

**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
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

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

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?

(Э μ ŷη Kαŷ αLdW JĖαC 2ακI Kηκ ĀdNdcā ŷηκ Iαŷ: ēW ƏĖ GrijĖ/ u*

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

(Э μ ḡN7 čnčdā tW ƏLdW tν Āř μ ḡnK Iqy: ēW ƏĖ ƏKĹH ƏW Gtījē/ u*

- الاسم • wkiv_@xi 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: _____ 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: _____ 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

**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

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE

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:	Affirmed Name (if applicable):	DOB:
Sex Assigned at Birth: ☐ Female ☐ Male	Gender Identity: ☐ Female ☐ Male ☐ Nonbinary ☐ X	
School:	Grade:	Exam Date:

HEALTH HISTORY

If yes to any diagnoses below, check all that apply and provide additional information.

☐ Allergies	Type: ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
☐ Asthma	☐ Intermittent ☐ Persistent ☐ Other: ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
☐ Seizures	Type: ☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
☐ Diabetes	Type: ☐ 1 ☐ 2 ☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached

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: ☐ Yes ☐ Not Done

Hypertension: ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory Testing	Positive	Negative	Date	Lead Level Required for PreK & K
TB- PRN	☐	☐		☐ Test Done ☐ Lead Elevated ≥ 5 $\mu\text{g/dL}$
Sickle Cell Screen-PRN	☐	☐		

☐ **System Review Within Normal Limits**
☐ **Abnormal Findings – List Other Pertinent Medical Concerns Below** (e.g., concussion, mental health, one functioning organ)

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

Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code*

☐ Additional Information Attached

*Required only for students with an IEP receiving Medicaid

Name:		Affirmed Name (if applicable):		DOB:	
SCREENINGS					
Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11					
Vision	With Correction ☐ Yes ☐ No	Right	Left	Referral	Not Done
Distance Acuity		20/	20/	☐ Yes	☐
Near Vision Acuity		20/	20/		☐
Color Perception Screening ☐ Pass ☐ Fail					☐
Notes					
Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					Not Done
Pure Tone Screening	Right ☐ Pass ☐ Fail	Left ☐ Pass ☐ Fail	Referral ☐ Yes		☐
Notes					
Scoliosis Screening: Boys grade 9, Girls grades 5 & 7		Negative	Positive	Referral	Not Done
		☐	☐	☐ Yes	☐
FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS*/PLAYGROUND/WORK					
☐ *Family cardiac history reviewed – required for Dominic Murray Sudden Cardiac Arrest Prevention Act					
☐ Student may participate in all activities without restrictions.					
If Restrictions Apply – Complete the information below					
☐ Student is restricted from participation in:					
☐ Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.					
☐ Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball.					
☐ Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.					
☐ Other Restrictions:					
Developmental Stage for Athletic Placement Process ONLY required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level.					
Tanner Stage: ☐ I ☐ II ☐ III ☐ IV ☐ V					
☐ Other Accommodations*: (e.g., brace, orthotics, insulin pump, prosthetic, sports goggles, etc.) Use additional space below to explain.					
*Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions.					
MEDICATIONS					
☐ Order Form for medication(s) needed at school attached					
COMMUNICABLE DISEASE			IMMUNIZATIONS		
☐ Confirmed free of communicable disease during exam			☐ Record Attached ☐ Reported in NYSIIS		
HEALTHCARE PROVIDER					
Healthcare Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
Please Return This Form to Your Child's School Health Office When Completed.					



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

Elisa Alvarez, Associate Commissioner Office of
Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Person in Parental Relation:
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.

STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
☐ Male ☐ Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to

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?	☐ Parent 1	☐ Parent 2	_____ 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:

Home Language Questionnaire (HLQ)—Page Two

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? _____

 Signature of Parent or of Person in Parental Relation

Month: _____ Day: _____ Year: _____

 Date

Relationship to student: ☐ Parent ☐ 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: _____ PROFICIENCY LEVEL
 ACHIEVED ON
 NYSITELL: ☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING
 MO. DAY YR.

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

NYSPPHSAA TRANSFER NOTIFICATION

This form must be completed for all transfer students requesting a waiver or exemption



THE STUDENT CANNOT PARTICIPATE IN A CONTEST/SCRIMMAGE UNTIL APPROVED BY THE SECTION.

Please check one: **(Required supporting documentation must be attached)**

Waiver Request

_____ **Health & Safety:** Appeals are considered for safety, mental health, personal relationships and other similar circumstances. Written documentation is required from Superintendent of Schools or High School Principal of the sending school indicating the specific circumstances which necessitated the transfer. Supporting documentation from a third party outside of the school may be submitted (ex. police report).

_____ **District of Residency:** (No change of residence. School registration change only.) Student is returning to a school within the district boundaries of his/her residence.

_____ **Hardship:** Each school shall have the opportunity to petition the section involved to approve transfer without penalty based on an undue hardship for the student. Educational Waivers will not be considered as an undue hardship.

_____ **Financial:** Requires documented proof of a significant loss of income or a significant increase in expenses.

Exemption Request

_____ **Divorced/Legally Separated Parents:** A student from divorced or legally separated parents who moves into a new school district with one of the aforementioned parents is exempt provided it occurs once every six months. The legal separation agreement must address custody, child support, spouses support and distribution of assets and be filed with the County Clerk or issued by a Judge.

