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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
- 

**Registration Application – Print and Complete One Packet for Each Child**

- Homeless Questionnaire
- Language Preference Form
- Registration Application Form
- Statement of Residency Form (*sign at time of registration*)
- Home Language Questionnaire – (*To be completed with school personnel*)
- Transportation Request - (*if needed and within 15 mile radius*)

**PORT JEFFERSON SCHOOL DISTRICT**  
**OFFICE OF CURRICULUM AND INSTRUCTION**  
**550 SCRAGGY HILL ROAD**  
**PORT JEFFERSON, NY 11777**  
**PHONE (631)791-4291 FAX (631)476-4428**



**Paul Casciano, Ed.D.**  
**Superintendent of Schools**

**Jessica Schmettan**  
**Assistant Superintendent**  
**Curriculum and Instruction**

**MODEL ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE**

Name of LEA: Port Jefferson UFSD #6

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last First Middle

Gender:  Male Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_ ID#: \_\_\_\_\_  
 Female Month Day Year (preschool-12) (optional)

Address: \_\_\_\_\_ 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 certificate. Students who are protected under the McKinney-Vento Act may also 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 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

\_\_\_\_\_  
**Print name** of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

\_\_\_\_\_  
**Signature** of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

\_\_\_\_\_  
**Date**

**If you have answered yes to any of the above questions, please contact Traci McGlynn at 631-791-4291 for assistance with this registration.**



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 الممك تودية المعلومات اسد تلام تود ل غة ب أي  
 <zj t\_ t\_K wjwLZ Z\_ " Avcwb tKvb fvlvq tctZ 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 ὠἰῶ ἰἔαῦ 2ακτΚηκ ἈδἸῶα ὕηκ Ιαῦ: εἰ Ἐ Ἐ ἘἰἰἘ/ 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 غة ب أي  
 <zjKg@x t`i mv t\_ t\_Kvb fvlvq Avcwb t gSwLK t hvMv t hvM ivL t Z cQ` K t 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 ἠηῶα ἰἰ Ἐἰῶἰ ἰ ν Ἀἰ μ ὕηκ Ιαῦ: εἰ Ἐ Ἐ ἘἰἰἘ Ἐἰ ἘἰἰἘ/ 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) والاد اسم • wcZvgvZv/Awffve t 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 uḷ Ἀἔῶḷḷ Ἐἰ ἘἰἰἘ/ K

Student Name: \_\_\_\_\_

ال تلم يذ اسم • wkἰv\_@xi bvg • 學生姓名 • Non elèv la • 학생 이름 • Nombre y apellido del estudiante  
 نام ك ا طال 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  
 Landlord Affidavit  
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.  Mr.  Dr.

E-mail: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

.....  
 Mrs.  Ms.  Mr.  Dr.

E-mail: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

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
- Multi Racial

**DEPT USE ONLY:**

- Immigrant     Migrant

Years in US School: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*Additional Comments/Notes:*

## **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: \_\_\_\_\_