

Marlboro Central School District, Marlboro, New York

Grade Entering: _____

Name: _____

Date: _____

Address: _____

Phone: _____

REGISTRATION CHECKLIST

- _____ **Registration Form**
- _____ **Health Office Questionnaire**
- _____ **Home Language Questionnaire**
- _____ **Release of Records** **Date Sent/Faxed:** _____
- _____ **Transportation Form** **Date Sent/Faxed:** _____
- _____ **Proofs of Residency: #1:** _____ **#2:** _____
- _____ **Birth Certificate / Baptismal Certificate / Passport**
- _____ **Immunizations**
- _____ **Health Appraisal Form/Physical Exam Report**
- _____ **Dental Health Certificate**
- _____ **Photo ID**
- _____ **Transcript/Report Card**
- _____ **Voter Registration Card**
- _____ **CPSE Parent Letter** _____ **Referral for Psych.**
- _____ **Pick Up Restrictions/Custody? Yes** _____ **No** _____
- _____ **Special Education Needs/AIS Services? Yes** _____ **No** _____
- _____ **Foster Child Forms/Guardianship Papers? Yes** _____ **No** _____

Student Assigned To: _____ **Date:** _____

**MARLBORO CENTRAL SCHOOL DISTRICT
Student Registration Form**

Student ID: _____

Registration Date: _____

Grade: _____

This box for school use only.

STUDENT INFORMATION

Last Name

First Name

Middle Name

Gender

DOB: mo/day/yr

Place of Birth: City/State/Country

Date of entry USA

Ethnicity: Choose one: Yes, Hispanic/Latino No, Not Hispanic/Latino

(Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.)

Race: Choose one or more:

- American Indian/Alaska Native:** A person having origins in North America and who maintains cultural identification through tribal affiliation or community recognition. *e.g. Cherokee, Mohawk, Inuit.*
- Asian:** A person having origins in any of the origins of the Far East, Southeast Asia, or the Indian subcontinent.
- Native Hawaiian/Pacific Islander:** A person having origins in Hawaii, Guam, Samoa, or other Pacific Islands.
- Black/African American:** A person having origins in any of the Black racial groups of Africa.
- White:** A person having origins in Europe, North Africa or the Middle East.

Languages spoken at home: 1. _____ 2. _____

Student Lives with: Both Parents Mother only Father only Foster Parents (documentation required)
 Self Agency (proof of court placement required)

If the student is living with one parent, are there custody papers? Yes No If yes, custody type: _____

Current Living Situation: *Shelter *Motel, hotel, car or campsite due to lack of housing
 *With relatives or others due to lack of housing Home/Apartment

*Please indicate previous address: _____

Educational Background: Previous School Attended: _____

Last Grade: ____ Has your child been retained (repeated a grade)? Yes No If so, what grade? _____

Has your child received: Counseling Speech AIS Reading AIS Math ESOL services

Does your child have a current IEP? Yes No

Other: _____

PARENT/GUARDIAN INFORMATION

Mother's Full Name _____

Father's Full Name _____

Residence Address _____

Residence Address if different _____

Mailing Address if different _____

Mailing Address if different _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Student's Legal Guardian if different from above: _____

Address: _____

Phone Number(s): _____

Siblings Residing at Same Address

Name	Gender	DOB	Grade	Present School

EMERGENCY CONTACT INFORMATION

Local persons who have agreed to pick up your child in an emergency when parents/guardians cannot be reached.

Full Name	Relationship to Student	1 st Phone #	2 nd Phone #

I declare under penalty of perjury, under the laws of the State of New York, that all statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in this application are subject to investigation.

Parent/Legal Guardian Signature: _____ Date: _____

MARLBORO CENTRAL SCHOOL DISTRICT
Health Office Information Questionnaire - Please be very specific

Student's Name: _____ Date of Birth: _____

Parent/Guardian Name(s): _____ Phone: _____

Family Doctor's Name: _____ Phone: _____

Hospital Preferred: _____

I give the school nurse permission to contact my child's physician in case of a medical emergency or for pertinent medical information.

Parent/Guardian Signature: _____ Date: _____

Has this student had any of the following sicknesses or conditions? If so, please include the dates of each.

