WELCOME TO PINE BUSH CENTRAL SCHOOL DISTRICT

New students are registered either via email or by appointment at the Central Registrar's Office which is located at Pine Bush Elementary School, 21 Ulsterville Road, Pine Bush, New York.

Registration forms and documents may be submitted via one of the following methods:

- Scan and email the documents to: registration@pinebushschools.org
- Contact the Central Registrar at (845)744-4058 to make an appointment to return the documents in person

The parent/legal guardian should obtain and complete the registration packet prior to scheduling an appointment. Registration packets are available at the Registrar's office, on the district website, and at each school building.

PLEASE NOTE:

The parent/legal guardian must be present at the time of registration and must provide a valid photo ID.

Central Registrar
Pine Bush Central School District
Phone: (845) 744-4058
Fax: (845) 744-4059
registration@pinebushschools.org

Committee on Preschool Special Education
Registration Packet

Dear Parent/Guardian,

Enclosed you will find the forms necessary to complete in order to refer your child to the Committee on Preschool Special Education (CPSE). Your preschool child must be registered with the Pine Bush Central School District before your request for an evaluation can be processed.

Once you have completed the enclosed forms and gathered the appropriate supporting documents, please return all forms and documents via one of the following methods:

- Scan and email the forms and documents to: registration@pinebushschools.org
  - *When possible, please include all forms and documents in ONE email*
- Contact the Central Registrar at (845) 744-4058 to make an appointment to return the documents in person

CPSE Registration Checklist

Please complete and return the following forms:

- ☐ Student Registration Form
- ☐ Student Medical Information Form
- ☐ Home Language Questionnaire
- ☐ Housing Questionnaire
- ☐ Referral to CPSE
- ☐ Parent Questionnaire
- ☐ Request for Records Form (only if transferring from another school district)

Please provide the following documents:

- ☐ Copy of parent/guardian's valid photo ID
- ☐ Copy of child's birth certificate containing raised seal
- ☐ Proof of residency (please refer to "Student Registration Instructions")
- ☐ Copy of most recent well visit dated within one year
- ☐ Immunization record, signed or stamped by licensed healthcare provider
- ☐ LDSS-2999 form (for foster child only)
- ☐ Custodial paperwork (if applicable)
- ☐ Any additional medical and/or preschool documents that may be helpful in identifying your child's abilities and areas of concern

Student Registration Instructions

STUDENT REGISTRATION INSTRUCTIONS

The following documentation must be provided in order to register your child with the school district. All registration packet forms must be completed and approved before the registration is final and attendance begins. Registration forms and documents may be submitted via one of the following methods:

- Scan and email the documents to: registration@pinebushschools.org
- Contact the Central Registrar at (845) 744-2031 extension 4058 to make an appointment to return the documents in person

1) **Proof of Residency**: All new students entering the Pine Bush Central School District must provide **two forms** of proof of residency, one primary and one secondary.

Primary Proof of Residency (provide one of the following):

- tax bill;
- signed lease or rent receipt with landlord's name, address, telephone number, section, lot and block number;
- notarized letter from landlord supported by rent receipt with landlord's name; or
- mortgage statement/deed showing purchase of home, name, address, section, lot and block number.

If you live with a district resident, (e.g.: parent, grandparent, friend, etc.) and do not pay rent, please complete the set of signed and notarized affidavits, which will be provided upon request. The affidavits must be completed as follows:

• The first is to be signed by the district resident, who must also provide proof of residency as stated above.
• The second is to be signed by the parent or legal guardian of the registering student, who should also provide additional documents from the non-exhaustive list below to establish residency.

Secondary Proof of Residency (provide one of the following):

- most recent utility bills (phone, gas, electric, cable) or deposit receipt for gas, electric, phone service start-up;
- water bill;
- cell phone bill;
- DSS verification;
- income tax return;
- voter registration card;
- copy of state driver's license or state picture ID card showing current district address (no temporaries). If address has been changed, this will not be accepted;
- auto insurance card;

- motor vehicle registration card;
- health care benefits statement;
- official Postal Address Change Form;
- major moving company receipt or receipt from a local business showing delivery of furniture or a newly purchased major appliance;
- currently active bank account checkbook with name and address imprinted (bank may be contacted to verify existing bank account).

