

# Homeschool Verification Instructions

Welcome to Homeschool Online Verification. Before you begin, please gather the following:

- Proof of the student's residence within the Syosset Central School District.
- Proof of the student's age.
- Verification of the individual's status as the parent or person in parental relation to the student.
- Parent information -- work and cell phone numbers, email addresses.
- PDF files of various documents showing proof of Residency, Birth, etc. (see below).

*Save this and any other documents you have to your computer so you can upload them during the verification process.*

Examples of documents you can upload:

Lease	Pay Stub	Student's IEP or 504 Plan
Deed	Tax Forms - please hide Social Security Numbers	Passport
Mortgage Statement	Tax Bills	Transcript / Report Card
Landlord Affidavit	Custody Papers	Home Language Questionnaire
Driver's License	Birth / Baptism Certificate	

## **Homeschool Verification Instructions:**

This is a step by step guide on completing the homeschool verification process. **Please note that although the system refers to this process as Registration, YOU ARE NOT registering your child. This system will only collect the necessary information that we need to verify your documents.**

Please use a desktop computer. Using a mobile device is **NOT** recommended.

### **Step One:**

Click on the verification link provided to you via email, to start the verification process.

## **Step Two:**

Select: Start New Application

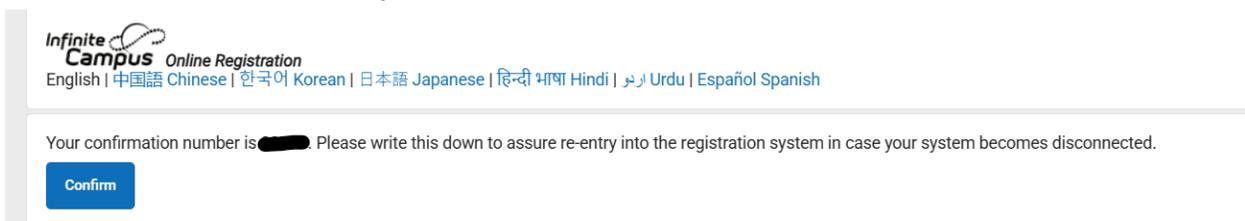


The screenshot shows the 'Infinite Campus Online Registration' interface. At the top, there is a logo and a list of languages: English | 中国語 Chinese | 한국어 Korean | 日本語 Japanese | हिन्दी भाषा Hindi | اردو Urdu | Español Spanish. Below this, a welcome message reads: 'Welcome to the Syosset School District's Online Registration Kiosk! Please select whether you are starting a new application or if you are returning to finish an existing application. Please complete this application via a desktop computer. Using a mobile device is **NOT RECOMMENDED.** \*'. There are two radio button options: 'Start New Application' and 'Return to Saved Application'. A blue 'Next' button is located at the bottom left of the selection area.

## **Step Three: Begin Registration**

Enter the necessary information. The information that is needed will have a red asterisk next to it. Then click **Begin Registration.**

You will see this message below letting you know that you successfully submitted to start the online verification process.



The screenshot shows the 'Infinite Campus Online Registration' interface. At the top, there is a logo and a list of languages: English | 中国語 Chinese | 한국어 Korean | 日本語 Japanese | हिन्दी भाषा Hindi | اردو Urdu | Español Spanish. Below this, a message reads: 'Your confirmation number is [redacted]. Please write this down to assure re-entry into the registration system in case your system becomes disconnected.' A blue 'Confirm' button is located at the bottom left of the message area.

## Step Four: Confirming Name Used on Application

Fields with a red asterisk must be filled in.

**Infinite Campus** Online Registration

English | 中国語 Chinese | 한국어 Korean | 日本語 Japanese | हिन्दी भाषा Hindi | اردو Urdu | Español Spanish

\* Indicates a required field

If you need assistance, please email [registrationstaff@syossetschools.org](mailto:registrationstaff@syossetschools.org).

Application Number [REDACTED]  
Application For 25-26

Welcome [REDACTED]. Please type in your first and last name in the box below.  
By typing your name into the box below you attest that you are the person authenticated into this application or an authorized user of this account, and the data you are entering/verifying is accurate and true to the best of your knowledge.

