

Welcome  
to the  
Office of Registration  
for the  
**Newburgh Enlarged City School District**

**Our Vision**

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

**Our Mission**

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

~ **IMPORTANT** ~

Only those students whose parents or guardians  
are residents of the Newburgh School Community  
are eligible to attend Newburgh Schools.

**Initial:** \_\_\_\_\_



**Newburgh Enlarged City School District  
Office of Registration  
124 Grand Street  
Newburgh, NY 12550  
(845) 563-KIDS (5437) Fax: (845) 568-6679  
E-mail: [registration@necsd.net](mailto:registration@necsd.net)  
Website: [www.newburghschools.org](http://www.newburghschools.org)**

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

## **DOCUMENTS NEEDED TO REGISTER CHECKSHEET**

- \_\_\_ 1. Birth Certificate
- \_\_\_ 2. Immunization / Shot Record
- \_\_\_ 3. Copy of Last Physical Exam
- \_\_\_ 4. Proof of Residency
  - ONLY (1)** of the following options is necessary to meet this requirement:
    - Current Utility bill (gas, electric, telephone, cable)
    - Current Rent Receipt, Lease Agreement, Mortgage Statement
    - Current Paystub
    - Current Correspondence from a Government Agency  
(Department of Social Services, Social Security SSI, Child Support)
- \_\_\_ 5. Government Issued Picture ID of the Parent / Guardian
- \_\_\_ 6. Custody, Guardianship, or Foster Care Documentation (**if applicable**)
- \_\_\_ 7. Current Report Card, Transcript (**or IEP if applicable**)

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

**Students may only be registered by a parent, court appointed legal guardian or caseworker.**

# Newburgh Enlarged City School District Registration Form

School: _____
ID #: _____ Verified by: _____

<b>STUDENT INFORMATION</b>		
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: _____
<b>Has the student ever received any special education services, had an IEP, or a 504 Plan?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If yes, please explain:</b> _____		
<b>Student Racial AND Ethnic Identification:</b> 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 Hispanic, Latino or Spanish <u>origin</u> ? (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). <input type="checkbox"/> YES HISPANIC <input type="checkbox"/> NOT HISPANIC		
2. What is the student's <u>race</u> ? <b>Select ONE OR MORE races</b> from the following <u>five racial groups</u> . Place an "X" in the box that best describes your child. <b>You must mark at least one box for state demographics recording purposes.</b>		
<input type="checkbox"/> <b>AMERICAN INDIAN OR ALASKA NATIVE:</b> 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.		
<input type="checkbox"/> <b>ASIAN:</b> 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.		
<input type="checkbox"/> <b>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:</b> A person having origins or any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.		
<input type="checkbox"/> <b>BLACK OR AFRICAN AMERICAN:</b> A person having origins in any of the Black racial groups of Africa.		
<input type="checkbox"/> <b>WHITE:</b> 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? _____		
Birth Country of Student: _____	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)	
Date Entered US: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Entered US School: _____	Date Entered Armed Forces? Month____ Date____ Year____	
Date Entered State School: _____	Date Exited Armed Forces? Month____ Date____ Year____	
Birth City: _____ Birth State: _____		
<b>Is student a resident of:</b> <input type="checkbox"/> Newburgh <input type="checkbox"/> Town of Newburgh <input type="checkbox"/> Town of New Windsor		
Home Address: _____		
	City / State	Zip Code
Mailing Address (if different than above) : _____		
	City / State	Zip Code
Previous Address: _____		
	City / State	Zip Code

**CONFIDENTIAL HOUSING QUESTIONNAIRE**

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.

**Check one box if you are living:**

- in a shelter
- in a hotel /motel due to lack of alternative, adequate housing
- at a train or bus station, in a car, or at a campsite
- with relatives or others due to loss of housing, economic hardship or similar reason  
Is this living arrangement with relatives or others **temporary** or **permanent**? (Please circle one)
- Other, please describe \_\_\_\_\_
- in permanent housing

If one of the above boxes were checked, please list the names of the children in your household between the ages of 3 to 5:

**Child's Name**

**Date of birth**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

STUDENT NAME: \_\_\_\_\_  
(Please Print)

CONTACT PHONE NUMBER: Home \_\_\_\_\_ Cell \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

**STUDENT NAME:** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Student lives with:**

- Both Parents     Mother Only     Father Only     Mother & Step-Father     Father & Step-Mother     Guardian  
 Foster Parent \*Please indicate Foster parent name (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) \_\_\_\_\_

**MOTHER / FATHER / GUARDIAN INFORMATION**

**Are there any existing or pending custody/guardianship litigation and/or other court orders?**     YES     NO  
**If yes, specify:** \_\_\_\_\_

**(Please mark the box which indicates the relationship of the adult to the student)**

Mother     Guardian     Foster Mother     Step-Mother    Lives in home with the student:     YES     NO

Name: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**(Please mark the box which indicates the relationship of the adult to the student)**

Father     Guardian     Foster Father     Step-Father    Lives in home with the student:     YES     NO

Name: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY INFORMATION - Person 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 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: \_\_\_\_\_

**PARENT / GUARDIAN PRINT:** \_\_\_\_\_ **PARENT / GUARDIAN SIGNATURE:** \_\_\_\_\_

**RELATIONSHIP TO STUDENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Newburgh Enlarged City School District**  
**Office of Registration**  
**124 Grand Street**  
**Newburgh, NY 12550**  
**TEL: (845) 563-KIDS (5437) "option 4" FAX: (845) 568-6679**  
[registration@necsd.net](mailto:registration@necsd.net)  
[newburghschools.org](http://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 birth certificate, health and immunization information, psychological, social history, I.E.P. 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)*

\_\_\_\_\_  

<b>City</b> <i>(Ciudad)</i>	<b>State</b> <i>(Estado)</i>	<b>Zip</b> <i>(Código Postal)</i>
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**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**  
**(845) 563-8520, Fax: 563-8529**

\_\_\_\_\_  

<b>Phone</b> <i>(Teléfono)</i>	<b>Fax</b> <i>(Fax)</i>
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**PLEASE FORWARD RECORDS TO:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Balmville School<br>5144 Route 9W<br>Newburgh, NY 12550<br>(845)563-8550; fax 563-8554                   | <input type="checkbox"/> Fostertown School<br>364 Fostertown Rd.<br>Newburgh, NY 12550<br>(845)568-6425; fax 568-6430             | <input type="checkbox"/> GAMS School<br>300 Gidney Avenue<br>Newburgh, NY 12550<br>(845)563-8450; fax 563-8459                |
| <input type="checkbox"/> Gardnertown School<br>6 Plattekill Turnpike<br>Newburgh, NY 12550<br>(845)568-6400; fax 568-6408         | <input type="checkbox"/> Heritage Middle School<br>405 Union Avenue<br>Newburgh, NY 12550<br>(845)563-3750; fax 563-3759          | <input type="checkbox"/> Horizons-on-the-Hudson<br>137 Montgomery Street<br>Newburgh, NY 12550<br>(845)563-3725; fax 563-3730 |
| <input type="checkbox"/> Meadow Hill School<br>124 Meadow Hill Road<br>Newburgh, NY 12550<br>(845)568-6600; fax 568-6609          | <input type="checkbox"/> Temple Hill Academy<br>525 Union Avenue<br>New Windsor, NY 12553<br>(845)568-6450; fax 568-6470          | <input type="checkbox"/> Vails Gate School<br>400 Old Forge Hill Road<br>New Windsor, NY 12553<br>(845)563-7900; fax 563-7909 |
| <input type="checkbox"/> Newburgh Free Academy WEST<br>39 West Street<br>Newburgh, NY 12550<br>(845)563-8500; fax 563-8509        | <input type="checkbox"/> New Windsor School<br>175 Quassaick Avenue<br>New Windsor, NY 12553<br>(845)563-3700; fax 563-3709       | <input type="checkbox"/> South Middle School<br>33-63 Monument Street<br>Newburgh, NY 12550<br>(845) 563-7000; fax 563-7019   |
| <input type="checkbox"/> Newburgh Free Academy MAIN<br>201 Fullerton Avenue<br>Newburgh, NY 12550<br>(845) 563-5491; fax 563-5486 | <input type="checkbox"/> Newburgh Free Academy NORTH<br>301 Robinson Avenue<br>Newburgh, NY 12550<br>(845) 563-8410; fax 563-8439 |   |

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

\_\_\_\_\_  
**Date (fecha)**

## MODIFIED HEALTH INVENTORY

<b>STUDENT NAME:</b>	<b>DATE OF BIRTH:</b>	<b>ID #:</b>
<b>GRADE:</b>	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: _____		

### School Use Only

Immunizations – Complete/copy attached

Immunizations - Incomplete/student lacking:  OPV/IPV  MMR  DPT/DTap/TD/Tdap  Hep B  
 Varicella  Menactra  Pertussis  Pneumovax

### PHYSICAL EXAMINATIONS

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 November 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: \_\_\_\_\_



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.

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