricular and school activities. / Los nombres y apellidos de los estudiantes pueden incluirse en artículos de noticias en el sitio web del Distrito cuando se relacione con la participación en actividades curriculares y escolares.
- School websites may identify students in photos and/or news items (it is a site-based decision). / Los sitios web escolares pueden identificar a los estudiantes en fotos y/o noticias (es una decisión basada en el sitio).
- Articles about individual students may include a photo identifying the student. / Los artículos sobre estudiantes individuales pueden incluir una foto que identifique al estudiante.
- Students' images and names may also appear in student publications, which include but are not limited to: the yearbook, playbills, honor roll and achievement lists, graduation programs, sports activity sheets. / Las imágenes y los nombres de los estudiantes también pueden aparecer en las publicaciones de los estudiantes, que incluyen, entre otros: el anuario, los programas de teatro, el cuadro de honor y las listas de logros, los programas de graduación, las hojas de actividades deportivas.
- Students' images and videos may be recorded while in virtual learning sessions, then posted for instructional purposes on instruc- tional sites (Google Classroom, Seesaw, etc.). / Las imágenes y los videos de los estudiantes pueden grabarse durante las sesiones de aprendizaje virtual y luego publicarse con fines instructivos en sitios de instrucción (Google Classroom, Seesaw, etc.).

The district may send news releases to the local media highlighting district and student accomplishments. Content published via district channels may also be picked up by local media organizations (newspapers, online news apps, content aggregators, etc.). / El distrito puede enviar comunicados de prensa a los medios de comunicación locales destacando los logros del distrito y de los estudiantes. El contenido publicado a través de los canales del distrito también puede ser recogido por organizaciones de medios locales (periódicos, aplicaciones de noticias en línea, agregadores de contenido, etc.).

PHOTO/VIDEO OPT OUT FORM

Student Name / Nombre del estudiante:	
Grade /Calificación:	
School / Escuela:	
Teacher / Maestro:	
Parent/Guardian / Tutor:	

Date:_____ Parent/Guardian Signature:_____