Type Your First and Last Name to Continue \*

! This field is required

Submit

## Step Five: Please read the following information and click **Begin (or return to) Application.**

**Infinite Campus** Online Registration

English | 中国語 Chinese | 한국어 Korean | 日本語 Japanese | हिन्दी भाषा Hindi | اردو Urdu | Español Spanish

\* Indicates a required field

If you need assistance, please email [registrationstaff@syossetschools.org](mailto:registrationstaff@syossetschools.org).

Application Number [REDACTED]  
Application For 25-26

**PLEASE SCROLL TO THE BOTTOM OF THIS SCREEN TO BEGIN OR RETURN TO A SAVED APPLICATION**

Welcome to the **Syosset Central School District** Registration site. In order to safeguard the health of your child/children, to place your child/children in the most appropriate program, and to conform with New York State law and District Policy, we will need certain information and records. In order to complete the enrollment process, this information and the District's registration packet must be completed and submitted to the District Registrar. Before you continue using this system, please gather the following information which must be submitted at the time of registration or within two days of enrollment in order for the District to make a timely determination as to the student's entitlement to attend District schools.:

**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:

- 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
- 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 may be necessary. The documents are the following:

1. official driver's license
2. state or other government issued identification
3. school photo identification with date of birth
4. consulate identification card
5. hospital or health records
6. military dependent identification card
7. documents issued by federal, state or local agencies (for instance, local social services agency, federal Office of Refugee Resettlement)
8. court orders or other court-issued documents
9. Native American tribal document
10. records from non-profit international aid agencies and voluntary agencies
11. Note: The School District may need to verify these documents/records.

**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.

*This document translation has been computer generated.*

Please be advised that within three business days of the initial enrollment of your child/children, the School District will consider all documentation submitted by you and make a determination as to your residency and the right of your child/children to attend school on a tuition-free basis. **Your failure to submit the required documentation and prove you are a resident of the School District within the three-day time period will result in the exclusion of your child/children from the School District.**  
**Proof of Residency is Required - You should provide at least one item from Section A and two items from Section B; if you cannot provide an item from Section A, you will need to provide three items from Section B.**

**Section A**

1. Copy of a residential lease or proof of ownership of a house or condominium, such as a deed or mortgage statement
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.
3. such other statement by a third-party establishing parent(s) or person(s) in parental relation physical presence in the School District.

**Section B**

4. pay stub
5. income tax form(s)
6. utility bill or other bills (e.g., Electric, Gas, Water, Cable, Oil Heat, etc.).
7. membership documents that are based upon residency with address
8. voter registration document(s)
9. official driver's license, learner's permit or non-driver identification
10. state or other government issued identification
11. documents issued by federal, state or local agencies (for instance, local social services agency, federal Office of Refugee resettlement)
12. evidence of custody of the child/children, including, but not limited to judicial custody orders or guardianship papers
13. Other forms of documentation and/or information establishing parent(s) or person(s) in parental relation physical presence in the School District.

If you have any questions regarding the fulfillment of the District's residency requirements or are homeless, please contact the District Registrar.

**Report Card (most recent)** from the school the student is currently enrolled. Note: For High School students, please provide a transcript with all grade levels attended as well as a schedule of current courses the student has taken within the current year. If applicable, please provide copy of IEP, 504 Accommodation Plan, or other applicable documents. A release for education records from the former school (if any) will need to be completed.

**Immunizations:** Details of all public health requirements are outlined in the registration packet. The school nurse will review and approve immunization records prior to the enrollment of new students.

**Parent(s)/Guardian(s) shall provide proper proof of parental relationship** - The School District may require the parent(s) in parental relation to provide the School District with an affidavit either: (1) indicating that they are the parent(s) in parental relation 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. The School District may also accept other proof, such as documentation indicating that the child/children resides with a sponsor with whom the child/children has been placed by a federal agency. Please contact the District Registrar for additional information.

Please contact the **District Registrar**, at 516-364-5669 to set up an appointment to enroll the student(s). The Office of the District Registrar is located at South Woods Middle School, 99 Pell Lane, Syosset, NY 11791.

**PLEASE BE ADVISED** that in order for your child/children to attend the **Syosset Central School District**, you must be a resident of the School District.

Section 210.45 of the Penal Law of the State of New York prohibits the making of a false written statement. Therefore, your statements contained in your registration application must be true and accurate.

If the School District determines at any time that you are not a resident of the School District, your child/children will be excluded from the School District. Further, you will be liable to the School District for payment of tuition from their date of enrollment through their date of exclusion, as well as the costs of collection.

