

Shelter Island Union Free School District

33 North Ferry Road P.O. Box 2015
Shelter Island, New York 11964

Central Registration: Donna B. Clark
Phone: 631-749-0302, ext. 111 Fax: 631-749-1262
donna.clark@shelterisland.k12.ny.us

In order to enroll your child(ren) and to conform to federal, state and school district policies, certain information and records are needed. These include:

1. Proof of Residency

Shelter Island District requires TWO Proofs of physical residency be submitted when enrolling in the district

***Please provide ONE of the following, identify the physical location of the residence:

HOMEOWNERS – any ONE of the following:

- Mortgage Statement/Agreement
- House Deed
- Suffolk County Property Tax Bill
- Sales Contract with Attorney Letter

RENTERS – any ONE of the following:

- Lease Agreement (*if a lease not available – see below*)
- Notarized “Rental Affidavit”

***In addition, please provide ONE of the following, identifying the physical location of the residence:

- Current Utility Bill with physical location of residence (LIPA, Cable, Gas – NO Phone, Library Card, P.O. Boxes accepted)

2. Proof of Age

Birth Certificate, current passport, school photo ID with date of birth, hospital or health record with date of birth of student

3. Photo ID of Parent/Guardian (Driver License/Passport/Military ID)

4. Physical Examination with Immunization Records

As per New York State Education Law, Article 19, Section 903 and 904, all new entrants to school are required to have a physical examination with up to date immunization (see attached form). A copy of the student’s last physical exam, which is dated no more than 12 months prior to the first day of school will be accepted

5. PreK Program Entrance Criteria Questionnaire

6. Other Documentation

- A. *Custody papers* – Please be sure to provide any copies of court papers that relate to custodial arrangements that may affect your child. Without a valid court order, the school will assume that both parents have access to the children and their records.
- B. *Foster Parent Papers Form DSS-2999* – Copies of current papers and/or a letter from the placement agency indicating guardians name, student’s date of birth, grade level and when applicable physical address of guardian.
- C. *Individualized Education Program/Plan or I.E.P. (Special Education Student)/504 Accommodation Plan*

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REGISTRATION INFORMATION

School districts are required by the US Department of Education to collect racial and ethnic data using a two-part question. This question is addressed in the registration packet on the student information sheet.

The first part consists of a question referencing the student's ethnicity:

- Is the student of Hispanic, Latino or of Spanish origin?

The second part asks you to select one or more races from five racial groups:

- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islanders
- Black or African American
- White

You may find the following helpful in answering this group question.

1. **American Indian or Alaskan Native:** a person having origins in any of the original peoples of North, Central and South America **AND** who maintains cultural identification through tribal affiliation or community recognition.
2. **Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Island, Thailand and Vietnam
3. **Native Hawaiian or other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
4. **Black or African American:** a person having origins in any of the Black racial groups of Africa
5. **White:** a person having origins of the original peoples of Europe, North Africa or the Middle East

SHELTER ISLAND U.F.S.D. STUDENT REGISTRATION FORM

I. STUDENT INFORMATION

Legal Name: Last _____ First _____
 Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____
 Female Male Other Birthplace: City/Town _____ State _____ Country _____
 Birthdate ____/____/____ Language Spoke at Home: _____

Ethnicity. What is the ethnicity of this student? (Check one)

Hispanic or Latino Not Hispanic or Latino
(Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Race. What is the race of this student (Check up to 5 racial categories)

The above part of the question is about ethnicity, not race. Regardless of what you have selected (above), please continue to answer the following question by marking one or more boxes to indicate what you consider the race of this student to be.

American Indian/Alaskan Native Asian Native Hawaiian/Pacific Islander
(Persons having origins in any of the original people of North, Central, or South America)
 Black/African American White *(Persons having origins in any of the original peoples of Europe, North Africa or the Middle East)*

Residence – Physical Address

Address _____
 Town _____ State _____ Zip Code _____
 Primary Phone # (_____) _____ - _____

Student resides with (check all that apply)

Mother Father Step Parent
 Legal Guardian(s) Other _____

Mailing Address PO Box _____ Zip Code _____

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 a shelter In a hotel/motel In a car, park, bus, train, or campsite In permanent housing
 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) _____

II. PARENT / GUARDIAN INFORMATION

Name: Last _____ First _____
 Language(s) Spoken _____
 Work Phone # (_____) _____ - _____ Cell Phone # (_____) _____ - _____
 Other Phone # (_____) _____ - _____ Email _____@_____

Relationship to Student

Mother Step Mother Legal Guardian
 Father Step Father Other _____

Marital Status

Married Single Active Duty N/A
 Divorced Widowed National Guard

Armed Forces

Name: Last _____ First _____
 Language(s) Spoken _____
 Work Phone # (_____) _____ - _____ Cell Phone # (_____) _____ - _____
 Other Phone # (_____) _____ - _____ Email _____@_____

