

East Islip School District
1 Craig B. Gariepy Avenue
Islip Terrace, NY 11752-2800
Office of the Registrar (631) 224-2000 Ext. 2043
Fax (631) 581-8352

Non-Public/Private School Registration Requirements

All students who reside within the boundaries of the East Islip School District are required to register, including those attending private or parochial schools.

Welcome to the East Islip School District. Thank you for submitting your online registration application. In order to complete your child's enrollment, certain documents must be submitted to the District.

Please note: All registrations must be completed by district resident parent or legal guardian.

Families who lack a fixed, regular and adequate nighttime residence, including those who are sharing the housing of other persons due to loss of housing, economic hardship or other similar reason may not be required to submit all of the above listed documents. If you would like more information before registering your child(ren), please contact the registrar's office.

***EAST ISLIP SCHOOL DISTRICT
NEW STUDENT REGISTRATION REQUIREMENTS
FOR STUDENTS ENROLLING IN A NON-PUBLIC/PRIVATE SCHOOL***

Welcome to the East Islip School District.

Please submit the required documents and attached forms

Please note: All registrations must be done by district resident parent or legal guardian.

Families who lack a fixed, regular and adequate nighttime residence, including those who are sharing the housing of other persons due to loss of housing, economic hardship or other similar reason may not be required to submit all of the listed documents. If you would like more information before registering your child/children, please contact the District Registrar.

If you have any questions regarding the fulfillment of the District's requirements, please contact the District Registrar, Mrs. Ricci, at 224-2043.

Student's Legal Name _____ Date of Birth _____ Grade _____

1. **Documentation of age** - In order to determine, for instance, the programming needs of your child/children, you will need to provide proof of age by providing one of the following:

- a. An original or certified transcript of a birth certificate or record of baptism (including an original or certified transcript of a foreign birth certificate or record of baptism) giving the date of birth; **or**
- b. An original passport (including foreign passport) giving the date of birth

Where the above are not available, the School District may consider certain other documents/records in existence two years or more to determine age. One or more of these documents will be necessary. The documents are the following:

- o official driver's license
- o state or other government issued identification
- o school photo identification with date of birth
- o consulate identification card
- o hospital or health records
- o military dependent identification card
- o documents issued by federal, state or local agencies (for instance, local social services agency, federal Office of Refugee Resettlement)
- o court orders or other court-issued documents

Please Note: The School District may need to verify these documents/records

2. **Proof of Residency** is required. According to NY State Law, in order to register your child/children in the School District, you must be physically domiciled at your address within the School District's geographic boundaries.

Proof of Residency is Required – You are required to provide at least one item from Section A and one item from Section B.

Please be advised that print outs of online accounts are acceptable for proof of residency.

Section A

1) *copy of a residential lease or proof of ownership of a house or condominium, such as a deed or mortgage statement or real estate tax form*

2) *a statement by a third-party landlord, owner or tenant from whom the parent(s) or person(s) in parental relation leases or with whom they share property within the district-Third Party Residency Statement Form is included in the packet*

3) *such other statement by a third-party establishing parent(s) or person(s) in parental relation physical presence in the School District-Third Party Residency Statement Form is included in the packet*

***To satisfy the Section A requirement:**

Residence Owners – please submit 1 current document from #1(deed, mortgage statement, real estate tax form)

Residence renters or if residing with a family member or friend -please submit 1 current document from #1(lease) or #2(Third Party Residency Statement Form completed by landlord, home owner, co-tenant)

If there is no possible way to provide your requirement, (#1 or #2) you may have the Third Party Residency Statement completed by someone who can confirm your residency (#3)

Section B

1) *pay stub*

2) *income tax form(s)*

3) *utility bill (PSEG, National Grid, SCWA, cable, oil) or other current bill (cell phone, credit card, etc.)*

4) *voter registration document(s)*

5) *official driver's license, learner's permit or non-driver identification*

6) *state or other government issued identification*

7) *documents issued by federal, state or local agencies (for instance, local social services agency, federal Office of Refugee Resettlement)*

8) *evidence of custody of the child/children, including, but not limited to judicial custody orders or guardianship papers that shows the name and address*

9) *other forms of documentation and/or information establishing parent(s) or person(s) in parental relation physical presence in the School District*

***Items from Section B must be current and show both name and District residence address.**

3. **Parent(s)/Guardian(s) shall provide proper proof of parental relationship/guardianship-** The School District can require the parent(s) or person(s) in parental relation to provide the School District with proof either: (1) indicating that they are the parent(s) with whom the child/children lawfully resides; or (2) indicating that they are the person(s) in parental relation to the child/children, over whom they have a total and permanent custody and control, and describing how they obtained total and permanent custody and control, whether through guardianship or otherwise.(Custody papers-if applicable) The School District may also accept other proof, such as documentation indicating that the child/children reside with a sponsor with whom the child/children have been placed by a federal agency. Please contact the District Registrar for additional information.

EAST ISLIP SCHOOL DISTRICT
Request For Out of District Transportation

I hereby request that out of district transportation for the school year 20____-20____ be provided for my son/daughter:

NAME OF STUDENT: _____

ADDRESS: _____

PHONE #: _____

SCHOOL NAME: _____ **GRADE:** _____

ADDRESS: _____

EMERGENCY CONTACT : _____ **PHONE #:** _____

ADDRESS: _____

RELATIONSHIP TO STUDENT: _____

SIGNED: _____

School now attending _____ Grade _____

Address _____ Town _____

***Section 3635 of (1)(a) of the Education Law require that a school district provide transportation to a non-public school for all students who live up to 15 miles from a school when a written request has been submitted no later than April 1st Each Year.**



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

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* <input type="checkbox"/> No <input type="checkbox"/> Not sure <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? _____

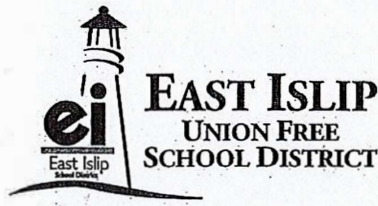
Month: _____ Day: _____ Year: _____

Signature of Parent or of Person in Parental Relation Date

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY: NAME/POSITION OF QUALIFIED 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: Mo. DAY YR.	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: Mo. DAY YR.	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 ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	

Lisa M. Belz, Ed.D.
Assistant Superintendent for
Curriculum and Instruction



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www.eischools.org

EAST ISLIP SCHOOL DISTRICT
THIRD PARTY RESIDENCY STATEMENT

I, _____, residing at _____

_____ am submitting this residency statement to the East Islip School

District to personally verify the residency of _____ and their

child(ren) _____ who currently reside at _____

_____. They have resided at this address

since _____. I have first-hand knowledge of their current residence because

I understand that this document will be submitted to and filed with the East Islip School District and that the East Islip School District will rely upon the contents of this document as factual and true as completed by me. I am submitting this document as I have first-hand knowledge regarding the above referenced facts. Any false statements made by me may subject me to penalties as prescribed by law.

Signature

Date

Paul E. Manzo
Superintendent of Schools