Chickenpox: _____	Frequent Colds/Sore Throats: _____
Diabetes: _____	German Measles: _____
Measles: _____	Scarlet Fever: _____
Mumps: _____	Rheumatic Fever: _____
TB or Contact: _____	High Blood Pressure: _____
Pneumonia: _____	Asthmatic Condition: _____
Epilepsy: _____	Whooping Cough: _____
Phobias: _____	Eye/Ear Condition: _____
Convulsions: _____	Frequent Fevers: _____
Orthopedic Problems: _____	
Any Serious Injuries: _____	
Surgeries: _____	
Hospitalizations: _____	

1. Does the student have any vision problems? _____
2. Does the student wear eyeglasses or contact lenses? _____
3. Does the student have any type of hearing problems? _____
4. Does the student have any speech or language problems? _____
5. Does the student have any handicapping conditions? _____
6. Does the student have any emotional special needs? _____
7. Is the student receiving medical treatment of any kind? _____ If so, please explain: _____
8. Is the student receiving any kind of medication and/or herbs? _____ If so, please explain: _____
9. Does the student have any physical limitations or restrictions? _____ If so, please explain: _____
10. Has the student undergone any other screening or evaluation? _____ If so, please explain: _____
11. Are there any other special conditions/allergies or needs that you would like to bring to the School District's attention? _____

For the health and safety of your child this information will be shared with school personnel. Please sign and date this release.

Signature of Parent/Guardian: _____
Date Signed: _____

FOR SCHOOL NURSE USE ONLY BELOW THIS LINE

Are all immunizations complete? _____

If not, which ones are needed? _____

List any special needs: _____

Person taking information: _____

Date: _____

Reviewing Nurse's Initials: _____



Home Language Questionnaire (HLQ)

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 English. Your assistance in answering these questions is greatly appreciated.

Thank You

TO BE COMPLETED BY SCHOOL PERSONNEL

DISTRICT _____ <small>Print or type clearly</small>	
SCHOOL _____	GRADE _____
STUDENT NAME _____	
DATE OF BIRTH _____ <small>Month Day Year</small>	
STUDENT IDENTIFICATION NUMBER _____	
COUNTRY OF BIRTH / ANCESTRY _____	
NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S. _____	
NAME/ POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION _____	
DETERMINATION: <input type="checkbox"/> Possible LEP <input type="checkbox"/> English Proficient	

(✓ boxes that apply)

1. What language(s) is spoken in the student's home or residence? English Other _____
specify
2. What language(s) are spoken most of the time to the student, in the home or residence? English Other _____
specify
3. What language(s) does the student understand? English Other _____
specify
4. What language(s) does the student speak? English Other _____
specify
5. What language(s) does the student read? English Other _____ Does Not Read
specify
6. What language(s) does the student write? English Other _____ Does Not Write
specify

7. In your opinion, how well does the student understand, speak, read and write English?

	Very well	Only a little	Not at all
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent/Guardian/Other _____

Month _____ Day _____ Year _____
Date _____ HLQ 2/86 - 107 P.4



MARLBORO CENTRAL SCHOOL DISTRICT TRANSPORTATION

Quality Bus Service, LLC



February 2015

Dear Parent/Guardian:

Welcome to kindergarten! This is undoubtedly a very exciting time for both you and your new kindergartner, and it is the shared goal of the Marlboro Central School District and Quality Bus Service, the district's new transportation provider, to make your child's bus experience both enjoyable and safe. Included in the kindergarten registration materials are some forms that all parents must complete—even if you do not anticipate your child will regularly ride the bus.

The Marlboro Central School District's transportation program is designed with one primary objective: safety. All students in the Marlboro School District are eligible to ride a bus to and from school and to ensure the safety of your child while riding the bus, three transportation forms have been included in the registration materials that provide the school and its transportation provider information on your child's transportation needs.

1- Student Information Sheet: contains all of the basic information to arrange student information. This is a required form for all students.

2- Bus Permission Form: lists all adults approved to receive a K-2 student from the school bus. This form is required for kindergarten, first grade and second grade students, and encouraged for all elementary students.

3- Babysitter Form: designates an alternate drop off or pickup for a student. Parents may select a babysitter anywhere in the Marlboro Central School District; however, all babysitting arrangements must be for five days per week. A student may be picked up or dropped off at different locations, but the district is unable to provide alternate pickups and drop offs on different days. This form is required only if you will be utilizing a babysitter.

During the kindergarten screening process, transportation representatives will be available to answer any of your questions. Additionally, transportation representatives will be present at the kindergarten orientation in August to distribute materials to parents on bus safety, review bus schedules, and allow students to take their first ride on a school bus.

Thank you in advance for your cooperation, and we look forward to sharing in your family's exciting kindergarten experience.

