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**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

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**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, sample attached*)

**Athletic Forms**

- Athletics New Student Form (grades 7 – 12)
- Athletic Health History (grades 6 – 12)



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 ὠλδῶ ὀἔαῶ 2ακτῆκ Ἄδῆα ὕηκ Ιαῦ: εῶ Ἐἔ Ἐῆῆ/ u\*

- |   |  |                                      |
|---|--|--------------------------------------|
| <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 †gSwLK †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 ἠῆῆῆ ἠ Ἐλδῶ ἠν Ἄτ μ ὕηκ Ιαῦ: εῶ Ἐἔ Ἐῆῆ Ἐῶ Ἐῆῆ/ u\*

- |   |  |  |
|---|--|--|
| <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 • HaL uW AĒdŠdĒ / [Nđj]/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 طالب ب علم • 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.

**HOMELESS:**

- In a motel  
 In a shelter  
 With more than one family in a house or apartment  
 Moving from place to place  
 In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

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 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> through 49 <sup>th</sup> <input type="checkbox"/> 50 <sup>th</sup> through 84 <sup>th</sup>	Vision - Near Point	R	L	
<input type="checkbox"/> 85 <sup>th</sup> through 94 <sup>th</sup> <input type="checkbox"/> 95 <sup>th</sup> through 98 <sup>th</sup> <input type="checkbox"/> 99 <sup>th</sup> 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) (4<sup>th</sup> 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: (1<sup>st</sup> 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.

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### 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.

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Parent's/Guardian's Signature

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Date