Relationship to Student

Mother Step Mother Legal Guardian
 Father Step Father Other _____

Marital Status

Married Single Active Duty. N/A
 Divorced Widowed National Guard

Armed Forces

III. ADDITIONAL STUDENT INFORMATION

Languages

- 1) Which language did your child learn when he/she first began to talk? _____
- 2) Which language does your child most frequently speak at home? _____
- 3) Which language do you (the parents or guardians) most frequently use when speaking with your child? _____
- 4) Which language is most often spoken by adults in the home?(parents, guardians, grandparents, or any other adults) _____

Previous Schools / Enrollment History

US School Entry Date _____ / _____ / _____

Last School Attended _____ School District _____

City/Town _____ State _____

Phone # (_____) _____ - _____ Fax # (_____) _____ - _____

Date left previous school _____ / _____ / _____

Has student ever been expelled from school? Yes No Has student ever been retained? Yes What grade? _____ No

Special Programs

Please check if student has received any special services or participated in any of the following programs.

ELL/Bilingual Program Gifted and Talented Migrant Education IEP/504 Resource Specialist

Special Day Class Speech/Language Title I Other _____

Anyone in family under 22 years old? Yes No Has student moved in the last 3 years Yes No

Within the last three years, has anyone in family worked or looked for work in any agricultural/farm Yes No

Work related to logging, timber growing or harvesting food Yes No

Work at food processing plant, (such as vegetable/poultry processing plants packing apples or vegetables) Yes No

Other Person(s) in the home

Names	Birthdate	Relationship to Student
_____	_____ / _____ / _____	_____
_____	_____ / _____ / _____	_____
_____	_____ / _____ / _____	_____

Non-Custodial Parent or Joint Custodial – Copy of Custodial Agreement Required

Name: Last _____ First _____

Language(s) Spoken _____

Work Phone # (_____) _____ - _____ Cell Phone # (_____) _____ - _____

Other Phone # (_____) _____ - _____ Email _____ @ _____

Address _____ City/Town _____ State _____ Zip _____

Relationship to Student	Marital Status
<input type="checkbox"/> Mother <input type="checkbox"/> Step Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Father <input type="checkbox"/> Step Father <input type="checkbox"/> Other _____	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

Do you have access to a computer? Yes No Do you wish to receive school text message alerts? Yes No

Do you wish to receive school phone alerts (Connect-Ed) in another language? Yes No Language _____

I have reviewed this two page document and to the best of my knowledge, the information is true and complete

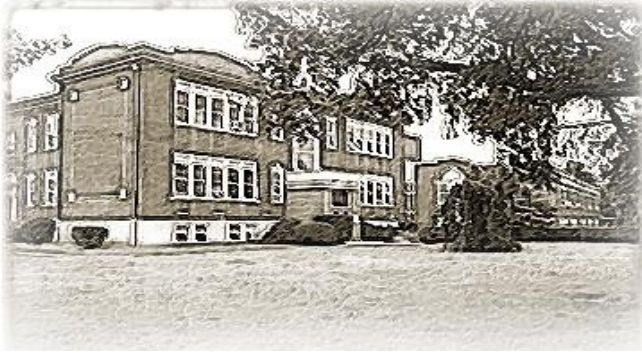
Parent/Guardian Signature _____ **Date** _____

For School Use Only

Records Received Date Entered _____ / _____ / _____

Birth Certificate/Passport of Student Photo ID of Parent/Guardian Proof of Residency Academic Records Physical/Immunizations

SHELTER ISLAND UNION FREE SCHOOL DISTRICT



SUPERINTENDENT/PRINCIPAL, *Brian Doelger, Ed.D.*
ASSISTANT SUPERINTENDENT *Jennifer Rylott*
DIRECTOR OF ATHLETICS, PHYSICAL EDUCATION,
HEALTH, WELLNESS & PERSONNEL, *Todd Gulluscio*
DISTRICT CLERK, *Jacqueline Dunning*
DISTRICT TREASURER, *Deborah Vecchio*

BOARD OF EDUCATION
Margaret Colligan, *President* Katherine Rossi-Snook, *Vice President*
Dawn Hedberg Kathleen M. Lynch
Tracy McCarthy Karina Montalvo

PRE K PROGRAM ENTRANCE CRITERIA

In order for students to successfully participate in our full day Pre-K 4 and half day Pre-K 3 program, it is required that all students meet the following behavioral developmental benchmarks.

Please indicate below by placing a check next to each benchmark to indicate that your child can demonstrate the criteria.

