

Confidential Housing Questionnaire
PORT JERVIS CITY SCHOOLS

Name of School: _____

Name of Student: _____

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

Address: _____ Phone: _____

_____ Cell: _____

Prior Address before coming to Port Jervis: _____

Prior School before coming to Port Jervis: _____

(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)

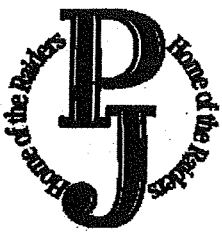
Check one box if you are living:

-
- 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
 - awaiting *permanent* foster care placement
 - 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: _____

Parent Name: _____
(Please print)

Date: _____

Parent Signature: _____



WELCOME TO THE PORT JERVIS CITY SCHOOL DISTRICT

The Port Jervis School District welcomes you. We are looking forward to helping prepare your student for an exciting educational experience. The parent or legal guardian must be present at the time of registration (child does not need to attend registration).

Registration is held 8:00 A.M. to 11:00 A.M. Monday through Friday
Pre-school registration is held on Mondays and Friday only 8:00 A.M. to 11:00 A.M.

The following documents are required at time of registration:

Proof of Age

- Birth certificate (including certified transcript of foreign birth certificate); or

If that is not available, the following may be provided:

- Passport, including foreign passport.

If none of the above are available, the district may consider certain other documentary or recorded evidence that has been in existence for two years or more, except an affidavit of age, as follows:

- Official driver's license; or
- State or other government-issued identification; or
- School photo identification with date of birth; or
- Consulate identification card; or
- Hospital or health records; or
- Military dependent identification card; or
- Documents issued by federal, state or local agencies (e.g., local social service agency, Federal Office of Refugee Resettlement); or
- Court orders or other court-issued documents, or
- Native American tribal document; or
- Records from non-profit international aid agencies and voluntary agencies.

Proof of Immunization

The Port Jervis City School District requires an update record of immunizations before the student is enrolled in school

Proof of Residency

- Copy of a residential lease or proof of ownership of a house of condominium, such as a deed or mortgage statement; or
- Statement by a third-party landlord, owner or tenant from who the parent(s) or person(s) in parental relation leases or with who they share property within the district, which may be either sworn, or unsworn; or
- Such other statement by a third party establishing the parent(s)' or person(s) in parental relation's physical presence in the district.

If none of the above are available, the District will consider other forms of documentation and information, which may include but will not be limited to, the following:

- Pay stub; or
- Income tax form; or
- Utility or other bills; or
- Membership documents (e.g., library cards) based upon residency; or
- Voter registration document(s); or
- Official driver's license, learner's permit or non-driver identification; or
- State or other government issued identification; or
- Documents issued by federal, state, or local agencies (e.g., local social service agency, Federal Office of Refugee resettlement); or
- Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.

Living With Others

If you are living with a resident in Port Jervis, and do not own a home or have a rental lease in your name, you must complete a signed and notarized affidavit. The affidavit must be completed as follows: the top is to be completed by the parent or legal guardian registering the student. The bottom is to be signed/notarized by the person you will be living with, who must also provide two proofs of address (e.g., mortgage, deed, lease, utility bill).

Proof of Parental Relationship

- Custody or guardianship papers (if applicable; if restrictions on contact with child, please provide legal documentation)
- Affidavit of Legal Responsibility (if student is not living with either parent)
- DSS 2999 Form (if student is in foster care system)

**PORT JERVIS CITY SCHOOL DISTRICT
HEALTH HISTORY**

Student name _____ M or F _____ Grade _____
(Last Name, First Name, Middle Name) (circle one)

Date of Birth _____ Birthplace _____ Home Language _____

Student Cell Phone Number (if he/she has one) _____

Ethnic (choose one) () White () Black () Hispanic () American Indian/Alaskan Native () Asian/Pacific Islander

Home Address _____ Apt. # _____
(number) (street) HOME TELEPHONE NUMBER _____
(city) (state) (zip)

Mailing address (if different) _____

Previous School District Attended _____

Previous School Address _____

Has child ever attended Port Jervis Schools? Yes or No If Yes, When? _____

Name of Brothers and Sisters

Name (Last, First, Middle)	School
_____	_____
_____	_____
_____	_____

Child lives with: Both Parents _____ Mother _____ Father _____ Guardian _____ Step-Parent _____ Other _____

Parent / Guardian Name _____
Address (if different) _____
Relationship to student _____ Date of birth _____
Employer's Name _____
Work Phone _____ Cell Phone _____
Email _____

