

# Jericho Union Free School District

99 Cedar Swamp Road, Jericho, NY 11753

School Assigned/Grade: \_\_\_\_/\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Best Contact Phone: \_\_\_\_\_

Welcome to the Jericho Schools!

**Please note that we can only register your children once your children are living full time and sleeping at a house or apartment inside our district boundaries.**

*If you are requesting transportation only to a private or non-public school, you must still register with the school district. Please see directions on the next page.*

Please print all forms required for registration in this packet. In addition, each document in the list below must accompany each student's registration (place check next to each document that is complete):

- ☐ Residency Questionnaire (in English, Chinese or Spanish)\*
- ☐ Registration Application\*
- ☐ Release of School Records
- ☐ Home Language Questionnaire
- ☐ Student Health History (completed by parent)\*
- ☐ NYS School Health Examination Form (must be completed by a NYS doctor)\*
- ☐ Immunization ("needles") record (must be completed by a NYS doctor)\*
- ☐ Dental Health Certificate (recommended)
- ☐ Original student birth certificate OR Passport OR Baptismal Certificate\*
- ☐ Parent photo ID (ex. passport, license, etc.)\*
- ☐ Recent utility bill (ex. cable, electric, gas, etc.) OR Pay stub with parent name and address shown\*
- ☐ Recent report card, transcript, or grades from student's current school (if available)
- ☐ IEP or 504 and/or ESL plans or records (if applicable)

Then, please find the situation that applies to you and complete indicated forms and gather required documents:

<b>Own house:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Deed OR Tax Bill*</li><li><input type="checkbox"/> Form A*</li></ul>	<b>Renting apartment at Eagle Rock or Westwood Village:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Lease*</li><li><input type="checkbox"/> Form A*</li></ul>
<b>Renting a private house (or part of private house):</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Lease*</li><li><input type="checkbox"/> Form A*</li><li><input type="checkbox"/> <u>Notarized</u> Form B, completed by landlord</li><li><input type="checkbox"/> Deed OR Mortgage Statement OR Tax Bill from landlord*</li></ul>	<b>Living with family member without a lease:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Form A*</li><li><input type="checkbox"/> <u>Notarized</u> Form C, completed by family member</li><li><input type="checkbox"/> Deed OR Mortgage Statement OR Tax Bill from family member*</li></ul>
<b>Homeless or in temporary housing:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Letter from DSS (if available)*</li><li><input type="checkbox"/> Form A*</li></ul>	<b>Any other situation:</b> <p>Please contact us for assistance at 516-203-3600.</p>

If any of the following special situations apply to you, please complete the indicated forms and gather the required documents:

<b>Are divorced:</b>  <input type="checkbox"/> Court-approved custody papers*	<b>Are legal guardian (please note that guardians must be approved by the courts):</b>  <input type="checkbox"/> <u>Notarized</u> Guardian Affidavit* <input type="checkbox"/> Court-approved guardianship papers*
---	---

Once registration application forms are completed, please contact the appropriate building to schedule an appointment.

High School	516- 203-3600	"Dr. Joe" Prisinzano
Middle School	516-203-3600	"Dr. Joe" Prisinzano
Cantiague Elementary	516-203-3600 x7250	Gina Faust
Jackson Elementary	516-203-3600 x6240	Dr. Alex Rivera
Seaman Elementary	516-203-3600 x5280	Dr. Ivy Sherman

**\* Transportation Application to Private or Non-Public School**

Only if your child is attending a non-public school (and NOT the Jericho Schools) and only if this is the first year you are requesting transportation within 15 miles, please complete all forms on the previous page denoted with an asterisk (\*) and the Transportation Application to a Private or Non-Public Schools form at the end of this document.

Please note that the Transportation Application to a Private or Non-Public Schools must be completed within 30 days of moving into your residence.

In future years, you must only complete the Application for Transportation. However, it must be received by April 1 each year.

# Jericho Union Free School District

99 Cedar Swamp Road, Jericho, NY 11753

## RESIDENCY QUESTIONNAIRE

Name of LEA: Jericho Union Free School District

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_  
Street Address Town Zip Code

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ☐ Male ☐ Female

Best Contact Phone: \_\_\_\_\_

The answer you give below will help the district determine what services you or your child may be eligible 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 do not have the documents normally required, 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
- ☐ In a hotel/motel
- ☐ 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 car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe): \_\_\_\_\_

- ☐ In permanent housing (ex. in a house you own, in an apartment you rent with a lease, etc.)

