



# Westbury Union Free School District

Office of Central Registration 545 Dryden Street, Westbury, NY 11590

(516) 876-5100

## **NON-PUBLIC SCHOOL REGISTRATION CHECKLIST**

### **MUST BE SUBMITTED BY APRIL 1 – DEADLINE FOR TRANSPORTATION**

- **Registration Application** (only a parent or guardian can register a student, unless the student is an emancipated minor)
- **Student Proof of Age**
  - Certified birth or baptismal certificate; if not available,
  - Passport (including a foreign passport)

If neither of these are available, the District will consider other documentation if you have had them for two years, including but not limited to: valid driver's license, state or other government-issued ID, school photo ID with date of birth, consulate ID card, hospital or health records, military dependent ID card, documents issued by the Federal, State or local agencies, court orders or other court-issued documents, Native American tribal documents, records from non-profit international aid agencies or voluntary agencies, or other documentary evidence which can be used to determine a child's age.

- **Parent/ Guardian Verification**
  - Photo ID valid driver's license, passport, military ID, resident card, or other government issued ID; or
  - Custodian Affidavit (if a judicial custody order is not available), if you are not the child's parent or
  - DS-2999 Form (School District Notification of Child Entering Foster Care, Placed in a Foster Family, Agency Boarding, or Group Home)
- **Proof of Residency**
  - Homeowners
    - proof of ownership (deed, closing statement, tax bill, home insurance ,or mortgage statement); and
    - Two (2) documents verifying full name and address
  - Renters
    - Current signed residential lease agreement. If a lease is not available, a Landlord Affidavit signed by a property owner or landlord or a Third Party Affidavit; and
    - Two (2) documents verifying full name and address

The District will consider the following documents, including but not limited to, to establish proof of residency : pay stub, income tax form, utility or other bills, membership documents based on residency (i.e., library card), voter registration documents, official driver's license, learner's permit or non-driver identification, state or other government issued identification, documents issued by Federal, State or local agencies (e.g., local social service agency, Federal Office of Refugee Resettlement) or evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.

- **School Enrollment Verification Form**

**Once complete, please call our office for an appointment**

**516-876-5100**





# Westbury Union Free School District

Office of Central Registration 545 Dryden Street, Westbury, NY 11590  
(516) 876-5100

## NON-PUBLIC SCHOOL REGISTRATION APPLICATION

**MUST BE SUBMITTED BY APRIL 1 – DEADLINE FOR TRANSPORTATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name of Non-Public School: \_\_\_\_\_

Address of Non-Public School: \_\_\_\_\_

Student resides with:  both parents  one parent  one parent and another adult  foster parents  a guardian(s)  alone with no adults

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)

Shelter

Hotel/motel

Car, park, bus, train, or campsite

With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")

Other temporary living situation (please describe): \_\_\_\_\_

In permanent housing

### Support Services

Check off any services that your child is currently receiving (check all that apply):

Math support  Reading support  English support (ELL)  Other \_\_\_\_\_

Does your child have an Individual Educational Plan (IEP)?  Yes  No

Check off any services that your child is currently receiving (check all that apply):

Special education  Speech/language  Physical therapy  Occupational therapy

Student's Siblings:

Name	Gender	Date of Birth	School	Grade

Parent/Guardian 1:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian 2:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_

Foster Parent and Foster Care Agency: please complete the following and provide a DSS-2999 Form.

Foster Parent's Last Name: \_\_\_\_\_  
First Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Caseworker: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact #1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact #2

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact #3

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

If we are not able to reach you or your emergency contacts, what do you wish the school to do in case the student is sick or injured?

\_\_\_\_\_

Transportation:

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

Address: \_\_\_\_\_

To School:     Child will take bus to school from home address  
                   Child will take bus to school from childcare address\*  
                   Parent will provide own transportation to school  
                   Walker/other arrangement: \_\_\_\_\_

From School:  Child will take bus from school to home address  
                   Child will take bus from school to childcare address\*  
                   Parent will provide own transportation from school  
                   Walker/other arrangement: \_\_\_\_\_

\* Childcare Information (if applicable)

Childcare provider's name: \_\_\_\_\_

Childcare provider's address: \_\_\_\_\_

Childcare provider's phone: \_\_\_\_\_

The following people have my permission to pick up my child from school or the bus stop:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or Guardian Oath:

I certify that I do not maintain a residence outside the boundaries of the Westbury Union Free School District (WUFSD). I understand that if the child set forth in these student registration materials is found not to be a resident of WUFSD, I may be legally responsible for paying the District's tuition rate for the period of improper enrollment, retroactive to the first day of admission, along with any costs associated with enrolling such child. I further understand that it is my responsibility to notify the district if I change my residence. I understand that the district reserves the right to make announced and unannounced home visits for any lawful purpose, including the verification of residency.

Name of parent/guardian completing this form: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# Westbury Union Free School District

Office of Central Registration 545 Dryden Street, Westbury, NY 11590

(516) 876-5100

## CUSTODIAN AFFIDAVIT

### AFFIDAVIT BY PERSON IN CUSTODIAL RELATIONSHIP SEEKING TO ENROLL A CHILD

#### Instructions

Please **complete** this form, **sign** it, have your **signature notarized**, and **return** it to the District's Central Office. **Proof of your own residency in the Westbury Union Free School District must be submitted with this affidavit.**

**This is a legal document.** Any person giving **false information** may be subject to prosecution for the crimes of perjury and/or offering a false instrument. In addition, if you enroll a child knowing that s/he does not meet the legal standards for enrollment, **you may be liable for the payment of tuition costs** for the student. The information provided by you will be used by Westbury Union Free School District to determine whether a child is entitled to a free public education in the District's Schools.

**If you have a court order granting you custody or legal guardianship, you do not need to complete this form.** Instead, bring a copy of the court order to the District's Central Office.

**Please answer all questions.**

**IN THE MATTER OF THE RESIDENCY OF:** \_\_\_\_\_

*Student name*

**STATE OF NEW YORK**            )  
  }**: ss.:**  
**COUNTY OF NASSAU**         )

The undersigned individual(s), being duly sworn, depose(s) and say(s), under penalties of perjury, as follows:

1. My name is (our names are): \_\_\_\_\_.
2. I (we) are requesting that the following student be admitted to the public schools of Westbury Union Free School District (insert name of student here): \_\_\_\_\_.
3. I (we) live at the following address: \_\_\_\_\_
4. My (our) home telephone number is: \_\_\_\_\_
5. My (our) occupation(s) is (are): \_\_\_\_\_
6. The student whom I (we) seek to enroll lives with me (us) during the following days each week and months each year: \_\_\_\_\_

7. If the student lives someplace else during some of the days or the week or some of the months of the year, please explain (if not applicable, fill in "N/A"): \_\_\_\_\_  
\_\_\_\_\_
8. The student's date of birth is: \_\_\_\_\_
9. The grade in which I (we) seek to enroll the student is \_\_\_\_\_
10. The name of the student's natural parent(s) is (are) \_\_\_\_\_  
\_\_\_\_\_.
11. The address(es) of the student's natural parent(s) is (are) \_\_\_\_\_  
\_\_\_\_\_.
12. The reason why the student does not live with his/her natural parent(s) is \_\_\_\_\_  
\_\_\_\_\_.
13. The reason why the student lives with me (us) is: \_\_\_\_\_  
\_\_\_\_\_.
14. The student has lived with me (us) continuously since \_\_\_\_\_  
\_\_\_\_\_.
15. The student will continue to live with me (us) until \_\_\_\_\_  
\_\_\_\_\_.
16. I am (we are) authorized to make decisions about the following (check all that are applicable):
- The student's medical treatment
  - The student's psychological/psychiatric treatment/counseling
  - The student's class placement and program
  - The student's special education placement, if applicable
  - The student's class trips and activities
  - None of the above.
17. The student's natural parent(s) continue(s) to be authorized to make decisions about the following (check all that are applicable):
- The student's medical treatment
  - The student's psychological/psychiatric treatment/counseling
  - The student's class placement and program
  - The student's special education placement, if applicable
  - The student's class trips and activities
  - None of the above.



18. I (we) expect to consult with the student's natural parent(s) about the following decisions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_. Final authority for these decisions will be with \_\_\_\_\_  
\_\_\_\_\_.

19. I (we) are responsible for paying the following expenses:

- The cost of providing housing for the student
- The cost of providing food for the student
- The cost of medical care/health insurance for the student
- The cost of providing clothes for the student
- The cost of providing school supplies for the student
- The cost of providing recreational opportunities and equipment (or toys) for the student
- Other expenses: \_\_\_\_\_  
\_\_\_\_\_

20. The student's natural parent(s) continue(s) to be responsible for paying the following expenses:

- The cost of providing housing for the student
- The cost of providing food for the student
- The cost of medical care/health insurance for the student
- The cost of providing clothes for the student
- The cost of providing school supplies for the student
- The cost of providing recreational opportunities and equipment (or toys) for the student
- Other expenses \_\_\_\_\_  
\_\_\_\_\_

21. I (we) expect to receive reimbursement from the student's natural parent(s) for the following expenses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

22. The student will spend time with his/her natural parent(s) as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

23. I (we) understand that Westbury Union Free School District will rely upon the truthfulness of the statements made in this document in deciding whether or not to enroll the student in the public schools of the School District.

24. I (we) further understand that Westbury Union Free School District does not have authority to confer legal custody or guardianship status on me (us) with respect to the student, and that I (we) should secure legal counsel of my (our) own if I (we) wish to obtain such legal custody or guardianship status.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed name*

Sworn to before me this \_\_\_\_  
day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed name*

Sworn to before me this \_\_\_\_  
day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public



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## ACKNOWLEDGMENT OF CUSTODIAL RELATIONSHIP

### To Be Completed By The Student's Natural Parent(s):

I (we), \_\_\_\_\_, acknowledge that the statements made in the *Affidavit By Person In Custodial Relationship Seeking To Enroll A Child*, completed and signed by \_\_\_\_\_  
\_\_\_\_\_ [Insert the full name(s) of Custodian(s)], are accurate and true.

I (we), \_\_\_\_\_, have authorized \_\_\_\_\_  
\_\_\_\_\_ [Insert the full name(s) of Custodian(s)] to have custody of  
\_\_\_\_\_ [Insert Name of Student] under the terms described in the  
*Affidavit By Person In Custodial Relationship Seeking To Enroll A Child*.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed name*



# Westbury Union Free School District

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## LANDLORD AFFIDAVIT AFFIDAVIT BY LANDLORD TO CONFIRM RESIDENCY

### Instructions

**This is a legal document.** Any person giving **false information** may be subject to prosecution for the crimes of perjury and/or offering a false instrument.

**Please answer all questions.**

STATE OF NEW YORK )

ss:

COUNTY OF NASSAU )

I, \_\_\_\_\_,

[Please check the appropriate box below]

- am the recorded owner (or authorized master tenant/leaseholder) of the property
- am duly designated agent for the owner of the property
- am a relative, family member, or family friend renting my home

at: \_\_\_\_\_ which is located within the territorial boundaries of the Westbury Union Free School District.

This rental/living arrangement began on \_\_\_\_\_ and will end on \_\_\_\_\_

- there is a written lease for the premises.

I am renting/providing a room/apartment to the following persons

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

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

Child(ren) \_\_\_\_\_

Seeking to Enroll \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This statement is submitted unsworn

**or**

This statement is sworn to under the penalties of perjury. The above information made by me is true, and I understand that if the statements I have made are false, the Westbury Union Free School District will take legal action to collect tuition charges if the student/s is/are illegally registered. Any person or persons, in addition to the parents or guardians, who provide false evidence of residency, will be prosecuted. The above information made by me is true, and I know that perjury is a Class A misdemeanor pursuant to section 210.45 of the Penal Code.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed name*

Sworn to before me this \_\_\_\_  
day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public



# Westbury Union Free School District

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## THIRD-PARTY AFFIDAVIT

### AFFIDAVIT BY THIRD PARTY TO CONFIRM RESIDENCY

#### Instructions

**This is a legal document.** Any person giving **false information** may be subject to prosecution for the crimes of perjury and/or offering a false instrument. In addition, if you make untruthful statements knowing that the student does not meet the legal standards for enrollment, **you may be liable for the payment of tuition costs** for the student. The information provided by you will be used by the Westbury Union Free School District to determine whether a child is entitled to a free public education in the District's Schools.

**Please answer all questions.**

#### IN THE MATTER OF THE RESIDENCY OF:

\_\_\_\_\_  
*Student's Name*

STATE OF NEW YORK            )  
  }): ss.:  
COUNTY OF NASSAU         )

The undersigned individual, being duly sworn, deposes and says, under penalties of perjury, as follows:

1. My name is: \_\_\_\_\_.
2. My telephone number is: \_\_\_\_\_.
3. My current home address is: \_\_\_\_\_.
4. My relationship to the student's family is: \_\_\_\_\_.
5. The name(s) of the student's natural parent(s) is (are):  
\_\_\_\_\_.
6. The name(s) of the student's legal guardian(s) or custodian(s) is (are) [*answer only if applicable*]: \_\_\_\_\_.
7. The student lives at:  
\_\_\_\_\_ in Westbury  
*(Address of Residence) (City, State, Zip Code)*  
with \_\_\_\_\_.  
*(Insert the names of parent(s)/legal guardian(s)/custodian(s))*

8. \_\_\_\_\_ lives at this residence with the following persons:

(Student's Name)

<u>Name</u>	<u>Relationship to Student</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. I know the student lives at this residence with the following persons listed in Question 8 because:

\_\_\_\_\_

*Explain*

\_\_\_\_\_

\_\_\_\_\_

10. The student has lived at this residence since \_\_\_\_\_.

11. I expect the student to live at this residence until: \_\_\_\_\_.  
*Date. If you do not know. Write "Indefinitely."*

12. I understand that the Westbury Union Free School District will rely upon the truthfulness of the statements made in this document in deciding whether or not to enroll the student in the public schools of the School District.

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Printed name*

Sworn to before me this \_\_\_\_  
day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public



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## SCHOOL ENROLLMENT VERIFICATION

TO BE COMPLETED BY AUTHORIZED PERSONNEL AT THE NON-PUBLIC SCHOOL

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Address of School: \_\_\_\_\_

First Day of School: \_\_\_\_\_

This institution has ACCEPTED the above named student for the school year \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
School Phone Number

\_\_\_\_\_  
Date