

Gorham-Middlesex Central School District

(Marcus Whitman)

4100 Baldwin Road · Rushville, New York 14544

Telephone: (585) 554-4848 · Fax: (585) 554-4882



Registration Process

Welcome!

Before students can start school in our district, we will need you to complete the registration process. Once you have completed the necessary forms in our registration packet and collected the documentation needed, please call to schedule an appointment to review the information and get you into our system. Following that, we will reach out to your last school to gather information to build a schedule. We will be in contact once that is done to set up a start date and get you ready for starting school!

Forms:

- MW Registration Form
- Residency Questionnaire
- Request for Academic Records
- Authorization for Use or Disclosure of Health Information
- Student Health History Update
- Home Language Questionnaire
- Student AUP Acceptance Form
- Application for Free and Reduced Price School Meals (optional)

Documentation:

- Parent or guardian's identification – driver's license, passport, or any other state/gov't issued ID
- Proof of Birth - birth certificate, driver's permit/license, or any other state/gov't issued paperwork
- Proof of Residency
 - o Parent Guardian driver's license or any other state/gov't issued ID with address listed
 - o Current utility bill, pay stub or income tax form with address listed
 - o Deed, lease or rental agreement
- Any relevant legal paperwork – custody, court documents, parental designee or guardianship papers
- Please know that students must have a recent physical to attend school. Providing a copy of that physical and immunization records can help with the registration process.
- Any other information you can provide will speed up the enrollment process. These would include recent academic documents like the student's last report card, recent schedule, IEP or 504 plan.

***To complete the registration process and start attending school, all paperwork must be on file with the school.**

To make an appointment to register or if you have any questions, please contact

Dr. Clayton Cole at 585-554-6441 x1444 or ccole@mwcsd.org.

Welcome to Whitman!

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Registration Form

Student Name (last) _____ (first) _____ Sex: M F X
Date of Birth _____ Grade level _____ Student cell phone _____
Ethnicity (Select) American Indian or Alaska Native Black or African American White Multiracial
Native Hawaiian/Pacific Islander Hispanic or Latino Asian Other

Address where this student lives: _____ Is there a separate mailing address? _____
_____, New York _____, New York _____
County: Ontario Yates other: _____

Previous Address where this student lived: _____ Previous School Attended & location: _____
_____, _____ _____
County: Ontario Yates other: _____

What adults does this student live with?
Name (last) _____ (first) _____ Relation Mother Father Guardian Other
Phone _____ alt phone _____ Email _____
Name (last) _____ (first) _____ Relation Mother Father Guardian Other
Phone _____ alt phone _____ Email _____

Are there any other children living in the house? (names & ages)

Emergency Contact Information:
Name (last) _____ (first) _____ Relation Mother Father Guardian Other
Phone _____ Permission to pick up this student from school:
Name (last) _____ (first) _____ Relation Mother Father Guardian Other
Phone _____ Permission to pick up this student from school:

Please respond:

Is there any court or custody paperwork associated with this student? Yes No

If YES, please share with the school.

Does this student have an IEP or 504 plan? Yes No

If YES, please describe: _____

Does this student have permanent, fixed & adequate housing? Yes No

If NO, please describe: _____

What is the Home Language for this student? English other: _____

Are you interested in or enrolled in the Free & Reduced Lunch program? Yes No

Is there medical information we should be aware of? Yes No

If YES, please describe: _____

All students should have a recent physical and updated immunizations to begin school.

Is there any other information we should be aware of? _____

Transportation Information:

Please know that we cannot transport students until they are four years old.

This student will not need district transportation.

This student will need district transportation from home to school in the morning and back home at the end of the school day.

I am requesting transportation to a daycare or alternate location for this student. (please fill in below)

Name/Location: _____ Phone: _____

Address: _____ Alt phone: _____

_____, New York _____

From daycare/alternate location → to school in the morning	M	T	W	Th	F
--	----------	----------	----------	-----------	----------

From school → to daycare/alternate location in the afternoon	M	T	W	Th	F
--	----------	----------	----------	-----------	----------

Please notify the transportation department in writing if there are any permanent changes.

This information is true to the best of my knowledge.

Signature of parent or guardian

Date

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PRIDE

Residency Questionnaire

Student Name (last) _____ (first) _____ (M.I.) _____

Date of Birth _____ Grade level _____ Sex _____

Address where this student currently lives:

Previous address:

_____, New York _____

_____, _____ _____

County: Ontario Yates other: _____

Previous School Attended & location:

Primary parent/guardian:

(last) _____ (first) _____

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 certificates. Students who are protected under the McKinney-Vento Act may 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 (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, bus, train or campsite
- Other temporary living situation (Please describe) _____
- In permanent housing

Signature of Parent, Guardian or Student (if unaccompanied)

Date



Marcus Whitman Central School District
4100 Baldwin Road
Rushville, NY 14544

Academic Records Request

The students listed below have registered in the Marcus Whitman Central School District and indicated they have previously attended your school district. We would appreciate the following records checked below are forwarded to the attention of the person noted, ASAP.

- | | |
|--|--|
| <input type="checkbox"/> Cumulative Academic Records | <input type="checkbox"/> School Psychologist Records |
| <input type="checkbox"/> All Health Records | <input type="checkbox"/> Special Education Records |
| <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Benchmark Testing Records |

Please fax these records to the location and individual selected below, as soon as possible, as we are awaiting these records to enroll this student. We appreciate your assistance in this regard.

	Location	Fax #	Attention	Office Phone
<input type="checkbox"/>	Middlesex Valley Primary School (UPK-2) 149 Route 245 Rushville, NY 14544	585-554-6172	Tara Grzeskowiak tgrzeskowiak@mwcsd.org	585-554-3115
<input type="checkbox"/>	Gorham Elementary School (3-5) 2705 Route 245 Stanley, NY 14561	585-526-4435	Trina Rowlands trowlands@mwcsd.org	585-526-6351
<input type="checkbox"/>	Marcus Whitman Middle School (6-8) 4100 Baldwin Road Rushville, NY 14544	585-554-5201	Denise Nelson dnelson@mwcsd.org	585-554-6441 Ext. 1937
<input type="checkbox"/>	Marcus Whitman High School (9-12) 4100 Baldwin Road Rushville, NY 14544	585-554-6471	Sandy Bero sbero@mwcsd.org	585-554-6441 Ext. 1350

Student Name: _____

Grade: _____

Previous School (Name, City, State): _____

Date: _____

Parent/Guardian Signature: _____

By signing this form you are giving permission for your child's former school to release all documents to the Marcus Whitman Central School District.

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PRIDE

Authorization For Use or Disclosure of Health Information

Student Name _____ Birthdate _____

Healthcare provider _____

Location _____ Phone _____

Healthcare provider _____

Location _____ Phone _____

I hereby authorize my child's physician(s) listed above to exchange the following information with appropriate MWCS staff (school nurse, counseling department, appropriate therapists), including:

Immunizations/physical exams to comply with NYS regulations

Social History

Psychological evaluations/reports

Medical clearances as needed following an injury or change in condition

Medical orders required for therapy needs; evaluations

Authorization for medications during the school day or on school trips

Medical condition/ treatment plans that may have an impact in the school environment

Physician referral for services (OT, PT)

Other _____

This information will be used to provide a safe and healthful environment and develop an appropriate program for this student at school. Enrollment is not contingent upon obtaining this release, however, in order to plan the most appropriate program for this student, the information may be required. Specific immunizations per NYS regulations ARE required for enrollment. This release expires on the last day of the enrollment of the above student in school and may be revoked at any time by sending the request to cancel this permission in writing to the address above. Such revocation will not affect any disclosure made prior to its receipt. Protected health information will not be disclosed without consent per FERPA regulations. **A copy of this release has been provided to me and will be sent to the appropriate provider when requests are made.**

I waive my right to receive a copy of this notice.

Signature of student (over 18) or Parent/Guardian

(Date)

This form complies with all HIPAA regulations

Marcus Whitman Central School District

STUDENT HEALTH HISTORY UPDATE

Name:	DOB:	Age:	Gender: M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/>
Parent/Guardian: (person completing this form)	Home Phone:	Date:	
	Cell Phone:		
Has your child ever:	Yes	No	If Yes, please explain and include date:
Had an ongoing medical condition	<input type="checkbox"/>	<input type="checkbox"/>	
Seen a medical specialist	<input type="checkbox"/>	<input type="checkbox"/>	
Had allergies:	<input type="checkbox"/>	<input type="checkbox"/>	
Been hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	
Had an operation	<input type="checkbox"/>	<input type="checkbox"/>	
Had an injury requiring an Emergency Room visit	<input type="checkbox"/>	<input type="checkbox"/>	
Missed 5 days of school in a row due to illness/injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a bone/muscle injury	<input type="checkbox"/>	<input type="checkbox"/>	
Passed out, had a concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a convulsion/seizure	<input type="checkbox"/>	<input type="checkbox"/>	
Had a vision problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	
Had a hearing problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	
Worn dental bridge, braces or mouthpiece	<input type="checkbox"/>	<input type="checkbox"/>	
Have any family members under 50 ever:	Yes	No	If Yes, please specify:
Had a heart attack	<input type="checkbox"/>	<input type="checkbox"/>	
Had other serious health problems	<input type="checkbox"/>	<input type="checkbox"/>	