Sincerely,

Patrick Witherow
Director of Business & Finance
Marlboro Central School District

Michael Martucci
Owner/General Manager
Quality Bus Service



MARLBORO CENTRAL SCHOOL DISTRICT



Student Information Form

Date: ____ / ____ / ____

Student's Name: _____
(Last) (First) (MI)

Date of Birth: _____ Gender: _____ Primary Language: _____

Student's Residential Address (No PO Box):

Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Telephone: (_____) _____ - _____

County of Residence: _____

Parent/Guardian Information:

Guardian Name: _____

Relationship: _____ Employer: _____

Email: _____ Cell: _____

Parent/Guardian Information:

Guardian Name: _____

Relationship: _____ Employer: _____

Email: _____ Cell: _____

Emergency Contact Information:

Emergency Contact: _____

Relationship: _____ Telephone: (____) ____ - _____

Address: _____
(Street) (City) (State) (Zip)



**MARLBORO CENTRAL
SCHOOL DISTRICT**
Bus Permission Form for Students



Note: This form is mandatory for kindergarten, first grade and second grade students. It is optional for all other students.

STUDENT'S NAME: _____

SCHOOL: _____

I give permission to the below named people to put my child on the bus and/or take my child off of the bus when I am not able to be at his/her bus stop:

<u>NAME</u>	<u>RELATIONSHIP TO CHILD</u>	<u>TELEPHONE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENT/GUARDIAN SIGNATURE _____
DATE

BUS LETTER/ROUTE: A.M. _____ P.M. _____

STOP ASSIGNED: A.M. _____ P.M. _____

OFFICE USE ONLY:

_____ **COMPUTER** _____ **COPY TO DRIVER** _____ **STAFF INITIALS**



MARLBORO CENTRAL SCHOOL DISTRICT



Babysitter Form

This form authorizes parental permission for students to be transported to and from an alternate location, other than the student's home address. This form must be completed and submitted to your child's school office or Quality Bus Service, LLC.

STUDENT'S NAME: _____

SCHOOL/GRADE 2015/2016: _____

HOME ADDRESS: _____

(Please give home location

- Example: white house, #1216

Route 9W, Marlboro, _____

New York, 12542 _____

HOME PHONE: _____ EMERGENCY PHONE: _____

Marlboro Central School District allows an alternate transportation address on a **FIVE DAY PER WEEK BASIS ONLY**. PLEASE INDICATE YOUR BABYSITTER CHOICE BELOW:

A.M. (Trip to School) P.M. (Trip Home from School) Both Trips

PLEASE FILL IN THE FOLLOWING PERTINENT BABYSITTER INFORMATION:

BABYSITTER NAME: _____

ADDRESS: _____

TELEPHONE: _____

SIGNATURE PARENT/GUARDIAN: _____

DATE: _____

This form constitutes a public document. Individuals completing this form are advised that the information provided herein must be accurate and true in all respects since the Marlboro Central School District ("the District") will rely on the statements made herein. Any false statements made herein are punishable in accordance with the New York State Penal Law.

MARLBORO CENTRAL SCHOOL DISTRICT

**Joseph DiLorenzo
Superintendent of Schools**

The New York State Education Law requires all children in Grades K, 2, 4, 7, 10 and all new entrants to a school system to have a physical examination. It is recommended, however, that every child have an annual examination. The children in the grade levels required to have an exam, may have it done privately by their family doctor or by the school. The school physicals are done by Dr. Mary Dyer, School Physician.

The school physician cannot make as thorough an examination as can your family doctor, who is more familiar with your child's history and environment. If medical care is needed, your physician can arrange for immediate treatment, and he/she will give your child any necessary immunizations. We urge that you have your doctor examine your child and provide us with his/her health appraisal form.

This completed form should be returned to the school nurse-teacher as soon as possible, but no later than two weeks after your child's entrance in school. If the private physician report is not completed, your child will be given a physical examination by the school doctor. The physical should be done sometime after June 1st.

Listed below are the telephone numbers for our school nurses:

Margaret McClure, Marlboro High School	236-5808
Ann Marie Festa, Marlboro Middle School	236-5843
Linda Bambaci, Marlboro Elementary School (3-5)	236-1637
Eileen Bowman, Marlboro Elementary School (K-2)	236-5832

MARLBORO CENTRAL SCHOOL DISTRICT

Joseph DiLorenzo
Superintendent of Schools

Dear Parent/Guardian:

The Marlboro Central School District requires written proof of the following vaccines before your child may attend school:

- o Four to five doses of Diphtheria and Tetanus toxoid – containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap).
- o Three to five doses of Polio vaccine (IPV/OPV).
- o One dose of Measles, Mumps and Rubella vaccine (MMR) received at age 12 through 15 months, and the second dose required by age 7.
- o Three doses of Hepatitis B vaccine.
- o Two doses of Varicella Vaccine (Chickenpox) received at age 12 through 15 months, and the second dose required by age 7.