1. Child is able to use bathroom independently
(including dressing, undressing, cleaning themselves) _____

2. Child does not require reminder to use the bathroom _____

3. Child does not require the use of Pull-Ups _____

4. Child does not require a nap in the afternoon _____

5. Child can feed him/herself independently
(Can use a fork and spoon appropriately) _____

I verify that my child can demonstrate the above listed behavioral developmental benchmarks. I understand that my child must demonstrate the above criteria during normal school hours in order to remain in the full day Pre-K 4 and half day Pre-K 3 program.

Child's Name

Parent's Signature

Date

****Please note: A child's inability to demonstrate the above behavioral developmental benchmarks does NOT indicate developmental delay. Demonstration of the above criteria indicates the developmental maturity which is necessary for a child to remain in the school setting during normal school hours.***



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:		
<i>First</i>	<i>Middle</i>	<i>Last</i>
DATE OF BIRTH:		GENDER:
		<input type="checkbox"/> Male
<i>Month</i>	<i>Day</i>	<i>Year</i>
PARENT/PERSON IN PARENTAL RELATION INFO:		
<i>Last Name</i>	<i>First Name</i>	<i>Relation to Student</i>

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

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

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	

SHELTER ISLAND UNION FREE SCHOOL DISTRICT

Emergency Home Contact Information

Student' Name: _____ Date of Birth: _____

Parent/Guardian #1 Name: _____ Cell Phone #: _____

Parent/Guardian #2 Name: _____ Cell Phone #: _____

STUDENT WILL NOT BE RELEASED TO ANYONE NOT LISTED BELOW

If needed, additional name can be added to back of form

Person(s) Who Will Be Responsible in Case of an Emergency, if parents cannot be reached:

Emergency Contact #1 Information

Full Name: _____

Relationship to Student: _____

Gender Female Male

Resides in Household Yes No

Phone:

Call 1st _____ Home Cell Work

Call 2nd _____ Home Cell Work

Call 3rd _____ Home Cell Work

Emergency Contact #2 Information

Full Name: _____

Relationship to Student: _____

Gender Female Male

Resides in Household Yes No

Phone:

Call 1st _____ Home Cell Work

Call 2nd _____ Home Cell Work

Call 3rd _____ Home Cell Work

Emergency Contact #3 Information

Full Name: _____

Relationship to Student: _____

Gender Female Male

Resides in Household Yes No

Phone:

Call 1st _____ Home Cell Work

Call 2nd _____ Home Cell Work

Call 3rd _____ Home Cell Work

Emergency Contact #4 Information

Full Name: _____

Relationship to Student: _____

Gender Female Male

Resides in Household Yes No

Phone:

Call 1st _____ Home Cell Work

Call 2nd _____ Home Cell Work

Call 3rd _____ Home Cell Work

Emergency Contact #5 Information

Full Name: _____

Relationship to Student: _____

Gender Female Male

Resides in Household Yes No

Phone:

Call 1st _____ Home Cell Work

Call 2nd _____ Home Cell Work

Call 3rd _____ Home Cell Work

Emergency Contact #6 Information

Full Name: _____

Relationship to Student: _____

Gender Female Male

Resides in Household Yes No

Phone:

Call 1st _____ Home Cell Work

Call 2nd _____ Home Cell Work

Call 3rd _____ Home Cell Work

Please update your child's health history. This includes any new medications, diseases, allergies, injuries, surgeries and/or medical conditions.

Family Doctor/Pediatrician: _____ Phone: _____

Medical History: _____

Medication: _____

Allergies: _____

**THIS AFFIDAVIT IS REQUIRED IF YOU ARE RENTING.
THIS FORM MUST BE COMPLETED BY THE OWNER OF THE RESIDENCE.
A COPY OF A TAX BILL OR DEED MUST ACCOMPANY THIS FORM**

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631-749-0302 / FAX 631-749-1262

RENTAL REGISTRATION AFFIDAVIT

STATE OF NEW YORK
COUNTY OF SUFFOLK

I, _____, residing at _____,
_____(telephone number), am the owner of the residence located at _____, which is within the boundaries of the Shelter Island Union Free School District, and will have the following person (s) residing in said residence for a period of _____ years, beginning ___/___/___ and ending ___/___/___:

I understand that it is my responsibility to inform the District if/when the conditions set forth above terminate or change. In the event the Shelter Island Union Free School District determines that the above person(s) do not reside at this address or have moved and remained registered these students will be dropped from the attendance register of the Shelter Island Union Free School District. I also understand that as the homeowner, I may be liable for tuition and/or transportation costs for each student listed above that received services from or attended the Shelter Island Union Free School District.

.....
You as deponent understands that this affidavit is made under oath; that the statements are true; that the Shelter Island Union Free School District Board of Education will rely thereon, and that any misstatements made could result in criminal (perjury) charges being brought against the person whose signature appears hereon.

Signature of Deponent

Taken and sworn to before me this
____ day of _____, 20____