_____ **Homeless:** Student declared homeless by the Superintendent under McKinney-Vento Legislation [NYSED 100.2].

_____ **Other:** Exemptions (six) as denoted in NYSPPHSAA Rule #31 (Transfer). Exemption: _____

Residency Change

_____ *NYSPPHSAA transfer/residency policy states: (A residency is changed when one is abandoned and another one established through action and intent. Residency requires one's physical presence as an inhabitant and the intent to remain indefinitely. The mere renting of property within the District does not confer residency. **The Superintendent determines residency for enrollment, but this more restrictive requirement is needed for athletic eligibility per NYSPPHSAA regulations.***

By signing this document, I attest the information provided is accurate and correct; I have understanding the falsification of information could lead to ineligibility; the immediate family will be physically residing at the current address as inhabitants and intend to remain indefinitely; the student has transferred without inducement or recruitment.

Parent Signature: _____ Name (Print): _____ Date: ____ - ____ - ____

PART ONE

TO BE COMPLETED BY STUDENT'S RECEIVING SCHOOL

Receiving School: _____ Student's Name: _____

Date of Transfer: ____ - ____ - ____ Date of Birth: ____ - ____ - ____ Grade Level: _____ Date Entered 9th Grade: ____ - ____ - ____

Student/Family Previous Address: _____

Student/Family Present Address: _____

Parent's Names and Current Address(es)

(Parent I name & address): _____

(Parent II name & address): _____

Name of Sending School _____ Did student participate in athletics at sending school? Yes ____ No ____

The receiving school's administration is responsible for abiding by all NYSPPHSAA Eligibility standards.

Athletic Director's signature: _____ Date ____ - ____ - ____

Principal's signature: _____ Date ____ - ____ - ____

Superintendent's signature: _____ Date ____ - ____ - ____

**** DO NOT COMPLETE BELOW - SECTION USE ONLY ****

SECTION APPROVAL: _____ **SECTION EXECUTIVE DIRECTOR:** _____

SECTION DENIAL: _____ **DATE:** ____ - ____ - ____

PART TWO
TO BE COMPLETED **BY SCHOOL STUDENT PREVIOUSLY ATTENDED**
AND RETURNED TO STUDENT'S PRESENT SCHOOL

Name of Student: _____ Date entered 9th grade ____ - ____ - ____

Did student repeat any grades? _____ If yes, which grade(s)? _____

Name of School(s) Attended Prior to Transfer _____

Date of entrance to this school _____ Date of withdrawal from this school ____ - ____ - ____

Student's address while attending the above school _____

With whom did student reside at this address (name)? _____

Relationship of this (these) person(s)? _____

PART THREE
TRANSFER STUDENT SPORT HISTORY
(Please include all sports student participated)

	YEAR	SPORT	LEVEL	SCHOOL
7 th Grade	_____	_____	V ____ JV ____ FR ____ MOD ____	_____
	_____	_____	V ____ JV ____ FR ____ MOD ____	_____
	_____	_____	V ____ JV ____ FR ____ MOD ____	_____
8 th Grade	_____	_____	V ____ JV ____ FR ____ MOD ____	_____
	_____	_____	V ____ JV ____ FR ____ MOD ____	_____
	_____	_____	V ____ JV ____ FR ____ MOD ____	_____
9 th Grade	_____	_____	V ____ JV ____ FR ____ MOD ____	_____
	_____	_____	V ____ JV ____ FR ____ MOD ____	_____
	_____	_____	V ____ JV ____ FR ____ MOD ____	_____
10 th Grade	_____	_____	V ____ JV ____ FR ____ MOD ____	_____
	_____	_____	V ____ JV ____ FR ____ MOD ____	_____
	_____	_____	V ____ JV ____ FR ____ MOD ____	_____
11 th Grade	_____	_____	V ____ JV ____ FR ____ MOD ____	_____
	_____	_____	V ____ JV ____ FR ____ MOD ____	_____
	_____	_____	V ____ JV ____ FR ____ MOD ____	_____
12 th Grade	_____	_____	V ____ JV ____ FR ____ MOD ____	_____
	_____	_____	V ____ JV ____ FR ____ MOD ____	_____
	_____	_____	V ____ JV ____ FR ____ MOD ____	_____

The undersigned has no knowledge the student named has transferred to his/her present school without inducement or recruitment.

Athletic Director's signature: _____ Date ____ - ____ - ____

Principal's signature: _____ Date ____ - ____ - ____

Superintendent's signature: _____ Date ____ - ____ - ____

revised: 7/30/2024

IDENTIFICATION & RECRUITMENT PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take a few minutes to complete this questionnaire.

Has anyone in your family worked or looked for work at the following occupations during the past 3 years?

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



If you answered YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____

Telephone number: (____)-____-____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____ Grade _____

Student name: _____ Age _____ Grade _____

To submit this referral please email to migranteducation@esboces.org, or fax to 631-240-8912, or by mail to Long-Island-METRO Migrant Education Program- 969 Roanoke House Avenue, Riverhead, NY, 11901.