\_\_\_\_\_  
Print name of Parent/Guardian or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Signature of Parent/Guardian or Student (for unaccompanied homeless youth)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

If the student is **NOT** living in permanent housing, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. The district's LEA liaison is required to assist the student in obtaining any necessary documents, including immunization or school records after the student has been enrolled.

**NOTE TO SCHOOLS/LEAS:** If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

## 入学登记表 - 居住问卷

LEA名称: Jericho School District

学校名称:

学生姓名: \_\_\_\_\_

姓 名 中间名

性别: 男 出生日期: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 年级 \_\_\_\_ ID#: \_\_\_\_  
女 月 日 年 (学前班至12年级) (选填)

地址: \_\_\_\_\_ 联系电话: \_\_\_\_\_

下述回答将有助于本学区决定，根据《麦克基尼-文托法案》规定为您或您的孩子提供哪种救助服务。即使学生仍未递交居住证明、就读记录、疫苗接种记录、出生证等正式入学流程所需的文件，只要《麦克基尼-文托法案》保护，该生也有权立刻入学，且享有免除交通费等待遇。

学生现在居住在哪里? (请勾选其中1项)

- ☐ 收容所
- ☐ 因无处居留或经济困难而与他人或另一个家庭共宿
- ☐ 旅馆或汽车旅店
- ☐ 汽车、公园、公共汽车、火车或营地
- ☐ 其他临时居住点（请补充）： \_\_\_\_\_
- ☐ 永久性住房

父母、监护人或(无家孤身)学生的正楷签名

父母、监护人或(无家孤身)学生的签名

日期

若学生并非居住在永久性住房里，则不需递交居住证明等正式入学流程所需的文件，并且学生能够立刻入学。入学后，本学区的LEA联络员将协助学生准备一切必备文件，包括疫苗接种记录、就读记录。

**学校/LEAS须知:** 若学生并非居住在永久性住房里, 请填妥一份Designation Form。

# Jericho Union Free School District

99 Cedar Swamp Road, Jericho, NY 11753

## CUESTIONARIO DE RESIDENCIA

Nombre del Distrito Escolar: Jericho Union Free School District

Nombre de la Escuela: \_\_\_\_\_ Grado: \_\_\_\_\_

Nombre del Estudiante: \_\_\_\_\_  
Apellido Primer Nombre Segundo Nombre

Dirección: \_\_\_\_\_  
Número Calle Ciudad Código Postal

Fecha de Nacimiento: \_\_\_\_/\_\_\_\_/\_\_\_\_ Género: ☐ Hombre ☐ Mujer

Teléfono: \_\_\_\_\_

**Su respuesta abajo permitirá al distrito escolar definir los servicios que puede aprovechar su hijo/hija según el Acto de McKinney-Vento. Los estudiantes elegibles tienen derecho a la inscripción inmediata en la escuela, aun si ellos no tienen los documentos necesarios tales como: prueba de residencia, documentos escolares, documentos de inmunización, o partida de nacimiento. Los estudiantes elegibles según el Acto de McKinney-Vento tienen además derecho al transporte gratuito y otros servicios que ofrece el distrito escolar.**

¿Donde está el estudiante viviendo actualmente? (Por favor marque una caja.)

- ☐ En un refugio
- ☐ Con otra familia o otra persona debido a la pérdida del hogar o a dificultades económicas
- ☐ En un hotel/motel
- ☐ En un carro, parque, autobús, tren, o camping
- ☐ Otra vivienda temporal (Por favor describa): \_\_\_\_\_

- ☐ En un hogar permanente

\_\_\_\_\_  
Nombre de Padre/Guardián o Firma de Padre/Guardián o Fecha  
Estudiante (para jóvenes sin acompañamiento) Estudiante (para jóvenes sin acompañamiento)

Si el estudiante **NO** vive en un hogar permanente, **no se requieren prueba de domicilio** u otros documentos normalmente requeridos para inscripción **y el estudiante debe ser matriculado inmediatamente**. El enlace del distrito debe ayudar al estudiante conseguir los documentos necesarios, como documentos de inmunización o documentos escolares después de que el estudiante sea matriculado.

**ATENCIÓN ESCUELAS Y DISTRITOS:** Si el estudiante **NO** vive en un hogar permanente, favor de asegurarse que una Formulario de Designación sea completado.

# Jericho Union Free School District

99 Cedar Swamp Road, Jericho, NY 11753

## REGISTRATION APPLICATION

School Year Applying: ☐ Current ☐ Next

School Assigned/Grade: \_\_\_\_/\_\_\_\_

### Student Information

Student Last Name	First Name	Middle Name
-------------------	------------	-------------

Street Address	Town	Zip Code
----------------	------	----------

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: ☐ Male ☐ Female

Student Home Phone	Student Cell Phone	Student Email Address
--------------------	--------------------	-----------------------

Student Race and Ethnic Identification:

Please select from the following groups (check **all** groups that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native                  | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian, Native Hawaiian, or Other Pacific Islander | <input type="checkbox"/> White              |
| <input type="checkbox"/> Black or African American                         |   |

Born in the USA: ☐ Yes ☐ No

Birth Place: \_\_\_\_\_

Complete only if Student was born OUTSIDE the US:

Country of Birth	Date of Entry to US	Date First attended US Schools
------------------	---------------------	--------------------------------

Since the student first entered the US, has he/she ever attended a school outside of the United States? ☐ Yes ☐ No

If Yes, please provide dates: From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

If the student's 1st language is NOT English, has he/she ever been in an ESL or LEP Program? ☐ Yes ☐ No

If YES, how many years have they been in the program: \_\_\_\_\_ Date started: \_\_\_\_/\_\_\_\_ Ended: \_\_\_\_/\_\_\_\_

## Student Educational Background

Last School Attended by Student:

District Name	School Name	Guidance Counselor's Name	
School Street Address	Town	Zip Code	Phone Number

Has the student ever attended a school in the Jericho UFSD before? ☐ Yes ☐ No

If Yes, School Attended: \_\_\_\_\_ Grade(s): \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

Date student first entered 9th grade (high school students only): \_\_\_\_/\_\_\_\_/\_\_\_\_

## Parent / Guardian Information

Student lives with: ☐ Both Parents ☐ Father ☐ Mother ☐ Guardian ☐ Other: \_\_\_\_\_

Parent / Guardian Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Widow

If Divorced/Separated (documentation required): ☐ Joint Custody ☐ Sole Custody ☐ Residential Custody

Do You: ☐ Own  
☐ Rent (lease expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_)  
☐ Other (please explain): \_\_\_\_\_

Move in date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Siblings

Name	Sex	Birthdate	Grade	Present School

### Parent Contact Information

_____ Mother's Full Name	_____/_____/_____ Date of Birth	_____ Father's Full Name	_____/_____/_____ Date of Birth
_____ Home Address (if different than student)		_____ Home Address (if different than student)	
_____ Home Phone (if different than student)		_____ Home Phone (if different than student)	
_____ Cell Phone	_____ Work Phone	_____ Cell Phone	_____ Work Phone
_____ E-mail address		_____ E-mail address	
_____ Place of Business		_____ Place of Business	
_____ Work Address		_____ Work Address	

### Emergency Contact Information (if Parent/Guardian cannot be reached)

_____ Contact Full Name	_____ Relationship to Student	_____ Contact Full Name	_____ Relationship to Student
_____ Home Phone		_____ Home Phone	
_____ Cell Phone	_____ Work Phone	_____ Cell Phone	_____ Work Phone

### Affirmation

I understand that this statement is being made **UNDER THE PENALTIES OF PERJURY**, in order that the above named student may be admitted to the Jericho School District as a legal district resident. I further understand that, if my child is found not to be a legitimate resident of the Jericho School District, **I WILL BE HELD LEGALLY RESPONSIBLE and WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE PER CHILD, RETROACTIVE to the first day of admission. I further understand that my child will then be removed immediately from the Jericho Schools.** I understand and consent that the school district may make unannounced home visits for purpose of residency verification. I realize that theft of governmental services is a crime under the State Penal Law and that a false statement made in connection with this application is punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

_____ Parent / Guardian Signature	_____/_____/_____ Date
--------------------------------------	---------------------------

*Note: All data submitted via the registration process is subject to verification by the district.*



# Jericho Union Free School District

99 Cedar Swamp Road, Jericho, NY 11753

## RELEASE OF SCHOOL RECORDS

To: \_\_\_\_\_  
Name of Prior School

\_\_\_\_\_  
Prior School Address

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

I, \_\_\_\_\_, the undersigned parent or legal guardian of the student above grant permission  
Parent/Guardian Name

to the above agency to release to:

**Jericho Union Free School District**  
**99 Cedar Swamp Road**  
**Jericho, NY 11753**

Attn: \_\_\_\_\_  
Name of Appropriate Individual

Records requested:

- ☐ General School Records
- ☐ Transcript of grades
- ☐ Regents/Competency Test results
- ☐ Copies of laboratory reports for science courses
- ☐ Other standardized test scores
  
- ☐ Records of Committee for Special Education, 504, etc.
- ☐ Psychological Evaluations, Academic Evaluations, and any other pertinent information
  
- ☐ Health records

Release is to be made for REGISTRATION and PLACEMENT.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Address in Jericho UFSD



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

Lisette 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?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	_____ specify
	<input type="checkbox"/> Guardian(s)		_____ specify
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not write

### THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

**SCHOOL DISTRICT INFORMATION:**

District Name (Number) & School

Address

**STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:**

## 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: ☐ 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:

# Jericho Union Free School District

99 Cedar Swamp Road, Jericho, NY 11753

## HEALTH HISTORY (to be completed by Parent/Guardian)

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Name (First, Middle, Last) \_\_\_\_\_

Address (Street, Town, NY, Zip Code) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: ☐ Male ☐ Female

Parent/Guardian Name(s) & Phone Number(s) \_\_\_\_\_

Emergency Contact Name(s) & Phone Number(s) \_\_\_\_\_

Has your child ever had any of the following? (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Allergies     | <input type="checkbox"/> Headaches            | <input type="checkbox"/> Kidney Disease     |
| <input type="checkbox"/> Anemia        | <input type="checkbox"/> Hearing Loss         | <input type="checkbox"/> Prolonged Bleeding |
| <input type="checkbox"/> Asthma        | <input type="checkbox"/> Heart Disease Murmur | <input type="checkbox"/> Rheumatic Fever    |
| <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> High Blood Pressure  | <input type="checkbox"/> Seizures           |
| <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Jaundice             | <input type="checkbox"/> Stomach Pain       |
| <input type="checkbox"/> Eye Problem   | <input type="checkbox"/> Joint Problem        | <input type="checkbox"/> Tuberculosis       |

Please give dates and explanations for any conditions checked above: \_\_\_\_\_

Since your child's last physical examination, has your child had any of the following? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Taking any medications/under physician's care              | <input type="checkbox"/> Injury requiring medical attention                    |
| <input type="checkbox"/> Feeling of faintness, dizziness, or fatigue after exertion | <input type="checkbox"/> Illness lasting more than 5 days                      |
| <input type="checkbox"/> Wears glasses, contacts                                    | <input type="checkbox"/> Any excused absences from Phys. Ed.                   |
| <input type="checkbox"/> A surgical procedure/fracture                              | <input type="checkbox"/> Any known allergies                                   |
| <input type="checkbox"/> Treatment in a hospital or emergency room                  | <input type="checkbox"/> Any chronic disease                                   |
| <input type="checkbox"/> Any reason child should not participate in any sport       | <input type="checkbox"/> Any head injury with or without loss of consciousness |

Please give dates and explanations for any conditions checked above: \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
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**

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

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

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

<b>Diabetes</b> <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c 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:
<b>TESTS</b>	<b>Positive</b>	<b>Negative</b>	<b>Date</b>	<b>Other Pertinent Medical Concerns</b>
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: _____
<b>Lead Level Required Grades Pre- K &amp; K</b>		<b>Date</b>		<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: _____
<input type="checkbox"/> <b>System Review and Exam Entirely Normal</b>				

**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		

Name:			DOB:	
<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	<b>Negative</b>	<b>Positive</b>	<b>Referral</b>	
And girls grades 5 & 7	<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:				
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
<b>IMMUNIZATIONS</b>				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Record Attached</div> <div><input type="checkbox"/> Reported in NYSIS</div> <div>Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div>				
<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>				

# Jericho Union Free School District

99 Cedar Swamp Road, Jericho, NY 11753

## DENTAL CERTIFICATE (to be completed by NYS Dentist)

*The NY State Department of Health recommends students have an annual dental exam. Please have your dentist complete the form and return it to the Health Office.*

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Name (First, Middle, Last) \_\_\_\_\_

Address (Street, Town, NY, Zip Code) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: ☐ Male ☐ Female

Date of Examination: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please check one: \_\_\_\_\_ No treatment is necessary

\_\_\_\_\_ Treatment is in process

\_\_\_\_\_ Treatment is complete.

\_\_\_\_\_  
Dentist Signature/Stamp

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Dental Office Address

# Jericho Union Free School District

99 Cedar Swamp Road, Jericho, NY 11753

## FORM A : AFFIDAVIT OF RESIDENCY

Homeowners: Must submit this form, proof of ownership – original deed, mortgage statement or recent paid tax bill – plus one recent utility bill.