Parent / Guardian Name _____
Address (if different) _____
Relationship to student _____ Date of birth _____
Employer's Name _____
Work Phone _____ Cell Phone _____
Email _____

If parent / guardian cannot be reached:

Emergency Contact _____
Address _____
Relationship _____
Home _____ Cell _____ Work _____

Are there any **CUSTODY** issues we should be aware of? Be specific _____

PORT JERVIS CITY SCHOOL DISTRICT
REGISTRATION OFFICE
10 ROUTE 209
PORT JERVIS, NEW YORK 12771
PHONE (845) 858-3100 EXT. 16601
FAX (845) 856-9155

CONSENT TO RELEASE RECORDS

Previous School District _____

I have enrolled my child, _____ DOB _____

in the Port Jervis City School District as of _____, I hereby authorize you to release any grades or partial grades for this school year, grades from previous school years, standardized test results, medical and health records, and all other information considered part of the child's permanent record to the school checked below:

Signature of Parent or Guardian

Date

Port Jervis High School
Guidance Office
10 Rt. 209
Port Jervis, NY 12771
(845) 858-3100 Ext. 11601
FAX (845) 858-3239

Anna S. Kuhl Elementary School
10 Rt. 209
Port Jervis, NY 12771
(845) 858-3100 Ext. 13502
FAX (845) 858-2894

Port Jervis Middle School
Guidance Office
118 East Main Street
Port Jervis, NY 12771
(845) 858-3100 Ext. 12601
FAX (845) 858-2761

Hamilton Bicentennial Elementary School
929 Rt. 209
Cuddebackville, NY 12729
(845) 858-3100 Ext. 14501
FAX (845) 754-7355

For Special Education Students: Please also release all special education records including current IEP, social, educational, psychological and medical information to:

Port Jervis City School District
Committee on Special Education
10 Rt. 209-Modular
Port Jervis, NY 12771

(845) 858-3100 Ext. 16501
FAX (845) 858-3191

Parental consent to release confidential special education records to the Committee on Special Education

PORT JERVIS CITY SCHOOL DISTRICT
RELEASE FROM SCHOOL AUTHORIZATION
(PLEASE PRINT CLEARLY)

STUDENT: _____
Last Name First Name Initial

Age Grade School

Listed below are those people authorized to pick up my child at the school office:

First Emergency Contact

Name _____
Relationship _____
Address _____
Home Phone _____ Cell _____ Work _____

Second Emergency Contact

Name _____
Relationship _____
Address _____
Home Phone _____ Cell _____ Work _____

Third Emergency Contact

Name _____
Relationship _____
Address _____
Home Phone _____ Cell _____ Work _____

Fourth Emergency Contact

Name _____
Relationship _____
Address _____
Home Phone _____ Cell _____ Work _____

Parent/ Guardian Print Name

Parent / Guardian Signature

Date

**STUDENT RACIAL AND ETHNIC
IDENTIFICATION
PORT JERVIS CITY SCHOOL
DISTRICT**

Student Racial and Ethnic Identification:

ANSWER BOTH QUESTIONS 1 AND 2. PLEASE READ THE QUESTIONS BEFORE RESPONDING.

1. Is the student Hispanic, Latino, or of Spanish origin?
(Hispanic, Latino or of Spanish origin means a person of Cuban, Mexican- American, or other Spanish culture or origin, regardless of race.)

PLACE AN "X" ON THE LINE THAT BEST DESCRIBES YOUR CHILD,

_____ YES, Hispanic _____ NO, not Hispanic

2. What is the student's race?
Select ONE OR MORE races from the following five racial groups.
Place an "X" ON ALL LINES THAT DESCRIBE YOUR CHLD. You must mark at least one line.

_____ AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including America), and who maintains tribal affiliation or community attachment.

_____ 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 the Hawaii, Guam, Samoa, or other Pacific Islands.

_____ BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.

_____ WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

PARENT/GUARDIAN INFORMATION

Parent 1 (Relationship : _____) Parent 2 (Relationship: _____) LEGAL GUARDIAN: (_____)

Name: Last, First, Middle

Name: Last, First, Middle

Name: Last, First, Middle

Address (if different from student)

Address (if different from student)

Address (if different from student)

Home Phone (if different from student)

Home Phone (if different from student)

Home Phone (if different from student)

Work # (_____)

Work # (_____)

Work # (_____)

Cell # (_____)

Cell # (_____)

Cell # (_____)

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: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
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FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: