



Proof of Residency - Required Registration Checklist

Part I – Ownership or Rental – One of the following:

- Closing papers or deed
- Contract
- Tax bill

Renters

- Current notarized lease (for at least one year) ****Lease must be notarized****

Part II – Additional Documentation – Two recent major utility bills from **two different utilities** (electric, cable, or land-based telephone)

- Utility bill
- Utility bill

Part III – Driver’s License

- Must have valid license with current address within the Port Jefferson School District boundaries**
(1 for each parent and/or guardian)

Proof of Age

- Birth Certificate/Valid Passport

Academic Record

- Current School Transcript and Report Card

If Required:

- Custody Papers
-

Registration Application – Print and Complete One Packet for Each Child

- Language Preference Form
- Registration Application Form with Homeless Questionnaire
- Statement of Residency Form **(sign at time of registration)**
- Academic Questionnaire
- Request for Records Form
- Elementary Health History Form
- (Pre K – 5) Health Certificate/Appraisal Form
- (6 – 12) Physical Form (Completed & signed by physician)
- Certificate of Immunization (Completed & signed by physician)
- Immunization Parent/Guardian Acknowledgement Letter *(only if immunization certificate is delayed)*
- Home Language Questionnaire – *(To be completed with school personnel)*

Athletic Forms

- Register on Line www.familyid.com/port-jefferson-athletics



Paul Casciano, Ed.D.
 Superintendent of Schools

Thomas J. Meehan
 Building Principal

Claudia R. Smith
 Assistant Principal PreK-8

LANGUAGE PREFERENCE

Dear Parent or Guardian,

We would like to know your language preferences when receiving important information from the school. Though it is not always possible to provide translation and interpretation services in every language, your assistance in answering the questions below is greatly appreciated.

1. In what language would you like to receive written information from the school?

المدرسة؟ من الممكن تودية المعلومات اسد تلام تود ل لغة ب أي
 <zj t_†K wjwLZ Z_ " Avcwb †Kvb fvlvq †c†Z Pvb?
 您希望從學校收到哪種語言的書面資訊？

Nan ki lang ou ta renmen lekòl la voye enfòmasyon ba w?
 어떤 언어로 쓰여진 가정통신문을 학교로부터 받기 원하십니까?

На каком языке Вы предпочитаете получать письменную информацию из школы?
 ¿En qué idioma desearía recibir la información por escrito que envía la escuela?
 (Ἐ μ ὕηΚαὶ ὀ ἄδῶ ὀ ἔαῶ 2ακτῆκ ἄδῶδῶ ὕηκ Ιαὺ: εῶ Ἐ Ἐ ἘτῆἘ/ ὀ*

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Haitian Creole / Kreyòl Ayisyen | <input type="checkbox"/> Urdu / اردو |
| <input type="checkbox"/> Arabic / العربية | <input type="checkbox"/> Korean / 한국어 | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Bengali / evsjv | <input type="checkbox"/> Russian / Русский | |
| <input type="checkbox"/> Chinese / 中文 | <input type="checkbox"/> Spanish / Español | |

2. In what language would you prefer to communicate orally with school staff?

المدرسة؟ موظ في مع شفهيًا الات صال ت فضل ل لغة ب أي
 <zjKg@x†`i mv†_ †Kvb fvlvq Avcwb †gŠwLK †hvMv†hvM ivL†Z cQ` K†ib?
 您希望以哪種語言與學校員工進行口頭溝通？

Ki lang ou ta pi pito pale pou w kominike avèk pèsonèl lekòl la?
 어떤 언어로 학교 선생님과 대화를 나누고자 하십니까?

На каком языке Вы предпочитаете общаться устно с сотрудниками школы?
 ¿En qué idioma preferiría comunicarse verbalmente con el personal de la escuela?
 (Ἐ μ ὕη7 ἠῆῶῶ ἠ Ἐ ἄῶῶ ἠ ὕ ἠ ἠ μ ὕ ηκ Ιαὺ: εῶ Ἐ Ἐ Ἐῶῶ Ἐ ἠ ἘτῆἘ/ ὀ*