Note: Required fields are marked with a red asterisk, and the district will receive the data exactly as it is entered. Please be careful of spelling, capitalization and punctuation. Dates should be entered as MM/DD/YYYY and phone numbers as xxx-xxx-xxxx.

NOTE: **Red** pop-up messages may appear if you attempt to leave a page with required fields. To remove the pop-up, click on the pop-up message.

If you need assistance, please call (516) 364-5669 during business hours or leave a message and a representative will be back in touch with you the next business day.

[Begin \(or Return to\) Application](#)

## Step Six: Student (s) Primary Household Information

Fields with a red asterisk must be filled in.

**Infinite Campus** Online Registration

If you need assistance, please email [registrationstaff@syossetschools.org](mailto:registrationstaff@syossetschools.org).

Application Number [REDACTED]  
Application For 25-26

English | 中国語 Chinese | 한국어 Korean | 日本語 Japanese | हिन्दी भाषा Hindi | اردو Urdu | Español Spanish

Progress: Student(s) Primary Household (✓), Parent/Guardian (✓), Emergency Contact (✓), Other Household (✓), Student (✓), Completed (6)

\* Indicates a required field

**Housing Questionnaire** -

These questions are intended to address the McKinney-Vento Homeless Assistance Improvement Act. Your responses to these questions will help our district determine which services your child may be eligible to receive.

\*  
 Yes, students in this household are homeless.  
 No, students in this household are in permanent housing.

Next >

**Home phone** +  
**Home Address** +  
**Previous Address** +

Save/Continue

Continue to click next for the next sub categories.

**Infinite Campus** Online Registration

If you need assistance, please email [registrationstaff@syossetschools.org](mailto:registrationstaff@syossetschools.org).

Application Number [REDACTED]  
Application For 25-26

English | 中国語 Chinese | 한국어 Korean | 日本語 Japanese | हिन्दी भाषा Hindi | اردو Urdu | Español Spanish

Progress: Student(s) Primary Household (✓), Parent/Guardian (✓), Emergency Contact (✓), Other Household (✓), Student (✓), Completed (6)

\* Indicates a required field

**Housing Questionnaire** +  
**Home phone** -

**Home Phone \***  
(516)555-5555

If you do not have a Home Phone, please enter a Cell Phone number.

< Previous   Next >

**Home Address** +  
**Previous Address** +

Save/Continue

**Address and Verification uploads:** Please note you will need to upload ***a total of THREE, RECENT acceptable Proofs of Residency (dated within the last 90 days)*** as PDF or JPG files.

Fill in and upload your information then click **Next**.

Infinite Campus Online Registration

English | 中国語 Chinese | 한국어 Korean | 日本語 Japanese | हिन्दी हिंदी Hindi | اردو Urdu | Español Spanish

If you need assistance, please email [registrationstaff@syossetschools.org](mailto:registrationstaff@syossetschools.org).

Application Number [REDACTED]  
Application For 25-26

Progress: Student(s) Primary Household (1/6), Parent/Guardian (2/6), Emergency Contact (3/6), Other Household (4/6), Student (5/6), Completed (6/6)

\* Indicates a required field

- Housing Questionnaire +
- Home phone +
- Home Address -

\*Please verify or add the information below. Please update any information that is incorrect.

Number *	Prefix	Street Name *	Ave, Lane, etc..	Direction	Apartment
99		Pell	Lane		
City *	State *	Zip *			
Syosset	NEW YORK	11791			

Clear Address Fields

Please upload a total of **THREE, RECENT acceptable Proofs of Residency (dated within the last 90 days)** as PDF or JPG files (see link below for more information). For confidentiality, please **hide Social Security information** on all submitted documents. Remember that YOU MUST BRING THE ORIGINALS of these documents to your meeting with the District Registrar.  
Please provide at least one item from Section A and two items from Section B. If you cannot provide an item from Section A, you will need to provide three items from Section B.

**Section A:**

- Lease, Deed or Mortgage Statement
- Residency Affidavit

**Section B:**

- Driver's License
- Tax Forms (i.e., 1040)
- Tax Bill (Town of Oyster Bay)
- Cable Bill
- Water Company Bill
- Paystub
- National Grid Bill
- PSEG Bill

[For more information on acceptable proofs of residency, click on this link.](#)

< Previous      Next >

✓ Previous Address

Save/Continue

Continue to click next for the next sub categories.

