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
_____ 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

_____ 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 ☐ 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 checked any of the above boxes, 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

John Ruggero
HS Building Principal
Brian Walker
MS 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 ŸŋKΩŶ ΩĻđШ JĒΩĈ 2ΩκłĶĥκ ÃđŊđcā Ÿŋκ IΩý: ēШ ЭĚ GłijĚ/ 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 łШ ЭĻđШ ł ν Ăĭμ Ÿŋκ IΩý: ēШ ЭĚ ЭĶĹĦ ЭШ GłijĚ/ 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 الأمر (ة) ● 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 ĀĚđ$đĚ / ĺŊđĵ/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: _____

Does your child have?
IEP___ 504 ___

Has your child been evaluated at the preschool level? _____

Student Name (Last, First, MI) Circle DOB

_____ Grade: _____ M F Non Binary _____

Address: _____ Primary Phone _____

☐ Lease ☐ Own
☐ Landlord Affidavit
Lease expiration
_____

Please provide current lease upon expiration*

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 _____

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 <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	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

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
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: Date of last seizure: ☐ 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	Date
TB- PRN	☐	☐		☐ Test Done ☐ Lead Elevated ≥5 µg/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: *(please print)*	
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 _____ *specify*	❑ 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? _____

_____ Month: Day: Year: _____
Signature of Parent or of Person in Parental Relation ***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: _____ (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:

NYSPHSAA 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 NYSPHSAA Rule #31 (Transfer). Exemption: _____

Residency Change

____ *NYSPHSAA 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 NYSPHSAA 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 NYSPHSAA 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
7th Grade	____	_____	V ___ JV ___ FR___ MOD ____	_____
	____	_____	V ___ JV ___ FR___ MOD ____	_____
	____	_____	V ___ JV ___ FR___ MOD ____	_____
8th Grade	____	_____	V ___ JV ___ FR___ MOD ____	_____
	____	_____	V ___ JV ___ FR___ MOD ____	_____
	____	_____	V ___ JV ___ FR___ MOD ____	_____
9th Grade	____	_____	V ___ JV ___ FR___ MOD ____	_____
	____	_____	V ___ JV ___ FR___ MOD ____	_____
	____	_____	V ___ JV ___ FR___ MOD ____	_____
10th Grade	____	_____	V ___ JV ___ FR___ MOD ____	_____
	____	_____	V ___ JV ___ FR___ MOD ____	_____
	____	_____	V ___ JV ___ FR___ MOD ____	_____
11th Grade	____	_____	V ___ JV ___ FR___ MOD ____	_____
	____	_____	V ___ JV ___ FR___ MOD ____	_____
	____	_____	V ___ JV ___ FR___ MOD ____	_____
12th 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

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
EMERGENCY CONTACT INFORMATION

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, NY 11777	Port Jefferson, NY 11777	Port Jefferson, NY 11777

Student Name:_____ **Date of Birth:**_____

Home Address:_____ **Grade:**_____

_____

In the event that the parent or guardian is unavailable or unable to pick up a sick or injured student, please designate family and/or friends who will be contacted to pick them up.

Emergency Contact # 1:_____ _____
Contact Name Relationship

_____
Phone Number

Emergency Contact # 2:_____ _____
Contact Name Relationship

_____
Phone Number

Emergency Contact # 3:_____ _____
Contact Name Relationship

_____
Phone Number

_____ _____
Signature of Parent or Guardian **Date**

***As the parent/guardian, you can make future changes to the emergency contacts in the Parent Portal of PowerSchool.**

Eastern Suffolk BOCES
Educational Services That Transform Lives

NEW YORK STATE MIGRANT EDUCATION PROGRAM

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.