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
HOME SCHOOL REGISTRATION

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

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*)**
_____ Elementary Health History Form
_____ Home Language Questionnaire
_____ NYS Migrant Education Program Form _____

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 Ўņ Кûϔ ûĻđĲ ĴĚûĊ 2ûĸǀĶħĸ ÃđŅđċā Ўņĸ Iûý: ēĲ ЭĚ GǀĳĚ/ 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?

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 ЎŅ7 ĉņćđā ǀĲ ЭĻđĲ ǀνĂĭµ Ўņĸ Iûý: ēĲ ЭĚ ЭĶĹĦ ЭĲ GǀĳĚ/ 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:____

إسم الوالد(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 ● HûĻ ûĲ ĀĚđȘđĚ / ÍŅďĵ/K

Student Name:____

اسم التلميذ ● 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: _____

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

Lissette Colón-Collins, Assistant 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 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*	

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: ❑ **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:

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.