- | | | |
|---|--|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Mandarin / 普通話 | <input type="checkbox"/> Spanish / Español |
| <input type="checkbox"/> Arabic / العربية | <input type="checkbox"/> Haitian Creole / Kreyòl Ayisyen | <input type="checkbox"/> Urdu / اردو |
| <input type="checkbox"/> Bengali / evsjv | <input type="checkbox"/> Korean / 한국어 | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Cantonese / 廣東話 | <input type="checkbox"/> Russian / Русский | |

Parent/Guardian Name: _____
 الأمر (ة)ولي (ة)الوالد اسم • wcZvgvZv/Awffve†Ki bvg • 家長/監護人姓名 • Non Paran/Gadyen • 학부모/보호자 성명
 Имя и фамилия родителя или опекуна • Nombre de uno de los padres o tutores • Haḷ, aḷ Ἀἔῶῶῶ Ἐ ἠ ἠ / ἠ ἠ ἠ / K

Student Name: _____
 ال تلمذ يذ اسم • wk†v_@xi bvg • 學生姓名 • Non elèv la • 학생 이름 • Nombre y apellido del estudiante
 نام ك ا طال • بعلم • Имя и фамилия учащегося

**PORT JEFFERSON SCHOOL DISTRICT
Registration Application Form**

Edna Louise Spear Elementary School
500 Scraggy Hill Road
Port Jefferson, N.Y. 11777

Port Jefferson Middle School
350 Old Post Road
Port Jefferson, N.Y. 11777

Earl L. Vandermeulen High School
350 Old Post Road
Port Jefferson, N.Y. 11777

Date: _____

Student Name (Last, First, MI) _____

Circle DOB

_____ Grade: _____ M F _____

Address: _____ Home Phone _____

List any siblings within the household:

_____ Age: _____ Grade: _____ M F _____

_____ Age: _____ Grade: _____ M F _____

Does your child have?
IEP ___ 504 ___

Has your child been
evaluated at the preschool
level? _____

Lease Own
Lease expiration

****Please provide current
lease upon expiration****

CUSTODY:

Does the child live with both parents? Yes No If not, who has custody? Mother Father Joint Other _____

The information below will also be used for our school notification system, School Messenger.

Mrs. Ms. Dr.

E-mail: _____

Mother/Guardian Name: _____ Home Phone (if different): _____

Home Address (if different): _____ Cell Phone: _____

Employer's Name: _____ Occupation _____

Work Address: _____ Work Phone: _____

Mr. Dr.

E-mail: _____

Father/Guardian Name: _____ Home Phone (if different): _____

Home Address (if different): _____ Cell Phone: _____

Employer's Name: _____ Occupation: _____

Work Address: _____ Work Phone: _____

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

ETHNICITY (must select one):

- Hispanic, Latino or of Spanish Origin
- Not Hispanic, Latino or of Spanish Origin

Race (must select at least one):

- African American
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Pacific Islander
- White

DEPT USE ONLY:

- Immigrant Migrant
- Date of Entry to US: _____
- Years in US School: _____
- Country of Origin: _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive. **Where is the student currently living?**

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____
- In permanent housing

Please see the Title 45 Release on the reverse side of this page

I allow the release of information.

I do **not** allow the release of information.

Signature of Parent/Guardian

Date

TITLE 45-RELEASE OF INFORMATION AND PRIVACY RIGHTS

Port Jefferson Schools may provide, release, and publish information pertaining to students for public relations and directory information. The following may be supplied: name of student, names of parents, address, age, weight, height, grade, participation in recognized school activities, extracurricular activities, sports programs, academic honors, achievements, awards, scholarships, and similar information. This information may be released in District and school publications and programs, as well as in press releases to the local media. Under Title 34 U.S. Code Part 99: Privacy Rights of Parents and Students, parents or guardians or students over the age of 18 who do not desire release of the above information must make a specific written request to the Superintendent of Schools by September 30 of each year. Failure to make such a request will be considered consent to release, provide, or publish the information during the school year.

**Port Jefferson School District
Statement of Residency**

Edna Louise Spear Elementary School
500 Scraggy Hill Road
Port Jefferson, N.Y. 11777

Port Jefferson Middle School
350 Old Post Road
Port Jefferson, N.Y. 11777

Earl L. Vandermeulen High School
350 Old Post Road
Port Jefferson, N.Y. 11777

I, _____, hereby represent to the Port Jefferson Union Free School District that my family and I are legally domiciled and are residing within the district at _____.

I acknowledge that if the district subsequently determines that such representation is not accurate that I will be personally liable for tuition for my child(ren), _____, from the date of initial admission to school; and that I will be responsible for the cost of any investigation and for reasonable legal fees related to the exclusion of my children. I submit the within statement of penalty of perjury for the purpose of inducing the Port Jefferson Union Free School District to accept my child(ren), and I recognize that the district will rely upon the accuracy of such representation and will suffer harm if it is not accurate.

Parent/Guardian **(Signed at Registration)**

Dated: _____ Signature: _____

Registrar's Signature

Dated: _____ Signature: _____

**Port Jefferson School District
Academic Questionnaire**

Edna Louise Spear Elementary School
500 Scraggy Hill Road
Port Jefferson, N.Y. 11777

Port Jefferson Middle School
350 Old Post Road
Port Jefferson, N.Y. 11777

Earl L. Vandermeulen High School
350 Old Post Road
Port Jefferson, N.Y. 11777

Student: _____ Entering Grade: _____ Date of Birth: _____

1. I see my child's academic progress as: (please circle)

- a. Remedial and struggling
- b. Below average
- c. Average
- d. Above average
- e. Possibly gifted

2. My child was attending the following special program(s): (please circle)

- a. None
- b. Gifted
- c. Remedial Reading
- d. Remedial Math
- e. Skills classes for _____
- f. Advance classes for _____
- g. Other (See Form B)

3. My child's behavior in school has been: (please circle)

- a. In need of improvement
- b. Satisfactory
- c. Excellent

4. Language spoken at home _____

5. Has your child received ESL services in the past? Yes No

6. Parents will require the service of interpreter for parent-teacher conference? Yes No

7. My child has received his/her best grade in _____

8. My child has received his/her lowest grade in _____

9. My child has repeated a grade. Yes No

10. If yes, what grade? _____

11. My child has a **504 plan** or an **IEP**. Yes____ No____

Please provide any other information that you feel important for the school to be aware of.

Signature of Parent

Date

Port Jefferson School District Request for Records

Edna Louise Spear Elementary School
500 Scraggy Hill Road
Port Jefferson, N.Y. 11777

Port Jefferson Middle School
350 Old Post Road
Port Jefferson, N.Y. 11777

Earl L. Vandermeulen High School
350 Old Post Road
Port Jefferson, N.Y. 11777

To Whom It May Concern:

Please fill in the name, address, and phone number of your child's previous school.

(Name of School)

(Address)

(Telephone Number)

(Fax Number)

Please forward all records concerning grade evaluation, testing, academic performance, health records, special physician's report, psychological evaluation and, if applicable, any special education records, as well as any other pertinent information for my child.

NAME: _____

D.O.B. _____

My child was a _____ grade student in your school.

Please send all records to:

For Elementary School Records:

Attention: Mrs. Dona
Edna Louise Spear Elementary School
500 Scraggy Hill Road
Port Jefferson, NY 11777
631-791-4300
631-476-4419 (fax)

For Middle School Records:

Port Jefferson Middle School
Attention: Middle School Guidance Department
350 Old Post Road
Port Jefferson, NY 11777
631-791-4400
631-476-4430 (fax)

For High School Records:

Port Jefferson High School
Attention: High School Guidance Department
350 Old Post Road
Port Jefferson, NY 11777
631-791-4400
631-476-2373 (fax)

For Special Education Records:

Office of Special Services
Port Jefferson School District
550 Scraggy Hill Road
Port Jefferson, NY 11777
631-791-4241
631-476-4428 (fax)

Your prompt attention to this request would be greatly appreciated.

Sincerely yours,

(Parent or Guardian)

Date

PHYSICAL FORM – Grades 6 -12

Name: _____ Date of Birth: _____

School: _____ Gender: M F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached
 No immunizations given today
 Immunizations given since last Health Appraisal:

Sickle Cell Screen: Positive Negative Not done Date: _____
 PPD: Positive Negative Not done Date: _____
 Elevated Lead: Yes No Not done Date: _____
 Dental Referral Yes No Not done Date: _____

Significant Medical/Surgical History: See attached _____

Allergies: LIFE THREATENING Food: _____ Insect: _____ Other: _____
 Seasonal Medication: _____

