7 Memorial Drive
Miller Place, NY 11764
Phone: (631) 474-2700
Fax: (631) 474-9892

Miller Place Union Free School District
REGISTRATION CHECKLIST

Welcome to the Miller Place Union Free School District!

A complete Registration Packet is required for all students. **Re-enrolling and Pre-school students are required to follow the same instructions.** Enclosed in this packet are the registration forms to be completed and signed by the parent or guardian enrolling the student(s). Along with the registration forms, supporting documentation is necessary to finalize enrollment. In order to avoid any delay in the registration process, please have all of the completed forms and documents ready and available at the time of your appointment. Registration is by appointment only.

Registration Forms and Supporting Documentation:
Registration Packet:

- Student Registration Form (RF-02)
- Residency Questionnaire (RF-12)
- Home Language Questionnaire (RF-03)
- Language Preference Form (RF-15)
- Health Information Form (RF-04)
- Health Examination Form (RF-04B) *–to be completed and signed by health professional*
- Dental Hygiene Form (RF-04C) *–to be completed and signed by health professional*
- Request for Records (RF-06)
- Transportation Form (RF-07)
- Student Information Form (RF-09)
- Family Information Supplemental Form (RF-05)
- Custodial Affidavit (*if applicable*)

Supporting Documentation-Required at the time of Registration

- Student's Birth Certificate with raised seal or other alternative official document
- Student's Immunization Records prepared by physician
- All applicable custodial agreements (*official copies*) **Required if parents are single, divorced, or separated**
- Proof of Residence **Three Items are required to prove residence**

One (1) of the following current items:	**Two (2)** of the following current items:
Lease	Electric Bill
Deed	Gas Bill
Recent Mortgage Statement	Water Bill
Landlord's Affidavit of Occupancy (*if applicable*)	Fuel Delivery Bill
Other Affidavits or documents (*if applicable*)	Cable Bill
	Landline Phone Bill
	Driver's License/Non-Driver ID Card
	Car Insurance/Car Registration
	Bank Statement (*first page only black out account number*)
	Other document(s) (*new residents are allotted 45 days to submit documents*)

Student Name: _____

Student Registration Information: **REQUIRED**

The following registration forms are needed for <u>each student</u>:

□ Student Registration Form (RF-02)
□ Residency Questionnaire (RF-12)
□ Home Language Questionnaire (RF-03)
□ Language Preference Form (RF-15)
□ Health Information Form (RF-04)
□ Health Examination Form (RF-04B)
□ Dental Hygiene Form (RF-04C)
□ Request for Records (RF-06)
□ Transportation Form (RF-07)
□ Student Information Form (RF-09)
□ Student's Birth Certificate with raised seal or other alternative official document
□ Student's Immunization Records prepared by physician

Please provide the following information:

□ Family Information Supplemental Form (RF-05)
□ All applicable custodial agreements (official copies)
□ Foster Children – DSS 2999 Form (if applicable)

Family Residency Information:

One (1) of the following current items:

□ Lease
□ Deed
□ Recent Mortgage Statement
□ Landlord's Affidavit of Occupancy (if applicable)
□ Other Affidavits or documents (if applicable)

Two (2) of the following current items: (30 days from date of registration)

□ Electric Bill
□ Gas Bill
□ Water Bill
□ Fuel Delivery Bill
□ Cable Bill
□ Landline Phone Bill
□ Drivers License/Non-Driver ID Card
□ Car Insurance/Car Registration
□ Bank Statement (first page only black out account number)
□ Other document(s)

7 Memorial Drive
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Miller Place Union Free School District

STUDENT REGISTRATION FORM

(Please Print All Information)

Registration Date: _____ **Enrollment Date:** _____ **Grade Registering:** _____ **ID#:** _____

Student Information

Student's Legal Last Name	Student's Legal First Name	Middle Name	Suffix (Jr./III,IV)

Nickname	Gender (Circle)	Date of Birth	Age
	Male **or** *Female*	_____/_____/_____	

Ethnicity Is the student Hispanic or Latino – (Circle One) *Yes* **or** *No*	Birth Country	Proof of Birth ❑ Birth Certificate ❑ Alien Card ❑ Passport ❑ Other

Race – (Check one or more that apply) ❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian/Other Pacific Islander ❑ White	Birth City	US Citizen(Circle) *Yes* **or** *No* (to be answered after enrollment)
If not born in the United States, Date Entered (optional):	Birth State	Home Language