Renters: Must submit this form, your original lease or rental agreement, **Form B** (Affidavit of Landlord), copy of Landlord's deed, mortgage statement or tax bill, plus one recent utility bill.

Other: Must submit this form, **Form C** (Affidavit of Property Owner for the Non-Rental Resident), and copy of Landlord's deed, mortgage statement or tax bill.

I, \_\_\_\_\_, certify UNDER THE PENALTIES OF PERJURY that:  
Parent/Guardian's Full Name

1. I reside at: \_\_\_\_\_  
Address

I further certify that this is my actual and only permanent residence.

For my residence, I am the: (check appropriate box)

☐ Homeowner

☐ Renter / Tenant / Lessee (Date of lease expiration: \_\_\_\_\_)

☐ Other \_\_\_\_\_  
Please specify

2. All children listed below are under the age of 21 and live with me in my residence as their actual and only permanent residence on a full time basis.

First and Last Name of Child(ren)	Date of Birth

3. I am the (check one):

☐ Natural parent(s) (if there has been a divorce, you must submit court approved Custody Order)

☐ Legal guardian (must submit Guardian Affidavit and court approved Guardianship Order)

☐ Person in non-parental relationship (must submit documentation of relationship and Guardian Affidavit)



**FORM A**  
**(Page 2 of 2)**

If the student is living with someone other than parent or legally appointed guardian, give address and telephone number of any living natural parents/guardians in the spaces below. NOT APPLICABLE \_\_\_\_ (check and skip next section)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone # (    ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone # (    ) \_\_\_\_\_

- a) Does the student live in your home exclusively?      ☐ Yes      ☐ No  
b) Is this a temporary relationship?      ☐ Yes      ☐ No  
c) Is this a permanent relationship?      ☐ Yes      ☐ No  
d) How often will the natural parents see the child? \_\_\_\_\_

e) What percentage of financial support will be made by the natural parents? \_\_\_\_\_

f) What percentage of financial support will be made by you? \_\_\_\_\_

**Affirmation**

I understand that this statement is being made **UNDER THE PENALTIES OF PERJURY**, in order that the above named student may be admitted to the Jericho School District as a legal district resident. I further understand that, if my child is found not to be a legitimate resident of the Jericho School District, **I WILL BE HELD LEGALLY RESPONSIBLE and WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE PER CHILD, RETROACTIVE to the first day of admission. I further understand that my child will then be removed immediately from the Jericho Schools.** I understand and consent that the school district may make unannounced home visits for purpose of residency verification. I realize that theft of governmental services is a crime under the State Penal Law and that a false statement made in connection with this application is punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

# Jericho Union Free School District

99 Cedar Swamp Road, Jericho, NY 11753

## FORM B : AFFIDAVIT OF LANDLORD

*Attach a copy of Deed OR Mortgage Statement or Tax Bill as proof of ownership.*

I, \_\_\_\_\_ being duly sworn, depose and say:

Landlord/Legal Owner Name

I am the landlord/legal owner of \_\_\_\_\_

Street Address

Town

State

Zip

My tenants, \_\_\_\_\_, are domiciled at the above address.

Name(s) of Parents/Guardians

The tenants are governed by a(n) (check one): ☐ lease ☐ rental agreement or ☐ other agreement.

The dates of said tenancy are from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_

The following names include ALL children under the age of 21 living at the above address:

First and Last Name of Child	Date of Birth

I understand that this statement is being made UNDER THE PENALTIES OF PERJURY so that the above mentioned child(ren) may be admitted to the Jericho UFSD as legal district residents. **ANY FALSE STATEMENT MADE IN THIS APPLICATION IS PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.**

\_\_\_\_\_  
Print Name of Landlord/Legal Owner

\_\_\_\_\_  
Signature of Landlord/Legal Owner

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

# Jericho Union Free School District

99 Cedar Swamp Road, Jericho, NY 11753

## FORM C : AFFIDAVIT OF PROPERTY OWNER FOR THE NON-RENTAL RESIDENT

*Attach a copy of Deed OR Mortgage Statement or Tax Bill as proof of ownership.*

I, \_\_\_\_\_ being duly sworn, depose and say:

Landlord/Relative/Legal Owner Name

I am the legal owner of \_\_\_\_\_

Street Address

Town

State

Zip

My tenants, \_\_\_\_\_, are domiciled at the above address with me.

