PORT JEFFERSON SCHOOL DISTRICT
CENTRAL REGISTRATION
550 SCRAGGY HILL ROAD
PORT JEFFERSON, NY 11777
PHONE (631)791-4291 FAX (631) 476-4428

Proof of Residency - Required Registration Checklist
ELEMENTARY SCHOOL

Part I
_____ Model Enrollment Form – Residency Questionnaire

Part II – Ownership or Rental – One of the following:
_____ Deed
_____ Contract
_____ Tax bill

Renters
_____ Current notarized lease (for at least one year) *****Lease must be notarized*****
or
_____ Landlord Affidavit

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

Part IV – Driver's License
_____ M**ust have valid license with current address within the Port Jefferson School District boundaries**
(*1 for each parent and/or guardian***)**

Part V - Proof of Age
_____ Birth Certificate/Valid Passport

Part VI - 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
_____ 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
_____ 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)*

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

Jessica Schmettan
Superintendent of Schools

Robert Neidig
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 ☐ Female ☐ Non binary Date of Birth: ____/____/____ *Month Day Year* Grade: _____ *(preschool-12)* ID#: _____ *(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.

PORT JEFFERSON SCHOOL DISTRICT
EDNA LOUISE SPEAR ELEMENTARY SCHOOL
550 SCRAGGY HILL ROAD
PORT JEFFERSON, NY 11777
PHONE (631)791-4300 FAX (631)476-4419

Jessica Schmettan
Superintendent of Schools

Amy Laverty
Building Principal

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 المكتوبة المعلومات استلام تود لغة بأي
¯‹zj †_‡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?
(Э μ ўŋ К ΩΫ ΩĻđШ ЈĚΩĈ 2ΩκłĶħκ ĂđŊđ¢ā ўŋκ IΩý: ēШ ЭĚ Głijĕ/ u∗

- ☐ English
- ☐ Arabic / العربية
- ☐ Bengali / evsjv
- ☐ Chinese / 中文
- ☐ Haitian Creole / Kreyòl Ayisyen
- ☐ Korean / 한국어
- ☐ Russian / Русский
- ☐ Spanish / Español
- ☐ Urdu / اردو
- ☐ Other:

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

المدرسة؟ موظفي مع شفهياً الاتصال تفضل لغة بأي
¯‹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?
(Э μ ŸŊ7 ĉŋćđā ĦШ ЭĻđШ ł ν Ăŕμ ŷŋκ IΩý: ēШ ЭĚ ЭĶĹĦ ЭШ Głijĕ/ u∗

- ☐ English
- ☐ Arabic / العربية
- ☐ Bengali / evsjv
- ☐ Cantonese / 廣東話
- ☐ Mandarin / 普通話
- ☐ Haitian Creole / Kreyòl Ayisyen
- ☐ Korean / 한국어
- ☐ Russian / Русский
- ☐ Spanish / Español
- ☐ Urdu / اردو
- ☐ Other:

Parent/Guardian Name:_____

الوالد إسم (ة)ولي /(ة)الأمر ● 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 ● HΩĻ ΩШ ĀĚđŞđĚ / íŊđĵ/K

Student Name:_____

التلميذ اسم ● wk¶v_©xi bvg ● 學生姓名 ● Non elèv la ● 학생 이름 ● Nombre y apellido del estudiante
Имя и фамилия учащегося ● نام کا طالبعلم

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 Non binary _____

Address: _____ Primary 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 <u>at least</u> 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: _____

Port Jefferson School District
Academic Ouestionnaire

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 ENL 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/Guardian Date

Port Jefferson School District
Request for Records

Edna Louise Spear Elementary School	***Port Jefferson Middle School***	***Earl L. Vandermeulen High School***
500 Scraggy Hill Road	350 Old Post Road	350 Old Post Road
Port Jefferson, N.Y. 11777	Port Jefferson, N.Y. 11777	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: Main Office
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

Port Jefferson School District
Elementary Health History

Name: _____ Gender: M F NB Grade: _____ DOB: _____

Address: _____ Phone: _____

Birthplace: _____

Previous School: _____

Address: _____

Father: _____ Mother: _____

Address if different from child: Address if different from child:

_____

Language Spoken at Home: _____

Family Physician: Name _____ Telephone # _____

Address _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Is there a History of:

	Date		Date
Asthma	_____	Mumps	_____
Chicken Pox	_____	Nephritis	_____
Diabetes	_____	Pneumonia	_____
Ear Conditions	_____	Rheumatic Fever	_____
Epilepsy	_____	Scarlet Fever	_____
Heart Disease	_____	Tuberculosis	_____
Measles	_____	TB Contact	_____

Allergies (Please Specify) _____

Other: _____

Has your child had any operations, serious illness, or injuries? Please give dates and explain:

_____

Does your child wear glasses? _____ Contacts? _____ Hearing Aid? _____

Date of last dental exam: _____

Are there any other physical conditions which might need special attention in school? Please explain:

_____

_____

Does your child take medication regularly? _____ Name of medication: _____

_____ _____

Signature of Parent or Guardian Date

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name:	Sex: ☐ M ☐ F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies ☐ No
☐ Yes, indicate type ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
☐ Food ☐ Insects ☐ Latex ☐ Medication ☐ Environmental

Asthma ☐ No
☐ Yes, indicate type ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
☐ Intermittent ☐ Persistent ☐ Other : _____

Seizures ☐ No
☐ Yes, indicate type ☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
☐ Type: _____ Date of last seizure: _____

Diabetes ☐ No
☐ Yes, indicate type ☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached
☐ Type 1 ☐ Type 2 ☐ HgbA1c results: _____ Date Drawn: _____

Risk Factors for Diabetes or Pre-Diabetes:
Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

BMI_____kg/m2 **Percentile (Weight Status Category):** ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and<

Hyperlipidemia: ☐ No ☐ Yes **Hypertension:** ☐ No ☐ Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height: **Weight:** **BP:** **Pulse:** **Respirations:**

TESTS	Positive	Negative	Date
PPD/ PRN	☐	☐	
Sickle Cell Screen/PRN	☐	☐	
Lead Level Required Grades Pre- K & K			**Date**
☐ Test Done ☐ Lead Elevated ≥10 µg/dL			

Other Pertinent Medical Concerns
One Functioning: ☐ Eye ☐ Kidney ☐ Testicle
☐ Concussion – Last Occurrence: _____
☐ Mental Health: _____
☐ Other:

☐ **System Review and Exam Entirely Normal**

Check Any Assessment Boxes *Outside* Normal Limits And Note Below Under Abnormalities

☐ HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
☐ Dental	☐ Cardiovascular	☐ Back/Spine	☐ Skin	☐ Social Emotional
☐ Neck	☐ Lungs	☐ Genitourinary	☐ Neurological	☐ Musculoskeletal

☐ Assessment/Abnormalities Noted/Recommendations:

☐ Additional Information Attached

Diagnoses/Problems (list)	ICD-10 Code

Name:			DOB:
SCREENINGS			
Vision	**Right**	**Left**	**Referral**	**Notes**
Distance Acuity	20/	20/	☐ Yes ☐ No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color ☐ Pass ☐ Fail				
Hearing	**Right** dB	**Left** dB	**Referral**	
Pure Tone Screening			☐ Yes ☐ No	
Scoliosis Required for boys grade 9	**Negative**	**Positive**	**Referral**	
And girls grades 5 & 7	☐	☐	☐ Yes ☐ No	
Deviation Degree:		Trunk Rotation Angle:		
Recommendations:				

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

☐ **Full Activity** without restrictions including Physical Education and Athletics.

☐ **Restrictions/Adaptations** Use the Interscholastic Sports Categories (below) for Restrictions or modifications

- ☐ **No Contact Sports** **Includes:** baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling
- ☐ **No Non-Contact Sports** **Includes:** archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field
- ☐ **Other Restrictions:**

☐ **Developmental Stage for Athletic Placement Process ONLY**

Grades 7 & 8 to play at high school level **OR** Grades 9-12 to play middle school level sports

Student is at **Tanner Stage:** ☐ I ☐ II ☐ III ☐ IV ☐ V

☐ **Accommodations:** Use additional space below to explain

☐ Brace*/Orthotic	☐ Colostomy Appliance*	☐ Hearing Aids
☐ Insulin Pump/Insulin Sensor*	☐ Medical/Prosthetic Device*	☐ Pacemaker/Defibrillator*
☐ Protective Equipment	☐ Sport Safety Goggles	☐ Other:

*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain: _____

MEDICATIONS

☐ **Order Form for Medication(s) Needed at School attached**

List medications taken at home:		

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS Received Today: ☐ Yes ☐ No

HEALTH CARE PROVIDER

Medical Provider Signature:	**Date:**
Provider Name: *(please print)*	Stamp:
Provider Address:	
Phone:	
Fax:	

Please Return This Form To Your Child's School When Entirely Completed.

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/NB 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._____ 4. _____ 5. _____

Meningococcal Date: _____ **Tdap (Adacel/Boostrix)** 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._____ 4. _____

Haemophilus (Hib) (For Pre-K entrance ONLY)
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. _____

_____ **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) 791-4300

Port Jefferson Middle School
350 Old Post Road
Port Jefferson, N.Y. 11777
(631) 791-4400

Earl L. Vandermeulen High School
350 Old Post Road
Port Jefferson, N.Y. 11777
(631) 791-4400

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/Guardian Signature Date

Grad Year ________

Port Jefferson School District
550 Scraggy Hill Road
Port Jefferson, NY 11777

CHROMEBOOK AGREEMENT FORM

Student Name: ____________________ **Date of Return:**

Student ID Number:___________________

Phone Number: ____________________

Date Received: ____________________

Item Description	Asset Tag(s)
• Chromebook • Charger	____________________

The listed items are being loaned to the student named above in good working order for the 2022-23 school year. It is agreed that we are responsible to care for the equipment. We will take all means necessary to insure the safety of the Chromebook and its accessories, including but not limited to protecting the items from theft, damage, moisture, and temperature extremes. We agree not to transfer the Chromebook or accessories to any non-party to this Agreement. We agree that the student will be the sole user of the Chromebook. Should the items be damaged, lost or stolen we will report this to the student's teacher immediately. Damage or loss of this equipment may result in the student forfeiting his/her Chromebook privilege.