Infinite Campus Online Registration

English | 中国語 Chinese | 한국어 Korean | 日本語 Japanese | हिन्दी भाषा Hindi | اردو Urdu | Español Spanish

If you need assistance, please email [registrationstaff@syossetschools.org](mailto:registrationstaff@syossetschools.org).

Application Number [REDACTED]  
Application For 25-26

Progress: Student(s) Primary Household (✓), Parent/Guardian (✓), Emergency Contact (✓), Other Household (✓), Student (✓), Completed (6)

\* Indicates a required field

- Housing Questionnaire +
- Home phone +
- Home Address +
- Previous Address -

Please provide your previous address and the dates you lived there.

Yes, we have a Previous Address  
 No, we do not have a Previous Address

< Previous

Save/Continue

Click on **Save/Continue**

### Step Seven: Parent/Guardian Information

Please click on the box that says full name to begin.

Fields with a red asterisk must be filled in.

Infinite Campus Online Registration

English | 中国語 Chinese | 한국어 Korean | 日本語 Japanese | हिन्दी भाषा Hindi | اردو Urdu | Español Spanish

If you need assistance, please email [registrationstaff@syossetschools.org](mailto:registrationstaff@syossetschools.org).

Application Number [REDACTED]  
Application For 25-26

Progress: Student(s) Primary Household (✓), Parent/Guardian (✓), Emergency Contact (✓), Other Household (✓), Student (✓), Completed (6)

\* Indicates a required field

#### Parent/Guardian

(Please use Proper Case, not ALL CAPS)

FULL NAME	COMPLETED
SampleFirst SampleLast	COMPLETED

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:

FULL NAME	REASON
First Last	Already in this application as a Student

Add New Parent/Guardian

Please list all primary Parent(s)/Guardian(s) in this area.

< Back Save/Continue

Continue to click next for the next sub categories.

Parent/Guardian Name: SampleFirst SampleLast

Demographics

Enter Parent/Guardian information. Please review and complete the following:

Title

First Name \*

Middle Name

Last Name \*

Suffix

Gender \*

Marital Status

Does this person live at the address listed below? \*

99 Pell Lane  
 Syosset, NY 11791

NOTE: Please contact the Registrar's Office directly for assistance with changing any "grayed out" fields shown above.

Next >

Contact Information +

Migrant Worker +

Impact Aid +

Cancel Save/Continue Delete

**Continue to click next for the next sub categories.**

Contact Information

At least one Phone Number is required.

Enter contact information for this person.

Cell Phone

Work Phone

Other Phone

Email \*

Marking this checkbox will use this method of contact.

Secondary Email

In which language would you like to receive communications from the School District? \*

< Previous Next >

**Continue to click next for the next sub categories.**

You may answer no to this agricultural/migrant worker question.

Infinite Campus Online Registration

If you need assistance, please email [registrationstaff@syossetschools.org](mailto:registrationstaff@syossetschools.org).

Application Number: [REDACTED]  
Application For 25-26

English | 中国語 Chinese | 한국어 Korean | 日本語 Japanese | हिन्दी भाषा Hindi | اردو Urdu | Español Spanish

Student(s) Primary Household | Parent/Guardian | Emergency Contact | Other Household | Student | Completed (6)

\* Indicates a required field

Parent/Guardian Name: SampleFirst SampleLast

- Demographics +
- Contact Information +
- Migrant Worker -

Have you worked for an agricultural business?

Yes  
 No

< Previous Next >

Continue to click next for the next sub categories.

Infinite Campus Online Registration

If you need assistance, please email [registrationstaff@syossetschools.org](mailto:registrationstaff@syossetschools.org).

Application Number: [REDACTED]  
Application For 25-26

English | 中国語 Chinese | 한국어 Korean | 日本語 Japanese | हिन्दी भाषा Hindi | اردو Urdu | Español Spanish

Student(s) Primary Household | Parent/Guardian | Emergency Contact | Other Household | Student | Completed (6)

\* Indicates a required field

Parent/Guardian Name: SampleFirst SampleLast

- Demographics +
- Contact Information +
- Migrant Worker +
- Impact Aid -

Federal Impact Aid (FIA) Section 8003 Grant Information.

