

Mount Vernon City School District
Office of Pupil Personnel Services
165 N Columbus Avenue
Mount Vernon New York 10553
Phone: (914) 358-2537 or (914) 358-2323

To Parent or Guardian: You are being asked to provide the district with basic demographic information that will assist us in communicating with you, as well as meeting our obligations to you and your child.

Student name: _____

First

Middle

Last

Does the student have a (check one): IEP _____ 504 _____ Neither _____

Date of Birth: ____/____/____ Present Grade: _____

Address: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

School or other program with which child is associated (if any): _____

Individual providing instruction: _____

Date of commencement of Home Instruction: _____

Type of Annual Assessment (Please check): _____ Commercial Test _____ Narrative Report

Name of Test: _____

Testing Site: _____

Testing Administrator: _____

Test Evaluator: _____

Projected Date of Assessment: _____

Dates of Submittal of Attendance Reports:

____/____/____ 1st Quarter

____/____/____ 2nd Quarter

____/____/____ 3rd Quarter

____/____/____ 4th Quarter

Dates of Submittal of Quarterly Reports:

____/____/____ 1st Quarter

____/____/____ 2nd Quarter

____/____/____ 3rd Quarter

____/____/____ 4th Quarter

Parent signature: _____ Date: _____

Please return to Mount Vernon City School District
Attention: Pupil Personnel Services
Email: homeschool@mtvernoncsd.org