PHYSICAL EXAM

Date of Exam: _____ Urine Results: Sugar: _____ Protein: _____
 Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

Body Mass Index: _____	Vision - without glasses/contact lenses	R	L	
Weight Status Category (BMI Percentile):	Vision - with glasses/contact lenses	R	L	
<input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th	Vision - Near Point	R	L	
<input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

Tanner: I. II. III. IV. V. Scoliosis: Negative Positive: _____

EXAM ENTIRELY NORMAL

Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Medications (list all): None Additional medications listed on reverse of form

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

If AM dose is missed at home: _____

I assess this student to be self-directed Yes No Student may self carry and self administer medication Yes No

Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:

___ Limited contact: cheerleading, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.

___ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, weight train, crew, dance, track, run, walk, rope jump.

Specify medical accommodations needed for school: _____ None

Known or suspected disability: _____ Please monitor

Restrictions: _____ Please monitor

Provider's Signature: _____ Phone: _____ (Stamp below)

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____

**Port Jefferson School District
Certificate of Immunization**

Edna Louise Spear Elementary School
500 Scraggy Hill Road
Port Jefferson, NY 11777

Port Jefferson Middle School
350 Old Post Road
Port Jefferson, NY 11777

Earl L. Vandermeulen High School
350 Old Post Road
Port Jefferson, NY 11777

Name of Pupil _____ Date of Birth _____

Address of Pupil _____ Sex M/F Grade _____

Section 2164 of the Public Health Law revised September 1989, requires that all children entering or attending school be immunized against Diphtheria, Polio, Measles, German Measles (Rubella), Mumps, Varicella (Chicken Pox) and Hib.

The school is mandated to have written certification on file, therefore, we request that you have your doctor complete this form and return it to the school.

Diphtheria, Pertussis, Tetanus (DPT) (4th dose to be administered at 4 years old or older)

Dates: 1. _____ 2. _____ 3. _____ Booster _____

Diphtheria/Tetanus(DT) Date: _____ **Tdap** Date: _____

Measles/Mumps/Rubella (MMR) (after one year of age): Date: _____

Second Dose (Recommended between 4 & 6 years old) Date: _____

Polio: (Last dose to be administered at 4 years old or older)

Dates: 1. _____ 2. _____ 3. _____ Booster _____

Tuberculin Month _____ Year _____ Result _____

Haemophilus (Hib) (18 months – 5 years)

Dates: 1. _____ 2. _____ 3. _____ 4. _____

Hepatitis B (Heb B) Dates: 1. _____ 2. _____ 3. _____

Varicella Vaccine: (1st dose to be administered at 1 year old or older)

Dates: 1. _____ 2. _____

Lead Screening (Children born on or after January 2001) Month _____ Year _____

Date: _____

Physician's Signature

Name: _____ (Please print)

Address: _____

Port Jefferson School District Immunization Acknowledgement

Edna Louise Spear Elementary School
500 Scraggy Hill Road
Port Jefferson, N.Y. 11777
(631) 476-4420

Port Jefferson Middle School
350 Old Post Road
Port Jefferson, N.Y. 11777
(631) 476-4400

Earl L. Vandermeulen High School
350 Old Post Road
Port Jefferson, N.Y. 11777
(631) 476-4400

Dear Parent/Guardian:

New York State Education Law and the Regulations of the Commissioner of Education require a physical examination of all children who enter a school district for the first time. It must be completed no more than 12 months prior to, or 30 days after entering school.

New York State Public Health Law, Section 2164, mandates that schools cannot permit a child to be admitted unless the parent provides the school with a certificate of immunization or proof from a physician that the child is in the process of receiving the required immunizations.

Attached are school forms for your convenience. According to law, these must be completed within 14 days of the child's entry to school. Please complete and sign the enclosed health forms, as well as the acknowledgement below.

If you should have any questions or specific health concerns, feel free to call the appropriate school.

Parent/Guardian Acknowledgement

Student Name: _____

Grade: _____

Phone _____

Pursuant to Public Health Law 2164, I/we the undersigned acknowledge that we have fourteen (14) days (30 days for records from out of NY State) to provide the Port Jefferson School District with our son's/daughter's immunization records. Furthermore, we understand that failure to comply within the allotted time may result in my child's exclusion from school.

Parent's/Guardian's Signature

Date

