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MORRIS CENTRAL SCHOOL

**PO BOX 40
65 MAIN STREET
MORRIS, NEW YORK 13808**

ADMINISTRATION

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Principal

REQUEST FOR TRANSFER OF RECORDS

_____ has recently enrolled in the Morris Central School,
PO Box 40, 65 Main St., Morris, NY 13808, transferring from:

(Name and address of school)

PLEASE FORWARD THE FOLLOWING INFORMATION:

1. Transcript of grades
2. Standardized test data
3. Discipline Records
4. Screening information
5. Health Records
6. Birth Certificate
7. Any further academic, psychological, and/or medical information
8. **Any Special Education Records.**

Please fax (607-263-9883) or email (eparker@morriscsd.org) records
ASAP. **Email is preferred.**

Sincerely,

Elaine Parker
Guidance Secretary

~~~~~  
Date: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to furnish any and all information  
(Name of school/institution)  
requested concerning \_\_\_\_\_ to Morris Central School. It is  
(Name of student)  
understood that this information will be used in a professional and confidential manner  
in the best interest of the student.

\_\_\_\_\_  
(Signature of Parent/Guardian)

**MORRIS CENTRAL SCHOOL  
NEW STUDENT INTAKE FORM**

**TO:** Homeroom Teacher, Nurse, HealthZone, CSE, Guidance Counselor,  
Cafeteria, Main Office, Speech, Math Testing, Bus, Library,  
Superintendent, Yearbook, Technology

Entering Date: \_\_\_\_\_ Student ID# \_\_\_\_\_

Entering Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Entering From: \_\_\_\_\_

School's Address: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DOB: \_\_\_\_\_ SS # (Not Required): \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

\_\_\_\_\_ was receiving the following services:

- \_\_\_\_\_ Special Education
- \_\_\_\_\_ Speech Therapy
- \_\_\_\_\_ Remedial Reading
- \_\_\_\_\_ Remedial Math
- \_\_\_\_\_ Counseling
- \_\_\_\_\_ Health Services
- \_\_\_\_\_ Free & Reduced Lunch
- \_\_\_\_\_ **NO SERVICES**

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**(OVER)**

**Student Intake Interview, Page 2**

- 1. Student's Name: \_\_\_\_\_
- 2. Entering Grade: \_\_\_\_\_ HOMEROOM: \_\_\_\_\_
- 3. Residence Questions:
  - a. Will child reside with parents?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. If not, with whom?  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_
  - c. Tuition student? Yes \_\_\_\_\_ No \_\_\_\_\_
  - d. From what address has the child moved?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If this is a high school student, where and when did the student enter 9<sup>th</sup> grade?  
\_\_\_\_\_

5. Schools, grade levels, address in descending order;

| School Name | Grade & Dates Attended | Address & Phone # | Counselor |
|-------------|------------------------|-------------------|-----------|
| _____       | _____                  | _____             | _____     |
| _____       | _____                  | _____             | _____     |
| _____       | _____                  | _____             | _____     |
| _____       | _____                  | _____             | _____     |
| _____       | _____                  | _____             | _____     |

### Student Intake Interview, Page 3

6. What is the primary language spoken in the home?

\_\_\_\_\_ English

\_\_\_\_\_ Other language spoken \_\_\_\_\_

7. Is the student currently living in a homeless shelter?

\_\_\_\_\_ yes \_\_\_\_\_ no

8. Is student awaiting permanent foster care placement?

\_\_\_\_\_ yes \_\_\_\_\_ no

9. Is the student living in any of the following places?

- Abandoned apartment or house
- Motel/hotel
- Campground
- Car
- Bus/train station
- Other place due to homelessness
- With another family/person because of loss of housing due to economic hardship (sometimes called "doubled-up")

\_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please describe:

10. Does the student live in permanent housing?

\_\_\_\_\_ yes \_\_\_\_\_ no

11. Was the student previously considered limited English proficient (LEP)?

\_\_\_\_\_ yes \_\_\_\_\_ no

If yes, for how long and when? \_\_\_\_\_

12. Is there any other information regarding living arrangements that the school should be made aware of? Please explain:

(OVER)

**Student Intake Interview, Page 4**

Please answer the following 2 questions. PLEASE READ THEM BEFORE YOU RESPOND. (For the first question, check the answer that best describes your child.) Check only ONE answer.

- Is the student Hispanic, Latino or of Spanish origin? Hispanic, Latino or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American or Spanish culture origin, regardless of race.

\_\_\_\_\_ Yes, Hispanic

\_\_\_\_\_ No, not Hispanic

- Select one or more races from the following five racial groups. (For this question, check **ALL** groups that apply to your child. Check at least ONE box.)

\_\_\_\_\_ **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. e.g. 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 black racial groups of Africa.

\_\_\_\_\_ **White:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

The Guidance Office has to update our students' addresses and phone numbers every year. Please fill this out to keep our records up-to-date. Thank You.

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