Name(s) of Parents/Guardians

The dates of said tenancy are from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_

The following names include ALL children under the age of 21 living in my residence with me at the above address:

First and Last Name of Child	Date of Birth

I understand that this statement is being made UNDER THE PENALTIES OF PERJURY so that the above mentioned child(ren) may be admitted to the Jericho UFSD as legal district residents. **ANY FALSE STATEMENT MADE IN THIS APPLICATION IS PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.**

\_\_\_\_\_  
Print Name of Landlord/Legal Owner

\_\_\_\_\_  
Signature of Landlord/Legal Owner

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

# Jericho Union Free School District

99 Cedar Swamp Road, Jericho, NY 11753

## GUARDIAN AFFIDAVIT

*This form must be completed for students living in the Jericho UFSD who do NOT live with either of their natural parents by the adult (over 18 years of age) with whom the student is living. Court approved Guardianship papers must accompany this form.*

1. I, \_\_\_\_\_, am the \_\_\_\_\_ of  
Guardian name Relationship to child

\_\_\_\_\_  
Name of child

2. I reside at: \_\_\_\_\_  
Street Address Town State Zip

3. Please state why the child(ren) is (are) living with you.

---

---

---

4. Explain the duration of the living arrangement (permanent OR to be terminated upon a specific date, action or event).

---

---

---

5. Describe any other location(s) where the child lives. Indicate the length of time the child is at the other address and provide an explanation. If the child does not live at any other address, please indicate.

---

---

---

**GUARDIAN AFFIDAVIT**

**(Page 2 of 2)**

6. Please indicate who is to be notified for any issues pertaining to the child's health, welfare, and education.  
Provide relationship(s), name(s), address(es) and phone number(s).

---

---

7. Describe who will assume full responsibility for all matters relating to the child's health, welfare, and education.  
Provide relationship(s), name(s), address(es) and phone number(s).

---

---

**Affirmation**

I understand that this statement is being made **UNDER THE PENALTIES OF PERJURY**, in order that the above named student may be admitted to the Jericho School District as a legal district resident. I further understand that, if the child is found not to be a legitimate resident of the Jericho School District, **I WILL BE HELD LEGALLY RESPONSIBLE and WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE PER CHILD, RETROACTIVE to the first day of admission. I further understand that my child will then be removed immediately from the Jericho Schools.** I understand and consent that the school district may make unannounced home visits for purpose of residency verification. I realize that theft of governmental services is a crime under the State Penal Law and that a false statement made in connection with this application is punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

---

Print Name of Guardian

---

Signature of Guardian

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

---

NOTARY PUBLIC

# Jericho Union Free School District

99 Cedar Swamp Road, Jericho, NY 11753

## TRANSPORTATION APPLICATION TO PRIVATE OR NON-PUBLIC SCHOOLS

In accordance with the Education Law of the State of New York, Section 3635, applications that do not follow the guidelines below for transportation to non-public schools will not be approved.

- Only fill out this form if you desire for your children to NOT attend the Jericho Schools, but instead attend a private or non-public school within 15 miles.
- This form is to be returned to the Jericho UFSD Transportation Office.
- First time applicants ONLY: Students must be registered with the school district by completing the Registration Application packet. Then, this form must be submitted **within 30 days of moving into your residence**.
- Repeat applicants ONLY: This form must be filled out each year and received **by April 1 prior to the next school year** (ex. 4/1/2020 for 2020-21 school year, 4/1/2021 for 2021-22 school year).

Non-public school buses are shared by the three elementary schools, middle school and high school and scheduled in the most direct and economical manner. Transportation will **not** be provided on the following days (unless Jericho UFSD is in session): Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day and day after, Christmas Day, New Year's Day, Martin Luther King Day, President's Day and Memorial Day.

I request transportation for the student listed below:

Student Name \_\_\_\_\_ ☐ Male ☐ Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ Nearest Cross Street \_\_\_\_\_

Town/State/Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_ Cell Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone No. \_\_\_\_\_

School Name \_\_\_\_\_ School Phone No. \_\_\_\_\_

Street Address \_\_\_\_\_ Principal \_\_\_\_\_

Town/State/Zip Code \_\_\_\_\_ Grade Entering \_\_\_\_\_

School Hours/Additional Dismissal Info (ex. half-days) \_\_\_\_\_

School of Last Attendance \_\_\_\_\_ Town/State/Zip Code \_\_\_\_\_

Will late bus service will be needed? \_\_\_\_Yes \_\_\_\_No (Jericho requires 5 students to utilize service daily to schedule.)

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date