

# Syosset Central School District

## Registration Office

99 Pell Lane, Syosset, NY 11791

### Student Registration Form

Please complete all questions.

#### Student Information (Please use legal name):

Last name:	School:
First name:	Grade:
Middle name:	Student ID #:
Nick name (if any):	Gender:
Home phone:	Date of Birth:
Cell phone:	Proof of Birth:
Current Street Address:	Registration Date:
Current Town:	Start Date:
Previous Street Address:	Interpreter Needed? Yes No
Previous Town:	

Student Resides with:  Both Parents  Mother  Father  Foster Parents  
 Mother/Stepfather\*  Father/Stepmother\*  Other

\*Please indicate Step-parent last name: \_\_\_\_\_

This questionnaire is intended to address the McKinney-Vento Homeless Assistant Improvement Act. Your responses to this questionnaire will help our district determine which services your child may be eligible to receive.

1. Is your current address a temporary living arrangement?  Yes  No
2. If "yes," is this temporary arrangement due to loss of housing/economic hardship?  Yes  No

If "Yes," please continue and answer the remainder of these questions. If you answered, "No," please continue to next section.

3. Please check what best describes where this student is currently living:

\_\_\_ Shelter    \_\_\_ Motel/Hotel    \_\_\_ transitional housing program    \_\_\_ car/trailer/campsite  
\_\_\_ rented trailer/motor home on private property    \_\_\_ a single room occupancy building    \_\_\_ N/A  
\_\_\_ temporarily with an adult (not parent/guardian) due to loss of housing    \_\_\_ awaiting foster placement  
\_\_\_ temporarily in another family's house/apt. due to loss of housing    \_\_\_ other place unfit for human habitation

**Siblings:**

Name	Gender	Date of Birth	School	Grade

**Parent/Guardian Information:**

<b>Parent/Guardian 1:</b>	Last name:	First Name:
DOB:	Relationship:	e-mail:
H phone:	C-phone	W phone:
Marital Status: M D S W	Street Address:	Town:
Mail Copies of Student Correspondence? Y N	Are you Currently on Active Duty in the US Armed Forces? Y N N/A	
	If "yes," enter date:	

<b>Parent/Guardian 2:</b>	Last name:	First Name:
DOB:	Relationship:	e-mail:
H phone:	C-phone	W phone:
Marital Status: M D S W	Street Address:	Town:
Mail Copies of Student Correspondence? Y N	Are you Currently on Active Duty in the US Armed Forces? Y N N/A	
	If "yes," enter date:	

**Foster Parents and/or Foster Care Agency**, please complete the following and provide a DSS-2999Form and letter verifying information below. Registration will be held pending receipt of this information.

Name of Foster Parent(s): Last	First:
Name of Agency:	Agency Code:
Agency Address:	Agency Type:
Case/Social Worker:	Phone:
DSS Case #	CIN #
CB #	Date Placed:

**Previous Address Information:**

Dates To - From (most recent first)	Address	City, State, Zip Code

**Previous School information for \_\_\_\_\_ (Student's Name)**

School Attended	Dates To-From (most recent first)	Location/Address	Special Programs (ENL/Special Education)

**Previous School information for \_\_\_\_\_ (Student's Name)**

School Attended	Dates To-From (most recent first)	Location/Address	Special Programs (ENL/Special Education)

**Previous School information for \_\_\_\_\_ (Student's Name)**

School Attended	Dates To-From (most recent first)	Location/Address	Special Programs (ENL/Special Education)

**Doctor's Information**

Dr.'s Name:	Phone:
Address:	Type:

**Dentist's Information**

Dr.'s Name:	Phone:
Address:	

**Emergency Contact Information**

Name:	H Phone:
Address:	C Phone
Relationship:	W Phone

**Emergency Contact Information Continued...**

Name:	H Phone:
Address:	C Phone
Relationship:	W Phone

Name:	H Phone:
Address:	C Phone
Relationship:	W Phone

Name:	H Phone:
Address:	C Phone
Relationship:	W Phone

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**Parental Notification:**

As required by Section 4402 of NYSED Law, you are hereby notified of your right to initiate a referral of your child for the purposes of determining the need for special education services for the child. You are directed to the following web-page to access *Special Education in New York State for Children Ages 3-21: A Parent's Guide*. [www.p12.nysed.gov/specialed/publications/policy/parentguide.htm](http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm)

Should you require further information, please contact Dr. Joseph LaMelza (District Committee on Special Education Chairperson) at 516-364-5616.

**Addendum to Registration to New Student:**

1. Does your child have a known or suspected disability that substantially impacts learning?  Yes  No  
If, "yes," please describe:

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2. Has your child been evaluated for a disability?  Yes  No  
If, "yes," please describe:

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3. Has your child been classified by a committee on Special Education as a student eligible for Special Education Services?  Yes  No  
If, "yes," please describe:

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4. Has your child received any special services (i.e. Speech, OT, PT, MTSS, ENL, etc.) in a previous school?  Yes  No  
If, "yes," please describe:

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5. Does your child have any medical alerts?

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**Parent or Guardian Oath:**

I \_\_\_\_\_ (Parent/Guardian Name), say that I am the parent/guardian of \_\_\_\_\_ (student name), and that I have read the foregoing application and know the contents thereof, that the same are true to my own knowledge and that I have given the answers set forth above knowing that the Syosset Central School District will rely upon them in determining whether the child is to be admitted to its school system.

Signature of Parent/Guardian: \_\_\_\_\_ date: \_\_\_\_\_

Checked by School Official: \_\_\_\_\_ date: \_\_\_\_\_

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**To be completed after the student is enrolled in the District:**

**Ethnicity:** Hispanic/Latino or of Spanish origin?  Yes  No

**Race** (Choose all that apply):

- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaskan Native
- White
- Other

Preferred Communication Language: \_\_\_\_\_

Student Birthplace (if USA), City and State: \_\_\_\_\_

Student Birth Country: \_\_\_\_\_

If not born in the USA, date student arrived to USA: \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year)

Date the student first enrolled in a US school: \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year)

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For School District use only: (Clever email) \_\_\_\_\_ @syosset.k12.ny.us