WORK PHONE # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

WORK PHONE # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

| SIBLINGS | BROTHERS | DOB   | AT HOME Y/N | GRADE |
|----------|----------|-------|-------------|-------|
| NAME     | _____    | _____ | _____       | _____ |
| NAME     | _____    | _____ | _____       | _____ |
| NAME     | _____    | _____ | _____       | _____ |
| NAME     | _____    | _____ | _____       | _____ |

| SIBLINGS | SISTERS | DOB   | AT HOME Y/N | GRADE |
|----------|---------|-------|-------------|-------|
| NAME     | _____   | _____ | _____       | _____ |
| NAME     | _____   | _____ | _____       | _____ |
| NAME     | _____   | _____ | _____       | _____ |
| NAME     | _____   | _____ | _____       | _____ |



# 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 *MORRIS* Please print or type clearly

SCHOOL *MORRIS CENTRAL* GRADE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_  
Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

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:  Possible LEP  
 English Proficient

(✓ boxes that apply)

- What language(s) is spoken in the student's home or residence?  English  Other \_\_\_\_\_ specify
- What language(s) are spoken most of the time to the student, in the home or residence?  English  Other \_\_\_\_\_ specify
- What language(s) does the student understand?  English  Other \_\_\_\_\_ specify
- What language(s) does the student speak?  English  Other \_\_\_\_\_ specify
- What language(s) does the student read?  English  Other \_\_\_\_\_  Does Not Read specify
- 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?

|                     | <i>Very well</i>         | <i>Only a little</i>     | <i>Not at all</i>        |
|---------------------|--------------------------|--------------------------|--------------------------|
| 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 \_\_\_\_\_

Date \_\_\_\_\_

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

# STUDENT HEALTH HISTORY

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Date of Interview: \_\_\_\_\_ Individual providing health history: \_\_\_\_\_

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## History:

Were there any issues during pregnancy, labor and/or delivery for this child?  Yes  No  
If yes, please describe: \_\_\_\_\_

Does this child have an ongoing health concern? (asthma, diabetes, etc.)  Yes  No  
If "yes", please describe: \_\_\_\_\_

Does this child have any allergies?  Yes  No  
If "yes", please list: \_\_\_\_\_  
Has the allergy required emergency treatment?  Yes  No  
If "yes", please explain: \_\_\_\_\_

Are the child's immunizations up to date?  Yes  No  
Additional immunizations required: \_\_\_\_\_ given? \_\_\_\_\_

Is there a history of any hospitalizations, significant injuries or surgery?  Yes  No  
If "yes", please describe: \_\_\_\_\_

Are there any current medical concerns/injuries?  Yes  No

|                                                                                   |                                                 |                                     |
|-----------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Head _____                                               | <input type="checkbox"/> Eyes _____             | <input type="checkbox"/> Nose _____ |
| <input type="checkbox"/> Ears _____                                               | <input type="checkbox"/> Throat _____           | <input type="checkbox"/> Neck _____ |
| <input type="checkbox"/> Chest _____                                              | <input type="checkbox"/> Respiratory _____      |                                     |
| <input type="checkbox"/> Cardiovascular _____                                     | <input type="checkbox"/> Gastrointestinal _____ |                                     |
| <input type="checkbox"/> Genitourinary _____                                      | <input type="checkbox"/> Neurological _____     |                                     |
| <input type="checkbox"/> Musculoskeletal (include any past fractures, etc.) _____ |                                                 |                                     |

Does this child take any medication regularly at home?  Yes  No  
Require medication at school?  Yes  No  
If "yes", please describe: \_\_\_\_\_

Please list any additional concerns or information: \_\_\_\_\_

Describe child's nutritional pattern and dietary intake: \_\_\_\_\_

List any significant medical concerns in family:

|                                         |                                             |
|-----------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Mother _____   | <input type="checkbox"/> Father _____       |
| <input type="checkbox"/> Siblings _____ | <input type="checkbox"/> Grandparents _____ |
| <input type="checkbox"/> Other _____    |                                             |

Who lives with the child in his/her primary household? \_\_\_\_\_  
Does child spend a significant amount of time in another household?  Yes  No  
If "yes", please describe: \_\_\_\_\_  
Who has legal custody of this child? \_\_\_\_\_  
Describe any custody arrangements: \_\_\_\_\_

Any additional concerns or pertinent information (use back as needed):

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_