Guardian Information

Marital Status of Parents

❑ Married ❑ Single ❑ Separated ❑ Divorced ❑ Widowed ❑ Partnered ❑ Official Custody Papers

Father's Name	Employer	Work Phone #	Cell Phone #

Father's E-mail Address

Mother's Name	Employer	Work Phone #	Cell Phone #

Mother's E-mail Address

Household Information

Family Surname	Home Phone Number	Homeless (Circle) *Yes* **or** *No*	*Residency Verified* _____

Residence Street Address	Mailing Address (if different)
Residence City, State, Zip Code	**Mailing City, State, Zip Code (if different)**

Student Information			
Student's Legal Last Name	Student's Legal First Name	Middle Name	Suffix (Jr./III,IV)

Household Information Continued				
OTHERS IN HOUSEHOLD	Name	Gender (Circle) *Male or Female*	Date of Birth ____/____/______	Relationship
	Name	Gender (Circle) *Male or Female*	Date of Birth ____/____/______	Relationship
	Name	Gender (Circle) *Male or Female*	Date of Birth ____/____/______	Relationship
	Name	Gender (Circle) *Male or Female*	Date of Birth ____/____/______	Relationship
	Name	Gender (Circle) *Male or Female*	Date of Birth ____/____/______	Relationship
	Name	Gender (Circle) *Male or Female*	Date of Birth ____/____/______	Relationship

Previous Educational Information (if applicable)	
Has the student attended a Miller Place UFSD school in the past?	***Yes or No***
School Transferred from:	Telephone #:
Previous School Address:	Principal:

Foster Care Information	
Is the student a Foster Child? (Form DSS-2999 must be provided)	***Yes or No***
Foster Agency:	Telephone #:
Foster Agency Address:	Case Worker:

Special Education Information	
Is the student receiving special education services? (Provide a copy of the most recent IEP).	***Yes or No***
❑ Speech ❑ OT/PT ❑ Resource Room ❑ Self-Contained Classroom ❑ 504 Accommodation Plan	
Special Education Service Provider or School District Providing Services:	Contact:

Emergency Contact Information			
Please list those who will be responsible in case of an emergency if the parents cannot be reached (the student will not be released to anyone not listed):			
Name	Phone Number	Cell Phone Number	Relationship
Name	Phone Number	Cell Phone Number	Relationship
Name	Phone Number	Cell Phone Number	Relationship

Signature of Parent/Guardian ***Date***

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 SYSTEMS:
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:

7 Memorial Drive
Miller Place, NY 11764
Phone: (631) 474-2700
Fax: (631) 474-0686

Miller Place Union Free School District

LANGUAGE PREFERENCE FORM

(Please Print All Information)

Student Name:		**ID #:**	
Parent /Guardian Name:			

We would like to know your language preference when receiving important information from the school. Though it is quite difficult 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?

___English
___Arabic ___Korean ___Urdu
___Bengali ___Portuguese ___Other Language _____
___Chinese ___Russian
___Haitian Creole ___Spanish

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

___English
___Arabic ___Korean ___Urdu
___Bengali ___Portuguese ___Other Language _____
___Chinese ___Russian
___Haitian Creole ___Spanish

_____ _____

Signature of Parent/Guardian ***Date***

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Miller Place Union Free School District

STUDENT INFORMATION

(Please Print All Information)

The information requested in this form will be used to determine if the Miller Place School District is eligible for supplemental funding for the education of immigrant students. An annual count must be submitted to the New York State Education Department (NYSED). You are not required to complete the information in this form. If you choose not to complete the form, the school district may not be eligible for supplemental funding for the education of immigrant students. The school district administrators and NYSED have access to this information.

Student Identification Information

Student's Last Name:_____ First Name: _____

Date of Birth: ____/____/_____ Grade Level: ____

Please respond to the questions below by checking the appropriate box

1. Is your child between the ages of 3 to 21? ☐Yes ☐No
2. Was your child born outside the fifty United States? ☐Yes ☐No
3. Has your child attended public and non-public school(s) in the United States for **less than** three full academic years? ☐Yes ☐No

Parent/Guardian Verification of Information

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

_____ _____ _____

Name (please print) Signature of Parent/Guardian Date

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Miller Place, NY 11764
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Miller Place Union Free School District

RESIDENCY QUESTIONNAIRE

(Please Print All Information)

Name of School: _____

Name of Student: _____
Last First Middle

Gender: ☐ Male ☐ Female Date of Birth: _____ /_____ /_____ Grade: _____ ID#: _____
Month Day Year *(preschool-12)* *(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 permanent housing

☐ 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): _____

_____ _____ _____

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date

7 Memorial Drive
Miller Place, NY 11764
Phone: (631) 474-2700
Fax: (631) 474-0686

Miller Place Union Free School District

HEALTH INFORMATION FORM

(Please Print All Information)

Student Information			
Student's Legal Last Name	**Student's Legal First Name**	**Middle Name**	**Grade/School**

1. Allergies – Environmental	*Yes **or** No*
2. Allergies -- Food	*Yes **or** No*
3. Allergies -- Medicine	*Yes **or** No*
4. Asthma	*Yes **or** No*
5. Chicken pox	*Yes **or** No*
6. Contact with TB	*Yes **or** No*
7. Diabetes	*Yes **or** No*
8. Diphtheria	*Yes **or** No*
9. Ear Condition	*Yes **or** No*
10. Eye Glasses/Contact Lenses	*Yes **or** No*
11. Fractures	*Yes **or** No*
12. Frequent Colds	*Yes **or** No*
13. Frequent Headaches	*Yes **or** No*
14. Frequent Sore Throats	*Yes **or** No*
15. German Measles	*Yes **or** No*

16. Hearing Aid	*Yes **or** No*
17. Heart Disease	*Yes **or** No*
18. Measles	*Yes **or** No*
19. Mumps	*Yes **or** No*
20. Operations	*Yes **or** No*
21. Orthopedic Defect	*Yes **or** No*
22. Pneumonia	*Yes **or** No*
23. Rheumatic Fever	*Yes **or** No*
24. Scarlet Fever	*Yes **or** No*
25. Seizure Disorder	*Yes **or** No*
26. Serious Injuries	*Yes **or** No*
27. Speech Difficulties	*Yes **or** No*
28. Tuberculosis	*Yes **or** No*
29. Whooping Cough	*Yes **or** No*

If answered yes to any of the above, please provide necessary explanation and detail (such as dates).	
Is your child receiving any medication on a continuing basis at the present time? Please be as specific as possible.	*Yes **or** No*
Any modification in activity requested by your doctor at the present time?	*Yes **or** No*
Family Physician:	**Physician Phone #:**
Family Dentist:	**Dentist Phone #:**

Signature of Parent/Guardian ***Date***

Miller Place Union Free School District
Health Examination Form

Miller Place High School
15 Memorial Drive
Miller Place, NY 11764
Health Office: 631-474-2481
Fax: 631-331-4093

North Country Road Middle School
191 North Country Rd
Miller Place, NY 11764
Health Office: 631-474-7258
Fax: 631-474-0362

Laddie A. Decker Sound Beach School
197 North Country Rd
Miller Place, NY 11764
Health Office: 631-474-2721
Fax: 631-331-4342

Andrew Muller Primary School
65 Lower Rocky Point Road
Miller Place, NY 11764
Health Office: 631-474-2717
Fax: 631-474-4738

Dear Parents/Guardians,

New York State law requires a health examination for all students **entering the school district for the first time and when entering Pre-K or K, 1st, 3rd, 5th, 7th, 9th , and 11th grade**.

The examination must be completed by a New York State licensed physician, physician assistant or nurse practitioner.

A dental certificate which states your child has been seen by a dentist or dental hygienist is also asked for at the same time. The school will provide you with a list of dentists and registered dental hygienists who offer dental services on a free or reduced cost basis if you ask for it.

- A copy of the health examination must be provided to the school within 30 days from when your child first starts at the school, and when your child starts K , 1st , 3rd, 5th, 7th, 9th, & 11th grades. If a copy is not given to the school within 30 days, the school will contact you.
- If your child has an appointment for an exam during this school year that is after the first 30 days of school, please notify the Health Office with the date.

We suggest you make copies of the completed forms for your own records before sending them to the school health office.

Sincerely,
The Miller Place School Nurses

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED BY PRIVATE HEALTHCARE 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:	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 Screening	**With Correction** ☐Yes ☐ No	**Right**	**Left**	**Referral**	**Not Done**
Distance Acuity		20/	20/	☐ Yes	☐
Near Vision Acuity		20/	20/	☐ Yes	☐
Color Perception Screening	☐ Pass ☐ Fail				☐

Notes

Hearing Screening: 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 Dominick 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*:** Provide Details (e.g., brace, insulin pump, prosthetic, sports goggles, etc.):

*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.

2023-24 School Year
New York State Immunization Requirements for School Entrance/Attendance[1]

NOTES:
All children must be age-appropriately immunized to attend school in NYS. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in accordance with the "ACIP-Recommended Child and Adolescent Immunization Schedule." Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes must meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule

Vaccines	Pre-Kindergarten (Day Care, Head Start, Nursery or Pre-K)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)[2]	**4 doses**	**5 doses** **or 4 doses** if the 4th dose was received at 4 years or older or **3 doses** if 7 years or older and the series was started at 1 year or older	**3 doses**	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap)[3]	**Not applicable**		**1 dose**	
Polio vaccine (IPV/OPV)[4]	**3 doses**	**4 doses** **or 3 doses** if the 3rd dose was received at 4 years or older		
Measles, Mumps and Rubella vaccine (MMR)[5]	**1 dose**	**2 doses**		
Hepatitis B vaccine[6]	**3 doses**	**3 doses** **or 2 doses** of **adult hepatitis B vaccine** (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years		
Varicella (Chickenpox) vaccine[7]	**1 dose**	**2 doses**		
Meningococcal conjugate vaccine (MenACWY)[8]	**Not applicable**		**Grades 7, 8, 9, 10 and 11: 1 dose**	**2 doses** **or 1 dose** if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib)[9]	**1 to 4 doses**	**Not applicable**		
Pneumococcal Conjugate vaccine (PCV)[10]	**1 to 4 doses**	**Not applicable**		

NEW YORK STATE | Department of Health

1. Demonstrated serologic evidence of measles, mumps or rubella antibodies or laboratory confirmation of these diseases is acceptable proof of immunity to these diseases. Serologic tests for polio are acceptable proof of immunity only if the test was performed before September 1, 2019, and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Demonstrated serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.

2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
   a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
   b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.
   c. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older.

3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6 through 9: 10 years; minimum age for grades 10, 11, and 12: 7 years)
   a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
   b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2023-2024, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 through 9; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 10, 11, and 12.
   c. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.

4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
   a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
   b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
   c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
   d. For children with a record of OPV, only trivalent OPV (tOPV) counts toward NYS school polio vaccine requirements. Doses of OPV given before April 1, 2016, should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016, must not be counted.

5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
   a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
   b. Measles: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
   c. Mumps: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
   d. Rubella: At least one dose is required for all grades (prekindergarten through 12).

6. Hepatitis B vaccine
   a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks (when 4 doses are given, substitute “dose 4” for “dose 3” in these calculations).
   b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.

7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
   a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
   b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.

8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7 through 10: 10 years; minimum age for grades 11 and 12: 6 weeks).
   a. One dose of meningococcal conjugate vaccine (Menactra, Menveo or MenQuadfi) is required for students entering grades 7, 8, 9, 10 and 11.
   b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
   c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.

9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
   a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
   b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
   c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
   d. If dose 1 was received at 15 months or older, only 1 dose is required.
   e. Hib vaccine is not required for children 5 years or older.
   f. For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.

10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
    a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
    b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
    c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
    d. If one dose of vaccine was received at 24 months or older, no further doses are required.
    e. PCV is not required for children 5 years or older.
    f. For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.

For further information, contact:

New York State Department of Health
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437

New York City Department of Health and Mental Hygiene
Program Support Unit, Bureau of Immunization,
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433

MILLER PLACE UNION FREE SCHOOL DISTRICT

DENTAL HYGIENE FORM

Student Name: _____

School: _____ Grade _____

Dental care is an essential part of the total health program for your child. The school district urges you to have your child visit the dentist for an examination at a minimum of once yearly. Please have your family dentist check the appropriate box and return the form to the Health Office.

_____ Dental attention is being received.
Treatment to be completed on _____ (Date)

_____ Dental attention completed on _____ (Date)

_____ Under Orthodontic Treatment.

Special Notations:

Dentist Signature: _____

Date: _____

7 Memorial Drive
Miller Place, NY 11764
Phone: (631) 474-2700
Fax: (631) 474-0686

Miller Place Union Free School District

TRANSPORTATION FORM

(Please Print All Information)

Student Name:			**Student ID #:**	
School:		**Grade:**		
Parent/Guardian Name:		**Phone Number:**		
Street Address:	_____			
Home Schooled:	**YES or NO** *(please circle option)*			
For Office Use Only:				
Registration Date:		**Start Date:**		
Bus Stop Location:	**Bus In to School (AM):**		**Bus Letter or Number**	**Approximate Time**
	Bus Home from School (PM):		**Bus Letter or Number**	**Approximate Time**
Special Needs or Other Comments:	***Minibus - Yes or No*** _____			

MILLER PLACE UNION FREE SCHOOL DISTRICT
Special Education Department
7 Memorial Drive
Miller Place, NY 11764-2036
Telephone (631) 474-2700 x799
Fax (631) 474-9890

Seth A. Lipshie
Superintendent

Sandra Wojnowski
Executive Director for Educational Services

Dear Parents/Guardians,

The District provides special education services and programs to students with disabilities pursuant to applicable federal and state laws. Any parent or person in parental relation who suspects that his/her child has a disability may refer the child for an evaluation by the District's Committee on Special Education (CSE) for eligibility for special education services and programs. More detailed information on this process is available in "*A Parent's Guide to Special Education*", which is published on the New York State Education Department's website in English and Spanish:
http://www.p12.nysed.gov/specialed/parentpubs.htm.

Additional information can also be found on the Pupil Personnel Services/Special Education page through the District website:
https://www.millerplace.k12.ny.us/Page/5593.

Parents and persons in parental relation should contact Mrs. Wojnowski or Mr. Koch at the District's Office of Pupil Personnel Services if they suspect that his/her child has a disability.

Sandra Wojnowski
Executive Director for Educational Services
7 Memorial Drive
Miller Place, NY 11764
631-474-2700 x 799

Jeremy Koch
Administrator for Special Education
7 Memorial Drive
Miller Place, NY 11764
631-474-2700 x 799

SW

Miller Place Union Free School District
REQUEST FOR RECORDS
(Please Print All Information)

Date of Request: _____

Name of School: _____

Address of School: _____

_____

To Whom It May Concern:

Name of Student: _____ Grade: _____ Date of Birth: _____

The above student, was formerly registered in your district, and is now registered at the Miller Place Union Free School District. Please forward the records requested to the school building indicated at the end of this letter:

Records Requested:
Academic Records – transcript, report cards, science labs including latest grades
Achievement and Intelligence Scores, and SAT, ACT, AP scores if applicable
Attendance Records
Discipline Records
Learning Disability Testing
Psychological / Psychiatric Records
Health Records
Physicals
Immunizations
Social History
Any and all other information available including ALL Special Education records.

Thank you for your assistance with this request.

I, _____ hereby give permission for you to release the above listed records to the Miller Place Union Free School District.

Signature of Parent or Guardian: _____

Relationship: _____

Address: _____

Telephone: _____

Witness Signature: _____Witness Name: _____

**********PLEASE SEND RECORDS TO THE SCHOOL ADDRESS INDICATED BELOW**********

☐ Andrew Muller Primary School
65 Lower Rocky Point Road
Miller Place, NY 11764
Phone: (631) 474-2715
Fax: (631) 474-4738

☐ Laddie A. Decker Sound Beach School
197 North Country Road
Miller Place, NY 11764
Phone: (631) 474-2719
Fax: (631) 474-2497

☐ Miller Place UFSD
Special Education Office
7 Memorial Drive
Miller Place, NY 11764
Phone: (631) 474-2700
Fax: (631) 474-9890

☐ North Country Road Middle School
191 North Country Road
Miller Place, NY 11764
Phone: (631) 474-2710
Fax: (631) 474-5178

☐ Miller Place High School
Attn: Guidance
15 Memorial Drive
Miller Place, NY 11764
Phone: (631) 474-2723
Fax: (631) 474-2734

7 Memorial Drive
Miller Place, NY 11764
Phone: (631) 474-2700
Fax: (631) 474-0686

Miller Place Union Free School District

FAMILY INFORMATION SUPPLEMENTAL FORM

(Please Print All Information)

☐ **Not applicable** *(please sign below)*

Parents have the responsibility of presenting an official copy of any legally binding instrument effecting custody or other parental rights, and, without one, the school will assume that both parents have equal access to school records and student information.

Student Information			
Student's Legal Last Name	**Student's Legal First Name**	**Middle Name**	**Grade/School**

Custodial Parent Information			
Last Name	**First Name**	**Employer**	
Street Address	**City**	**State**	**Zip Code**
Home Phone #	**Work Phone #**	**Cell Phone #**	
E-mail Address		**Receive Mailings?**	
		Yes **or** ***No***	

Non-Custodial Parent Information			
Last Name	**First Name**	**Employer**	
Street Address	**City**	**State**	**Zip Code**
Home Phone #	**Work Phone #**	**Cell Phone #**	
E-mail Address		**Receive Mailings?**	
		Yes **or** ***No***	

Step Parent Information (if applicable)			
Last Name	**First Name**	**Employer**	
Street Address	**City**	**State**	**Zip Code**
Home Phone #	**Work Phone #**	**Cell Phone #**	
E-mail Address		**Receive Mailings?**	
		Yes **or** ***No***	

Legal Guardian (if other)			
Last Name	**First Name**	**Employer**	
Street Address	**City**	**State**	**Zip Code**
Home Phone #	**Work Phone #**	**Cell Phone #**	
E-mail Address		**Receive Mailings?**	
		Yes **or** ***No***	

_____ _____

Signature of Parent/Guardian ***Date***

WHAT IF...

the youth is not living with a parent?

the parents are separated or divorced?

To enroll in school:

You (the parent, guardian, or caregiver) have to show that the youth is living with you and that you have total and permanent custody and control. To do this, you can show the school district:

- proof of custody or guardianship

  OR

- an affidavit (written statement signed under oath) saying that you have "total and permanent custody and control" over the child

  OR

- other proof such as documentation that the child has been placed with a sponsor by a federal agency.

There are different requirements for youth in temporary housing (this may include, for example, youth who have run away or been kicked out of their homes).

For more information about temporary housing and enrollment, call NYS-TEACHS at 800-388-2014.

For more information:

Enrollment requirements:

NYS Education Department
Office of Student Support Services
(518) 486-6090

Enrollment of immigrant children and youth:

NYS Education Department
Office of Bilingual Education &
World Languages
(718) 722-2445

Enrollment of children and youth in temporary housing:

NYS Technical and Education Assistance Center for Homeless Students
(NYS-TEACHS)
(800) 388-2014

NYS Education Department
State Coordinator for Homeless Education
(518) 473-0295

This pamphlet is a summary of the applicable regulatory provisions and is intended for informational purposes only. For further information on the applicable regulatory requirements, please consult an attorney or see 8 NYCRR section 100.2(x) and 100.2(y), as amended effective July 1, 2015,

August 2015

A GUIDE TO *understanding* THE NEW RULES FOR SCHOOL REGISTRATION

New York State
EDUCATION DEPARTMENT
Knowledge › Skill › Opportunity

To enroll in school, you have to show:

- that you live and intend to remain in the school district. This is called showing you are a "resident."

AND

- your child's age.

Do you know how to show that you live in the district where you are enrolling your children?

Do you know how to prove your children's ages?

Did you know:

- Your child must be enrolled within one day of your request.
- Children and youth can get a free public education, even if they are undocumented or are not citizens.
- Schools *cannot* ask you for your social security card or social security number at the time of or as a condition of enrollment.
- Schools *cannot* ask about immigration status at the time of or as a condition of enrollment (but after enrollment they may ask about which country your child was born in).
- There are many different ways to show residency. Schools must give you choices and *cannot* only ask for a lease or a deed.
- Your child can be enrolled in school even if you don't have his or her birth certificate.
- Youth may enroll in school under certain circumstances even if they are not living with their parents.

Children and youth in temporary housing can enroll in school without the documents normally needed to enroll. Children and youth are temporarily housed or homeless if they lack a fixed, regular, and adequate nighttime residence which includes, for example:

– living in a shelter or,
– sharing the home of a relative or a friend because they lost their home or were evicted.

Ways you can show residency:

- Lease or deed
- Affidavit (a written statement signed under oath) from the person you pay rent to, saying you live there
- A letter from the person you pay rent to saying you live there
- A letter from another person saying you live at your address
- Other documentation, such as:
  - Pay stub showing your address
  - Income tax form that shows your address
  - Utility bill or other bill in your name
  - Membership documents based on residency, such as a local library card
  - Voter registration card
  - Driver's license, or permit, or non-driver ID
  - State or other government issued ID
  - Documents from government agencies such as a social service agency or the federal Office of Refugee Resettlement
  - Custody or guardianship papers

If the school district decides your child can't go to school in the district because he or she is not a resident, the district must give you a letter within two business days explaining its decision and how to appeal the decision.

Ways to show a child's age:

- Certified Birth Certificate (from any country)
- Baptismal record (from any country)
- A Passport (from any country)

If you don't have a Birth Certificate, baptismal record, or passport, you can use other documents if you've had them for at least two years, such as:

- Driver's license
- State or governmental ID
- School photo ID with date of birth
- Consulate ID card
- Hospital or health records
- Military dependent ID card
- Other documents from federal/state/local agencies (examples: Department of Social Services, Office of Refugee Resettlement)
- Court orders
- Native American tribal document
- Records from international aid agencies or voluntary agencies

7 Memorial Drive
Miller Place, NY 11764
Phone: (631) 474-2700
Fax: (631) 474-0686

Miller Place Union Free School District

CUSTODIAL AFFIDAVIT*

State of New York)
)ss:
County of Suffolk)

I, _____ being duly sworn depose and say:
Full Legal Name of Custodian – Please Type or Print Legibly

1. I live at _____.
Full Address of Custodian

2. _____ is my _____ and he/she has been
Full Legal Name of Child Child's Relationship to Custodian

living with me since _____.
Relevant Date

3. _____ intends to reside with me for _____.
Child's Full Legal Name Length of Time

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

_____

_____

_____

5. Statement of the reasons the child lives with the custodian. _____

_____

_____

6. Statement describing any other location(s) where the child lives. Indicate the length of time the child resides at the other address and provide an explanation. If the child does not reside at any other address, so indicate.

_____

_____

_____

CUSTODIAL AFFIDAVIT*

7. Statement establishing who provides the child with food, clothing, and all other necessities.

_____

_____

_____

8. Custodial statement assuming full responsibility for all matters relating to the child's education and medical care.

_____

_____

_____

9. Statement of any other relevant facts. _____

_____

_____

_____

_____
Signature of Custodian

Notary:

Sworn to me this _____ day of _____.

_____
Notary Public

* Where applicable, this affidavit must be executed individually by each custodian.

7 Memorial Drive
Miller Place, NY 11764
Phone: (631) 474-2700
Fax: (631) 474-0686

Miller Place Union Free School District

LANDLORD'S AFFIDAVIT OF OCCUPANCY

(In lieu of Deed, Rental Agreement, or Lease)

State of New York)
)ss:
County of Suffolk)

I, _____ being duly sworn depose and say:
Full Legal Name – Please Type or Print Legibly

That I am the landlord for:

_____
Full Address – Please Type or Print Legibly

and that said premises are being occupied by _____,
Full Legal Name of Parent/Guardian/Occupant– Please Type or Print Legibly

the parent, and _____, the children of
Full Legal Name(s) of School-Age Children Residing At Premises Listed Above

said parent. To my knowledge, the above parties occupy the premises as their actual, only, and legal residence address.

Further, I understand that this affidavit is a public record, that knowingly falsifying same is offering a false instrument for filing, and that such an act is punishable under the Criminal Laws governing fraud. I understand and agree that if false information is knowingly filed, and the school district is unable to recover tuition and collection costs for the children granted admission on the basis of this affidavit, said filing shall be grounds for a civil action against me for any moneys due to the school district.

Further, I swear that I have supplied the information in this affidavit, that to my knowledge the same is complete, accurate, and true, and that I have read and understood the pre-printed provisions of this affidavit.

_____
Signature of Deponent*

_____
Title if Real Estate Agency or Corporation – Please Type or Print Legibly

_____
Street Address State Zip Code

Notary:

Sworn to before me this _____ day of _____, 20___. _____
Notary Public

* Signature to be witnessed by a Notary Public if Landlord occupies the same premises and is not an employee or official of a realty company or corporation. Signature of individual property owners not occupying the premises may be witnessed by other than a Notary Public. Company or corporation official's signature over title and company name need not be witnessed.