

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



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**Proof of Residency - Required Registration Checklist  
HIGH SCHOOL/MIDDLE SCHOOL**

**Part I**

☐ Model Enrollment Form – Residency Questionnaire

**Part II – 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\*\****  
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**

- ☐ **Must 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

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**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*)  
☐ Academic Questionnaire  
☐ Request for Records 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](http://www.familyid.com/port-jefferson-athletics)

**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 Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_ ID#: \_\_\_\_\_  
☐ Female Month Day Year (preschool-12) (optional)  
☐ Non-Binary

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 checked any of the above boxes, please contact Traci McGlynn at 631-791-4291 for assistance with this registration.***

**John Ruggero**  
**HS Building Principal**  
**Brian Walker**  
**MS Principal**

*Dear Parent or Guardian,*

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

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 ṽηΚαŷ aLdW JĚaC 2aκtKħk ĀdNdca ṽηk Iaŷ: ēW ƏĚ GtjĚ/ u\*

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

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

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 ṽN7 čnčdā lW ƏŁdW tν Āȳ μ ṽηκ lαȳ: ēW ƏĖ ƏKĹĤ ƏW GtjĖ/ u\*

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

Parent/Guardian Name: \_\_\_\_\_

• 家長/監護人姓名 • Non Paran/Gadyen • 학부모/보호자 성명  
 • 伊名及 фамилия родителя или опекуна • Nombre de uno de los padres o tutores • HoL oW AEdSdE / fNd/K

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

الاسم • wkv\_oxi bvg • 學生姓名 • Non elèv la • 학생 이름 • Nombre y apellido del estudiante  
Имя и фамилия учащегося • نام کا طالب علم

**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 NB \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ M F NB \_\_\_\_\_

**CUSTODY:**

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

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\*\***

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

☐ Mrs. ☐ Ms. ☐ Mr. ☐ Dr.

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

Parent/Guardian 1 Name: \_\_\_\_\_ Home Phone (if different): \_\_\_\_\_

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

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

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

☐ Mrs. ☐ Ms. ☐ Mr. ☐ Dr.

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

Parent/Guardian 2 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  
☐ 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 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 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**

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: 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



# 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: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

## HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Anaphylaxis Care Plan Attached
	<input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Environmental	

Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Asthma Care Plan Attached
	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____	

Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Seizure Care Plan Attached
	<input type="checkbox"/> Type: _____	Date of last seizure: _____

Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached
	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> 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): ☐ <5<sup>th</sup> ☐ 5<sup>th</sup>-49<sup>th</sup> ☐ 50<sup>th</sup>-84<sup>th</sup> ☐ 85<sup>th</sup>-94<sup>th</sup> ☐ 95<sup>th</sup>-98<sup>th</sup> ☐ 99<sup>th</sup> and <

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

## PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
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TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Concussion – Last Occurrence: _____
Lead Level Required Grades Pre- K & K			Date	<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq 10$ $\mu\text{g/dL}$				<input type="checkbox"/> Other: _____

☐ System Review and Exam Entirely Normal

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

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code
	_____	_____
	_____	_____
	_____	_____
	_____	_____
<input type="checkbox"/> Additional Information Attached		

<b>Name:</b>			<b>DOB:</b>	
<b>SCREENINGS</b>				
<b>Vision</b>	<b>Right</b>	<b>Left</b>	<b>Referral</b>	<b>Notes</b>
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
<b>Hearing</b>	<b>Right dB</b>	<b>Left dB</b>	<b>Referral</b>	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Scoliosis</b> Required for boys grade 9 And girls grades 5 & 7	<b>Negative</b>	<b>Positive</b>	<b>Referral</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:		Trunk Rotation Angle:		
<b>Recommendations:</b>				
<b>RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK</b>				
<input type="checkbox"/> <b>Full Activity</b> without restrictions including Physical Education and Athletics.				
<input type="checkbox"/> <b>Restrictions/Adaptations</b> Use the Interscholastic Sports Categories (below) for Restrictions or modifications				
<input type="checkbox"/> <b>No Contact Sports</b> <b>Includes:</b> baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling				
<input type="checkbox"/> <b>No Non-Contact Sports</b> <b>Includes:</b> archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field				
<input type="checkbox"/> <b>Other Restrictions:</b>				
<input type="checkbox"/> <b>Developmental Stage for Athletic Placement Process ONLY</b> Grades 7 & 8 to play at high school level <b>OR</b> Grades 9-12 to play middle school level sports Student is at <b>Tanner Stage:</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V				
<input type="checkbox"/> <b>Accommodations:</b> Use additional space below to explain				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Brace*/Orthotic         </div> <div> <input type="checkbox"/> Colostomy Appliance*         </div> <div> <input type="checkbox"/> Hearing Aids         </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Insulin Pump/Insulin Sensor*         </div> <div> <input type="checkbox"/> Medical/Prosthetic Device*         </div> <div> <input type="checkbox"/> Pacemaker/Defibrillator*         </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Protective Equipment         </div> <div> <input type="checkbox"/> Sport Safety Goggles         </div> <div> <input type="checkbox"/> Other:         </div> </div>				
*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.				
Explain:				
<b>MEDICATIONS</b>				
<input type="checkbox"/> <b>Order Form for Medication(s) Needed at School attached</b>				
List medications taken at home:				
<b>IMMUNIZATIONS</b>				
<input type="checkbox"/> Record Attached				
<input type="checkbox"/> Reported in NYSIIS				
Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>HEALTH CARE PROVIDER</b>				
Medical Provider Signature:				<b>Date:</b>
Provider Name: <i>(please print)</i>				Stamp:
Provider Address:				
Phone:				
Fax:				
<b>Please Return This Form To Your Child's School When Entirely Completed.</b>				

**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) (4<sup>th</sup> 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: (1<sup>st</sup> 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.

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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.

---

Parent/Guardian Signature

---

Date