Proof of immunization may be:

- o Health records from previous schools.
- o Health records from a family physician.
- o Health records from a Public Health Department.

Records must show dates of immunizations with authorized signature.

CERTIFICATE OF IMMUNIZATION

N.Y.S. Law requires that all new entrants must have proof of the following protective measures:

Student's Name: _____

IPV/OPV POLIO _____

MMR 1. _____ 2. _____

DPT/DTaP _____

HIB _____ Tdap _____

Hepatitis B _____

Varicella _____

Other _____

Physician's Signature: _____ Date: _____

Physician's Name (please print): _____

MARLBORO CENTRAL SCHOOL DISTRICT

Joseph DiLorenzo
Superintendent of Schools
845-236-5802

GENERAL INFORMATION

SCHOOL SCHEDULE

Grades K - 5	8:40 a.m. – 3:10 p.m.
Grades 6 – 8	7:38 a.m. – 2:22 p.m.
Grades 9 – 12	7:42 a.m. – 2:32 p.m.

If a child in Kindergarten through grade 5 walks to school, or is being transported in a manner other than a school bus, he/she should not arrive at school before 8:30 a.m. so that proper supervision can be provided.

ATTENDANCE

Daily school attendance promotes skills for lifelong training. The habit of good attendance tends to carry over into adult, business, and family life. The Marlboro Central School District believes that attendance is a key factor in student achievement. Absence represents an educational loss to the student. To assist you in understanding the New York State Law, the following is a summary from the State Education Department document: Legal Information Concerning School Attendance.

Written excuses are required for all absences. Students are marked illegally absent until a note from the Parent/Guardian is received by the school.

Legal absences include: sickness, family bereavement, religious observance, court appearance.

Illegal absences include: vacation, babysitting, shopping, visiting, oversleeping, truancy, suspension.

Your support is appreciated. Please refer attendance questions to your principal or School Health Office.

EARLY DISMISSAL

- The Superintendent or designee will determine the need for early dismissals. Building principals will notify staff and students.
- Parents/Guardians will be notified through the District's Blackboard Connect System, an automated system that calls home, cell phones, and other numbers designated by the parent/guardian.
- Radio and TV stations will be notified by the Superintendent or designee as follows:
 - FM: 101.5, 106.1, 106.2, 97.7, 92.7, 96.9, 94.3, 97.3, 92.1, 92.9, 93.3, 107.3, 96.1, 100.7, 104.7, 103.7, 97.3, 100.1
 - AM: 1340, 1390, 1450, 920, 1260, 1220, 1490
 - TV: WRNN, FOX

MARLBORO CENTRAL SCHOOL DISTRICT

LANDLORD STATEMENT

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

This will verify that _____
(Tenant's Name)

Is a tenant residing at the following location: _____

Landlord's Name: _____

Landlord's Address: _____

Landlord's Phone Number(s): _____

Landlord's Signature: _____ Date: _____

State of: _____

County of: _____

Sworn to before me this _____ day

of _____, 20____

Notary Public

MARLBORO CENTRAL SCHOOL DISTRICT

Joseph DiLorenzo
Superintendent of Schools
845-236-5802

Attn: Records Department

Re: _____ DOB: _____

The above student has registered in the Marlboro Central School District. Please forward the following records for this student as soon as possible. **If appropriate, please forward this release to your Pupil Personnel/Special Education Office.**

- All school records
- Report card/transcript for the current year in all subject areas
- Health records and immunizations
- Psychological testing
- Special Education Records
- Discipline Reports
- Assessment Scores

PERMISSION TO RELEASE RECORDS:

I hereby consent that all records requested be released for the above-named student and sent or faxed to the following:

Marlboro Central School District
Registrar's Office
Marlboro Middle School
1375 Route 9W
Marlboro, NY 12542
Phone: 845-236-8000 ext. 1901
Fax: 845-236-3634

Parent/Guardian Signature: _____ Date: _____

Name of School Previously Attended: _____

Address: _____

Telephone #: _____ Fax #: _____

release of records