Falsification of any information or documents required for this verification will result in revocation of registration for the student, and the parents/guardians and/or student can be subject to legal action for recovery of tuition.

2) Birth Certificate: Proof of your child's age is required at the time of registration. An original birth certificate or a certified copy with a raised seal should be provided. If you do not have an original birth certificate, we can accept a valid passport or your child's original baptismal certificate with a raised seal. If none of these are available, other documents may be considered to verify your child's date of birth.

3) Health Records/Immunizations: An Immunization Record must be provided at registration. This must be signed or stamped by a licensed health care provider.

4) School Records: A transcript is required of all high school students and a report card is recommended for all other grade levels. Please include most current Individualized Education Program (IEP) if applicable.

5) Special Circumstances:
Foster Children: An LDSS-2999 form and a signed custody order are required at the time of the registration.
Guardianship: If you have legal guardianship, documents signed by a court officer are required.

*If there are any other special circumstances such as name change, custody agreement, etc., please provide those documents along with the required registration forms and documents.

(New York State Law, Section 3202, states, "A child must reside with one or both of his/her parents unless they are deceased, imprisoned or committed to an institution, have deserted or abandoned the child, or reside outside New York State." In such cases, only legally appointed guardians or foster parents may assume custody and responsibility for the care of the child.)

Thank you in advance for providing the documentation required for registration.

Housing Questionnaire

Name of LEA: Pine Bush Central School District

Name of School: _____

Name of Student: _____
Last First Middle

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

Student Registration Form

STUDENT INFORMATION

Last Name | Suffix | First Name | Middle Name | Nickname

Date of Birth: Gender: □ Male □ Female Grade Entering: _____

Is Child Hispanic or Latino: □Yes □ No

Ethnicity: (New York State requires an ethnicity code for data collection purposes. Please select the code closest to your child's ethnicity.)

□ White □ Black or African American □ Asian □ American Indian/Alaska Native □ Native Hawaiian/Other Pacific Islander

PLEASE LIST ADDRESS WHERE CHILD RESIDES

Home/Residency Address | Home/Residency City | Home/Residency Zip Code

Mailing Address (if different from above) | Mailing City | Mailing Zip Code

Residence County: □ Orange County □ Sullivan County □ Ulster County

Residence Township: □ Crawford □ Gardiner □ Mamakating □ Montgomery □ Mount Hope □ Shawangunk □ Wallkill

FAMILY INFORMATION WITH WHOM CHILD RESIDES

Parent/Guardian Relationship to Child: □ Father □ Mother □ Guardian □ Step Parent □ Foster Parent □ Other

Marital Status of Parent/Guardian: □ Single □ Married □ Separated □ Divorced □ Remarried □ Widowed

__ Last Name | First Name | Employer Name & Address

Home Number | Mobile Number | Work Number

Email Address

Parent/Guardian Relationship to Child: □ Father □ Mother □ Guardian □ Step Parent □ Foster Parent □ Other

Marital Status of Parent/Guardian: □ Single □ Married □ Separated □ Divorced □ Remarried □ Widowed

__ Last Name | First Name | Employer Name & Address

Home Number | Mobile Number | Work Number

Email Address

BIOLOGICAL PARENT INFORMATION (if different than parent/guardian information above)

Is Child's Father Living? □Yes □ No

Last Name	First Name	Home Address	Primary Telephone Number

Is Child's Mother Living? □Yes ◉No

Last Name	First Name	Home Address	Primary Telephone Number

***If foster child, please list the following:**

Agency Name	Agency Address
Contact/Caseworker Name	Telephone Number

SIBLING INFORMATION

__ Last Name, First Name	DOB	Male/Female	Grade	School
__ Last Name, First Name	DOB	Male/Female	Grade	School
__ Last Name, First Name	DOB	Male/Female	Grade	School
__ Last Name, First Name	DOB	Male/Female	Grade	School

EMERGENCY INFORMATION

	Emergency Contact # 1	**Emergency Contact # 2**	**Emergency Contact # 3**
Name			
Relationship			
Home Phone Number			
Mobile Phone Number			
Work Phone Number			

I hereby certify that all the information provided above is true and accurate to the best of my knowledge.

Parent/Guardian Name: _____ Relationship to Child: _____

Parent/Guardian Signature: _____ Date: _____

Student Medical Information

PLEASE NOTE: MINIMUM IMMUNIZATIONS ARE REQUIRED BY NEW YORK STATE LAW AND MUST BE VERIFIED BY DOCTOR SIGNATURE OR STAMP.

Student's Name: _____ Date of Birth: _____

Physician's Name: _____ Physician's Phone Number: _____

Physician's Address: _____

ALLERGIES: Food _____

Medications _____

Insects _____

Is child able to participate in all physical education activities? □Yes □ No If no, give reason: _____

Is there any need to alter child's school program? □Yes □ No If yes, give reason: _____

DISEASES (give dates):

Chicken Pox _____	Diphtheria _____	German Measles _____
Measles _____	Mumps _____	Poliomyelitis _____
Diabetes _____	Scarlet Fever _____	Epilepsy _____
Asthma _____	Rheumatic Fever _____	Pneumonia _____
Tuberculosis _____	Heart Disease _____	Contact with TB _____
Whooping Cough _____	Ear Conditions _____	Other _____

Frequent colds/sore throats □Yes □ No

OTHER PERTINENT HEALTH DATA:

Speech Difficulties _____ Physical Handicaps _____

Vision Difficulties _____ Glasses □Yes □ No

Hearing Difficulties _____ Hearing Aid □Yes □ No

High Fever _____ With Convulsions □Yes □ No

Menstruation Age Began _____ Regular □Yes □ No Painful □Yes □ No

HOSPITALIZATIONS/OPERATIONS:

Reason for Hospitalization _____ Date _____

Tonsils _____ Appendectomy _____ Hernia _____

Fractures _____ Sutures/Serious Injuries _____

Other _____

MEDICATION:

Name of Medication _____ Reason _____

Taken at Home □Yes □ No How Often? _____ Dosage _____

Taken at School □Yes □ No How Often? _____ Dosage _____

NOTE: As a procedure, the school will ask parents to keep their children home from school if they show any signs of significant infections. If your child has had a fever (above 100°), he/she should not return to school until his/her temperature has been normal for at least 24 hours. If a child requires any medication during school hours, the medication must be brought to the school nurse by an adult in the original prescription bottle with a permission form completed by the parent and doctor order. Students are not to carry any medication (this includes over the counter medication) with them.

I hereby certify that all the information provided above is true and accurate to the best of my knowledge.

Parent/Guardian Name: _____ Relationship to Child: _____

Parent/Guardian Signature: _____ Date: _____

MEDICAL ALERT

COMPLETE THIS SECTION ONLY IF APPLICABLE

Student's Name: _____ Date of Birth: _____

Please provide the following emergency medical information to help us ensure the health and safety of your child. My child has the following medical issues that the school district should be aware of (check the conditions that apply and explain):

- ☐ Cardiac (example: hypertension, heart murmur)
- ☐ Respiratory (example: asthma)
- ☐ Nervous System (example: seizure disorder)
- ☐ Endocrine (example: diabetes)
- ☐ Mental Health Issues (example: depression, panic disorder)
- ☐ Other: _____

Explanation:

_____

_____

_____

_____

Parent/Guardian Signature: _____ Date: _____

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:

Referral to Committee on Preschool Special Education (CPSE)

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

Dear CPSE Chairperson,

I am writing to refer my child to the Committee on Preschool Special Education. I am requesting that you conduct an initial evaluation to determine whether my child has a disability that is affecting his/her ability to participate appropriately in activities. I am concerned about my child's development in the following areas (check all that apply and describe your concerns):

_____ Cognitive/Learning: _____

_____ Speech and Language: _____

_____ Fine Motor and/or Sensory Processing: _____

_____ Gross Motor: _____

_____ Attention: _____

_____ Social Emotional Development: _____

_____ Adaptive/Daily Living: _____

_____ Other: _____

List pertinent medical diagnoses: _____

Sincerely,

_____
(Parent/Guardian Signature)

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name of Parent/Guardian: _____