Check all that apply to your Child:

- | | | |
|---|---|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> GI Conditions (ulcer, reflux, IBS) | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Asthma/trouble breathing | <input type="checkbox"/> Headaches/migraines | <input type="checkbox"/> Single organ (Kidney <input type="checkbox"/> , testicle <input type="checkbox"/>) |
| <input type="checkbox"/> Autism/Asperger | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Skin Condition |
| <input type="checkbox"/> Dental Injuries | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Speech Condition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Metal Health Condition | <input type="checkbox"/> Urinary Condition |
| <input type="checkbox"/> Ear Infections | (depression, eating disorder, anxiety, OCD, ODD, etc.) | |

Current Medications	Yes	No	Please list name, dose, time(s)
Given at School	<input type="checkbox"/>	<input type="checkbox"/>	
Taken at home	<input type="checkbox"/>	<input type="checkbox"/>	
Assistive Equipment	Yes	No	Please Check all that apply
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> crutches <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> other:
Treatments	Yes	No	
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> insulin/blood glucose monitoring <input type="checkbox"/> inhaler/nebulizer/peak flow monitoring <input type="checkbox"/> special diet

Is there any condition that would prevent your child from participating in physical education or sports?

Yes No _____

Please list any concerns: _____

Parent/Guardian Signature: _____

Date: _____



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:
Month	Day	Year
		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
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?	<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"/> Parent 1	_____	<input type="checkbox"/> Parent 2
		<i>specify</i>	_____
	<input type="checkbox"/> Guardian(s)	_____	<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:

STUDENT ID NUMBER IN NYS STUDENT
INFORMATION SYSTEM:

District Name (Number) & School:

Address:



**Marcus Whitman Central School District
Gorham-Middlesex Central School District
Board of Education and District Office**

4100 Baldwin Road · Rushville, New York 14544-9799
Telephone: (585) 554-4848 · Fax: (585) 554-4882



Marcus Whitman Student AUP Form

This signed form needs to be turned into the Main Office of your building before you will be allowed to login to the District's Computer Network. Access to the District's Computer Network will not be allowed without a signed AUP.

Login credentials are for your use only. Do not share any school password with others. If you feel your password or another school password has been compromised, please see the Computer Lab Assistant in your building immediately to have it reset. As mandated by federal law, Internet access at the Marcus Whitman Central School District is filtered for content. It is a violation of the Acceptable Use Policy to use a "proxy server" or any other means to bypass the content filter.

Your student handbook contains more detailed information on use of cell phones and other electronic devices while in school. The use of personal devices while in school is governed by the standards for Acceptable Use as well as by Board Policy #7001 Student Use of Personal Technology.

I _____ (print name) have read and understand the Marcus Whitman Board Policy #7315 "Student Use of Computerized Information Resources (Acceptable Use)" and #8271 "CIPA: Internet Content Filtering /Safety Guidelines", and Regulations #7315R (Guidelines for Acceptable Use).

I accept the responsibility to use the District's Computing Resources and any personal electronic devices on school grounds or at a school function in accordance with the AUP. I understand that any violation of these rules may result in cancellation of these privileges and other disciplinary action. I further understand that the District reserves the right to pursue legal action against me if I willfully, maliciously or unlawfully damage or destroy property of the District, or access or aid in the access to, unauthorized data online sessions, or other digital school resources.

Grade level: _____ Building: HS MS ECO GE VE

I, the parent/ guardian of _____ understand my student will be provided the use of hardware, software and online tools including Google Apps for Education as part of their educational program. I give permission for my student to use these tools. I have read and understand the Marcus Whitman Board Policy #7315 "Student Use of Computerized Information Resources (Acceptable Use)", #7315R Acceptable Use Guidelines, #8271 "CIPA: Internet Content Filtering /Safety Guidelines" and #7001 "Student Use of Personal Technology". While every reasonable effort will be made by School District personnel to monitor proper usage and provide Internet filters to questionable materials, it is the parent's responsibility for guidance of Internet use – setting and conveying standards for their child to follow when selecting, sharing or exploring information and media. In consideration for having access to the District's computing resources, I release the Marcus Whitman Central School District from any claims of any nature arising from my son/daughter's use of District computing resources.

Parent/Guardian Signature: _____ Date: _____