Parent/Guardian in Military

Are you currently on Active Duty in the U.S. Armed Forces? \*

No

< Previous

Cancel Save/Continue Delete

Click on: **Save/Continue**

This will bring you back to the Parent/Guardian field see example below), if you choose not to add another guardian, please move forward and click on the next step, **Emergency Contact**.

Infinite Campus Online Registration

English | 中国語 Chinese | 한국어 Korean | 日本語 Japanese | हिन्दी Hindi | اردو Urdu | Español Spanish

If you need assistance, please email registrationstaff@yossetschools.org.

Application Number: [REDACTED]  
Application For 25-26

Student(s) Primary Household (✓) Parent/Guardian (✓) Emergency Contact (✓) Other Household (✓) Student (✓) Completed (6)

\* Indicates a required field

### Parent/Guardian

(Please use Proper Case, not ALL CAPS)

FULL NAME	COMPLETED
SampleFirst SampleLast	COMPLETED

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:

FULL NAME	REASON
First Last	Already in this application as a Student

Add New Parent/Guardian

Please list all primary Parent(s)/Guardian(s) in this area.

< Back Save/Continue

### Step 8: Emergency Contact Information

You do not need to add any information in this field. Please just click on **Save/Continue** at the bottom of the page.

### Step 9: Other Household Information

You do not need to add any information in this field. Please just click on **Save/Continue** at the bottom of the page.

### Step 10: Student Information

Please click on the box that says full name to begin.

Fields with a red asterisk must be filled in. Continue to click next for the next sub categories.

Infinite Campus Online Registration

English | 中国語 Chinese | 한국어 Korean | 日本語 Japanese | हिन्दी Hindi | اردو Urdu | Español Spanish

If you need assistance, please email registrationstaff@yossetschools.org.

Application Number: [REDACTED]  
Application For 25-26

Student(s) Primary Household (✓) Parent/Guardian (✓) Emergency Contact (✓) Other Household (✓) Student (✓) Completed (6)

\* Indicates a required field

### Student

(Please use Proper Case, not ALL CAPS)

FULL NAME	SCHOOL	COMPLETED
First Last	Home-Schooled	COMPLETED

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:

FULL NAME	REASON
SampleFirst SampleLast	Already in this application as a Parent/Guardian

Add New Student

Please include all students that need to be enrolled.

< Back Save/Continue

Infinite Campus Online Registration

English | 中文 Chinese | 한국어 Korean | 日本語 Japanese | हिन्दी हिन्दी Hindi | اُردو Urdu | Español Spanish

Application Number: [REDACTED]  
Application For 25-26

Progress: Student(s) Primary Household, Parent/Guardian, Emergency Contact, Other Household, Student, Completed

\* Indicates a required field

Student Name: First Last

Placement

Click this link to view the Board Policy on: [Grade Level Placement:](#)

Any child reaching the age of five (5) on or before December 1 of any year will be eligible for kindergarten in the preceding September. Any child who meets these age requirements may be enrolled in kindergarten after the opening day of school. Any child enrolled in a kindergarten at another public, private or parochial school who does not meet these eligibility requirements will not be permitted to transfer into the School District during the year in which they are enrolled in kindergarten.

A child reaching the age of six (6) on or before December 1 of any year will be eligible for Grade 1 in the preceding September. A child who does not meet this age requirement, but who has satisfactorily completed a year's work in a kindergarten program approved by the New York State Education Department which provides substantially equivalent instruction to that of the local public school, may be enrolled in Grade 1 if requested by the parent/guardian.

A child entering the School District who has been enrolled in Grade 1 or above in another school district will be placed in the same grade. If it is determined that the child is not properly placed, an alternate placement will be made. If a student is enrolled in the School District from another country, the initial placement will be based upon the student's age and academic history which will be reviewed to determine appropriate grade placement.

**Building Placement:**  
Elementary and Middle school students shall attend the school building in the attendance zone in which their residence is located. Please refer to our District Map which can be found here and on our website.

**District Map -**  
The exact location, courses, distances and dimensions affecting the school district boundary lines depicted on this map are not guaranteed, and are subject to any state of facts that an accurate survey of current date would reveal. The boundary lines shown are not dispositive for identifying bisected properties under Education Law § 3203.

Next >

Continue to click next for the next sub categories.