Address: _____

Primary Phone Number: _____ Email Address: _____

Is your child currently receiving Early Intervention Services? ○ Yes ○ No

If yes, please indicate the name of your Ongoing Service Coordinator: _____

Parent Questionnaire
Pre-K and Kindergarten Only

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

PAST AND PRESENT SCHOOL EXPERIENCE

Is your child currently enrolled in a preschool/daycare program? □ Yes □ No

*If **yes**, indicate days and hours attending:*

☐ Monday _____ ☐ Tuesday _____ ☐ Wednesday _____ ☐ Thursday _____ ☐ Friday _____

Name of child's current preschool/daycare program: _____

How long has your child been attending this program:

□ Less than 6 months □ 6 months to 1 year □ 1 to 2 years □ 2+ years

*If **no**, has your child previously attended a preschool/daycare program?* □ Yes □ No

Name of child's most recent preschool/daycare program: _____

How long did your child attend a preschool/daycare program:

□ Less than 6 months □ 6 months to 1 year □ 1 to 2 years □ 2+ years

CHILD DEVELOPMENT

Please indicate YES or NO in response to each item below.

Does your child:	**YES**	**NO**
Use crayons or markers to scribble or draw		
Listen to stories being read		
Turn pages of a book and look at pictures		
Recall stories or events		
Play well with other children		
Follow simple, age-appropriate directions		
Follow rules		
Respond well to losing a game or not getting to do something		
Enjoy playing with a variety of toys		
Take off and put on his/her coat and clothing on his/her own		
Use the bathroom independently		

Do you have any concerns about your child's sleeping patterns? □ Yes □ No

If yes, please describe your concerns: _____

_____

Do you have any concerns about your child's social or play skills? □ Yes □ No

If yes, please describe your concerns: _____

_____

Do you have any concerns about your child's behavior? □ Yes □ No

If yes, please describe your concerns: _____

_____

Is your child: Highly Active □ Yes □ No Very Quiet □ Yes □ No

What are some of your child's favorite activities?

_____

_____

_____

Please list any other information you would like the district to be aware of:

_____

_____

_____

Name of Person Completing this Form: _____

Relationship to Child: _____

Date: _____

Request for Records Form

Student's Name _____ Date of Birth: _____ Grade: _____

Name of Previous School: _____

Address of Previous School: _____

Previous School Fax Number: _____

Previous School Contact E-mail: _____

I hereby authorize the release of all of the records listed below.

_____	_____	_____
Print Name of Parent/Guardian	Parent/Guardian Signature	Date

TO BE COMPLETED BY SCHOOL PERSONNEL:

Please be advised that the above-named child, who attended your school, has enrolled in the Pine Bush Central School District effective _____. Please remove them from your district prior to this date.

Please forward all educational records, current classroom and transfer grades, test scores, health records, birth certificate, psychological and/or psychiatric, IEPs, medical reports, disciplinary records, and any other pertinent information which will assist us in placing this student to:

☐ Pine Bush High School
Attn: Counseling Office
PO Box 670
Pine Bush, NY 12566
845-744-2031 ext. 3500
Fax 845-744-8586

☐ Circleville Elementary
PO Box 43
Circleville, NY 10919
845-744-2031 ext. 5500
Fax 361-2136

☐ Pakanasink Elementary
PO Box 148
Circleville, NY 10919
845-744-2031 Ext. 5700
Fax 845-361-3816

☐ Crispell Middle School
Attn: Counseling Office
PO Box 780
Pine Bush, NY 12566
845-744-2031 ext. 4404
Fax 845-744-6483

☐ Pine Bush Elementary
PO Box 899
Pine Bush, NY 12566
845-744-2031 ext. 4300
Fax 845-744-8092

☐ EJ Russell Elementary
PO Box 730
Pine Bush, NY 12566
845-744-2031 ext. 4200
Fax 845-744-3308

☐ Circleville Middle School
Attn: Counseling Office
PO Box 143
Circleville, NY 10919
845-744-2031 ext. 5605
Fax 845-361-1385

☐ Special Programs
PO Box 700
Pine Bush, NY 12566
845-744-2031 ext. 4800
Fax 845-744-2241

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 Every Student Succeeds Act (ESSA). 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 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.

Have you or has someone in your family worked on a farm?
Have you moved during the past three 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: _____City/Town_____

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 mail to Mid-Hudson Migrant Education Program-353 VH Annex 1 Hawk Drive New Paltz, NY 12561