The equipment/accessories are the property of the Port Jefferson UFSD and are being loaned to the student for educational purposes only. The equipment will be returned to the school in good working condition on the date requested or sooner if the student leaves the Port Jefferson school system prior to the end of the school year. Failure to return the equipment/accessories in the same condition existent at the time of the loan, reasonable wear and tear excepted, may lead to the District requiring that any expense incurred in replacing the equipment and/or accessories be the borrower's responsibility.

Parent/Guardian Signature: ________________________________

Print Parent Name: ______________________________________

FOR OFFICE USE ONLY*

NOTES: ________________________

PJSD Chromebook Agreement Terms and Conditions

PORT JEFFERSON SCHOOL DISTRICT
EDNA LOUISE SPEAR ELEMENTARY SCHOOL
500 SCRAGGY HILL ROAD
PORT JEFFERSON, NY 11777
PHONE (631)791-4300 FAX (631)476-4419

Jessica Schmettan
Superintendent of Schools

Amy Laverty
Building Principal

Brianne Antenucci
Assistant Principal

MEDIA RELEASE FORM

Dear Parents and Families,

Throughout the school year there are many engaging activities, events and field trips provided for our students. We love to take photos and videos during these events to share with our families and the community. Many times, these pictures and videos are displayed in the classroom, at school events and posted on social media. Please complete the form below and return to your child's teacher. If you have any questions or concerns, please contact the main office (631)791-4300.

Please Only Check One:

_____ Yes, I give my permission for my child to be photographed and videotaped during activities at school or on field trips. The images may be used in the classroom, district publications and social media.

_____ Yes, I give my permission for my child to be photographed and videotaped during activities at school or on field trips. The images may be used in the classroom. **I do not give permission for the images to be posted on the Internet.**

_____ No, I do not give my permission for my child to be photographed or videotaped during activities at school or on field trips for classroom or internet use.

Child's Name: _____

Parent Signature: _____

Date: _____

STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

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Home Language Questionnaire (HLQ)

Dear Parent or Guardian:
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.

Please write clearly when completing this section.

STUDENT NAME:

First *Middle* *Last*

DATE OF BIRTH:

Month *Day* *Year*

GENDER:

❑ Male
❑ Female

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name *First Name* *Relation to Student*

HOME LANGUAGE CODE

Language Background
(Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	❑ English	❑ Other	*specify*	
2. What was the first language your child learned?	❑ English	❑ Other	*specify*	
3. What is the Home Language of each parent/guardian?	❑ Mother	*specify*	❑ Father	*specify*
	❑ Guardian(s)	*specify*		
4. What language(s) does your child understand?	❑ English	❑ Other	*specify*	
5. What language(s) does your child speak?	❑ English	❑ Other	*specify*	❑ Does not speak
6. What language(s) does your child read?	❑ English	❑ Other	*specify*	❑ Does not read
7. What language(s) does your child write?	❑ English	❑ Other	*specify*	❑ Does not write

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*	

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Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

*Yes** ❑ *No* ❑ *Not sure* ❑ *If yes, please explain: _____

How severe do you think these difficulties are? ❑ Minor ❑ Somewhat severe ❑ Very severe

10a. Has your child ever been *referred* for a special education evaluation in the past? ❑ **No** ❑ **Yes*** **Please complete 10b below*

10b. *If referred for an evaluation,* has your child ever *received* any special education services in the past?
❑ **No** ❑ **Yes – Type of services received:** _____

Age at which services received *(Please check all that apply):*
❑ **Birth to 3 years (Early Intervention)** ❑ **3 to 5 years (Special Education)** ❑ **6 years or older (Special Education)**

10c. Does your child have an Individualized Education Program (IEP)? ❑ **No** ❑ **Yes**

11. Is there anything else you think is important for the school to know about your child? *(e.g., special talents, health concerns, etc.)*

_____

_____

_____

12. In what language(s) would you like to receive information from the school? _____

_____ Month: Day: Year: _____

Signature of Parent or of Person in Parental Relation ***Date***

Relationship to student: ❑ **Mother** ❑ **Father** ❑ **Other:** _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: ❑ NO ❑ YES

DATE OF INDIVIDUAL INTERVIEW: _____ (Mo Day YR.)

OUTCOME OF INDIVIDUAL INTERVIEW:
❑ ADMINISTER NYSITELL
❑ ENGLISH PROFICIENT
❑ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL ADMINISTRATION: _____ (Mo. Day YR.)

PROFICIENCY LEVEL ACHIEVED ON NYSITELL: ❑ ENTERING ❑ EMERGING ❑ TRANSITIONING ❑ EXPANDING ❑ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: