

**◆ HERRICKS PUBLIC SCHOOLS ◆ 999-B HERRICKS ROAD ◆
NEW HYDE PARK ◆ NEW YORK 11040**

Registration/Status Form
For Office Use Only

Starting Date: _____

<i>Proof of Residence</i>	<i>Residence</i>	<i>General Information</i>	<i>Transportation</i>	<i>School to Attend</i>
Moving into district <input type="checkbox"/>	New Home <input type="checkbox"/>	Birth Certificate <input type="checkbox"/>	Walker <input type="checkbox"/>	Center Street <input type="checkbox"/>
Moving within district <input type="checkbox"/>	Renting <input type="checkbox"/>	Passport <input type="checkbox"/>	Rider <input type="checkbox"/>	Denton Avenue <input type="checkbox"/>
Living with _____		Other <input type="checkbox"/>		Searingtown <input type="checkbox"/>
		Immunization <input type="checkbox"/>		Middle School <input type="checkbox"/>
		Medical <input type="checkbox"/>		High School <input type="checkbox"/>

STUDENT INFORMATION: (Please type or print legibly with a ball point pen.)

Last Name:		First Name:		Middle Name/Initial:	
Address:		Town:		Zip:	
Date of Birth:		Gender:	Race/Ethnicity:		Grade:
Birthplace:		Telephone Number:			
Previous Address:		Town:		State:	Zip:

DOES YOUR CHILD HAVE A DISABILITY? YES NO

HAS YOUR CHILD RECEIVED TITLE I SERVICES IN THE PAST? YES NO

1. Is the student currently living in permanent housing? YES NO

If you answered "Yes" please proceed to Page 2.
If you answered "No" please proceed to Question 2.

2. If the student is not currently living in permanent housing, where is the student currently living?

- In a shelter
- With another family or other person on a temporary basis because of an involuntary loss of housing or as a result of economic hardship
- In a hotel/motel
- In a car, park, bus, train or campsite
- Other temporary living situation (Please describe): _____

Please be advised that if the student is living in temporary housing, the District may conduct a home visit if it so chooses. However, please also be advised that the District cannot contact a landlord or building superintendent to verify a student's housing status.

The answer you give above 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 do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificates. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

*The District's homeless liaison is Jaelyn Mirabile, Social Worker, 516-305-8432.

PARENT(S)/ PERSON(S) IN PARENTAL RELATION:

<p>PARENT 1: CHECK ALL THAT APPLY: <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> PERSON(S) IN PARENTAL RELATION <input type="checkbox"/> CUSTODIAL PARENT <input type="checkbox"/> FOSTER PARENT</p> <p>NAME: _____ LAST FIRST MI</p> <p>BIRTHPLACE: _____</p> <p>BUSINESS TELEPHONE: _____</p> <p>CELL TELEPHONE: _____</p> <p>E-MAIL ADDRESS: _____</p>	<p>PARENT 2: CHECK ALL THAT APPLY: <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> PERSON(S) IN PARENTAL RELATION <input type="checkbox"/> CUSTODIAL PARENT <input type="checkbox"/> FOSTER PARENT</p> <p>NAME: _____ LAST FIRST MI</p> <p>BIRTHPLACE: _____</p> <p>BUSINESS TELEPHONE: _____</p> <p>CELL TELEPHONE: _____</p> <p>E-MAIL ADDRESS: _____</p>
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PARENT(S)/ PERSON(S) IN PARENTAL RELATION WITH WHOM STUDENT DOES NOT RESIDE:

<p>PARENT 1: CHECK ALL THAT APPLY: <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> PERSON(S) IN PARENTAL RELATION <input type="checkbox"/> CUSTODIAL PARENT <input type="checkbox"/> FOSTER PARENT</p> <p>NAME: _____ LAST FIRST MI</p> <p>BIRTHPLACE: _____</p> <p>BUSINESS TELEPHONE: _____</p> <p>CELL TELEPHONE: _____</p> <p>E-MAIL ADDRESS: _____</p>	<p>PARENT 2: CHECK ALL THAT APPLY: <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> PERSON(S) IN PARENTAL RELATION <input type="checkbox"/> CUSTODIAL PARENT <input type="checkbox"/> FOSTER PARENT</p> <p>NAME: _____ LAST FIRST MI</p> <p>BIRTHPLACE: _____</p> <p>BUSINESS TELEPHONE: _____</p> <p>CELL TELEPHONE: _____</p> <p>E-MAIL ADDRESS: _____</p>
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EMERGENCY CONTACT (PERSON TO CALL WHEN PARENT/GUARDIAN CANNOT BE REACHED)

Name	Home Phone	Cell Phone	Work Phone	Relationship to Child

OTHER CHILDREN IN FAMILY:

NAME	GENDER	RELATIONSHIP	DATE OF BIRTH (IF MINOR)	GRADE

OTHER FAMILIES LIVING AT THIS ADDRESS:

NAME	GENDER	RELATIONSHIP	DATE OF BIRTH (IF MINOR)	GRADE

I certify, under penalty of law, that the above statements are true. I further certify that I do not maintain a residence outside the boundaries of the Herricks School District. I understand that if the above mentioned child(ren) is (are) found not to be a legitimate resident(s) of the Herricks Union Free School District that "I WILL BE LEGALLY RESPONSIBLE FOR AND WILL PAY THE SCHOOL DISTRICT'S ANNUAL TUITION RATE PER CHILD, RETROACTIVE TO THE FIRST DAY OF ADMISSION, ALONG WITH ANY COSTS ASSOCIATED WITH ENROLLING MY CHILD."

I also realize that theft of governmental services is a crime punishable under the State Penal Law and that a false statement made in connection with this application will make me liable to criminal prosecution. I further understand that it is my responsibility to notify the school district if I change my residence.

I have been informed that the school district may make unannounced home visits for the purpose of residence verification.

(Please initial) I have read and understand the above.

Signature of Parent/Person in Parental Relation: _____ Date: _____

Registered by: _____ Date: _____

Form 1000 - USE WHEN A HOMEOWNER OR RENTER IS REGISTERING HIS/HER OWN CHILD.

Herricks Public Schools
New Hyde Park, NY 11040

Upon request, your child shall be enrolled and begin attendance on the next school day (unless a determination of non-residency is made on the date of request). The contents of this packet must be completed as soon as practical, but no later than three business days after the child's enrollment. The District will provide you with its residency determination within three business days of your child's enrollment. However, if you submit the contents of this packet on the third business day after your child's enrollment, the District will provide its residency determination on the fourth business day.

Please call 516 305-8987 to discuss interest in enrolling your child.

<p>PROOF OF HOME OWNERSHIP OR RENTAL REQUIRED:</p> <p>HOMEOWNER</p>	<p>RENTER</p>
<p><input type="checkbox"/> Deed OR Tax Bill OR Mortgage Statement</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Statement by a third party relating to parent(s) or person(s) in parental relation's presence in the district</p>	<p><input type="checkbox"/> Lease OR Landlord / tenant forms signed by owner and tenant.</p>
<p><i>Note: the District reserves the right to differentiate the weight given to each piece of documentation submitted as it determines is necessary. As an applicant, you should submit documentation that is most likely to prove your residency within the District.</i></p>	
<p><u>AND THREE (3) PROOFS OF DISTRICT RESIDENCY:</u></p>	
<p>NON-EXHAUSTIVE LIST OF ALTERNATE PROOF OF RESIDENCY (3 required)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current telephone bill showing name and address <input type="checkbox"/> Current PSEG or National Grid statement with your name and address <input type="checkbox"/> Driver's License and Car Insurance Identification Card <input type="checkbox"/> Canceled Bank Check with printed name and address <input type="checkbox"/> Pay Stub – showing a printed name and address within the district <input type="checkbox"/> Moving bill from a commercial moving company <input type="checkbox"/> Attorney statement – stating that he certifies that the individual resides at a specific address within the Herricks School District <input type="checkbox"/> Current Tax Return or W-2 issued from Internal Revenue Service (printed name and address) <input type="checkbox"/> Post Office confirmation stating change of address <input type="checkbox"/> Court issued documentation (current name and address) <input type="checkbox"/> Other proofs as may be appropriate. Acceptance of such other proofs shall be at the discretion of the District. 	
<p><u>AND</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Student's original Birth Certificate (with raised seal) or record of baptism. If either is unavailable, the student may provide his or her passport (including a foreign passport). If all of the aforementioned documentation is unavailable, then the District may request additional documentary evidence. <input type="checkbox"/> Affidavit from parent/person in parental relation evidencing relationship with child. (Parent/person in parental relation may submit alternative documentation as it deems necessary). <input type="checkbox"/> Medical Records including Immunization <input type="checkbox"/> Report Card from previous school 	

The submission of false information or false statements in this application to the School District is a violation of the New York Penal Code 175.30 and is punishable by a fine and imprisonment of up to one year in jail. In addition, the District will pursue action for tuition reimbursement against anyone whose false information results in the enrollment of students into the school district, who are not legal residents of the district.