In this Demographic section please make sure to enter enrollment grade and enrolled school (which will be Home-Schooled) indicated by the arrows below.

Demographics

There will be a few steps for each student you enter. The first step is general demographic information. Please verify or add the information below and update any information that is incorrect. Enter the student's name exactly as it appears on the birth certificate. If the student has two last names, please enter both in the box marked "Last Name." Please enter both names without a dash in-between.

Legal First Name \*  
First

Gender \*  
Female

Enrollment Grade \*  
02

Legal Middle Name

Birth Date \*  
01/01/2020

NOTE: The school zoned for your address is:  
Unable to determine boundary school

Legal Last Name \*  
Last

Minimum Age is 7

Enrolled School \*  
Home-Schooled

Suffix

Multiple Birth

Please check this box if a school other than the zoned school for your address has been chosen. (Disregard if Syosset High School is chosen.)

Nickname

Foreign Exchange \*  
 Yes, this is a Foreign Exchange student  
 No, this is not a Foreign Exchange student

Is this Student New to the District?  
New To District (Y/N): \*  
Yes

Student Resides With \*  
Both Parents

New To District for School Year: \*  
2025-26

Please upload at least ONE Proof of Birth as follows:

Upload Birth Certificate

Upload Baptismal Certificate

NOTE: If uploading a Passport, you MUST also upload Proof of Guardianship for your child on the Relationships - Parent/Guardians tab below.

Upload Passport

NOTE: Please contact the Registrar's Office directly for assistance with changing any "grayed out" fields shown above.

< Previous Next >

- Relationships - Parent/Guardians +
- Health Services - Medical or Mental Health Conditions +
- Health Services - Medications +
- Race Ethnicity +
- Student Services +
- Release Agreements +

Cancel Save/Continue Delete

Continue to click next for the next sub categories.

Relationships - Parent/Guardians

At least one person must have the 'Guardian' box checked.

NAME	RELATIONSHIP *	GUARDIAN	MAILING	PORTAL	MESSENGER	CONTACT SEQUENCE *
SAMPLEFIRST SAMPLELAST	Mother	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1

**Description of Contact Preferences**  
**Guardian** - Marking this checkbox will flag this person as legal guardian to the student.  
**Mailing** - Marking this checkbox will flag this person to receive mailings for the student.  
**Portal** - Marking this checkbox will flag this person as having rights to a portal account. This person will be able to view student information within the Parent Portal for this student.  
**Messenger** - Marking this checkbox will flag this person to receive messages from the District's messenger system.  
**Contact Sequence** - Adding a sequence (or Priority) number on contacts will prompt district staff to contact these persons in the order that you specify. Priority Numbers for Parent/Guardians should either be 1 or 2

**Remove Relationship**

NOTE: If you are not listed as the parent on this student's proof of birth, please upload proof of guardianship.

Upload Proof of Guardianship

\*NOTE: Choose the relationship that best describes how this person is related to the student listed at the top of the screen.

< Previous    Next >

- Health Services - Medical or Mental Health Conditions +
- Health Services - Medications +
- Race Ethnicity +
- Student Services +
- Release Agreements +

Continue to click next for the next sub categories.

**Please answer NO to the Health Services section and click on Next.**

Health Services - Medical or Mental Health Conditions

To indicate medical conditions for this child, un-check the box below:

Does this student have any medical or mental health conditions? \*

No

< Previous    Next >

- Health Services - Medications +
- Race Ethnicity +
- Student Services +
- Release Agreements +

Cancel    Save/Continue    Delete

---

Health Services - Medical or Mental Health Conditions +

Health Services - Medications -

To indicate Medications for this child, un-check the box below:

Does this student take any medications? \*

No

< Previous    Next >

- Race Ethnicity +
- Student Services +
- Release Agreements +

Continue to click next for the next sub categories.

**Race Ethnicity**

Is Hispanic/Latino \*

No

Please check all that apply. At least one is required. \*

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

< Previous    Next >

**Student Services** +

**Release Agreements** +

Cancel    Save/Continue    Delete

**Continue to click next for the next sub categories.**

**Student Services**

**Parental Notification:**  
 As required by Section 4402 of New York State Education Law, you are hereby notified of your right to initiate a referral of your child for the purpose of determining the need for special education services for the child. You are directed to the following web-page to access this document:

[Special Education in New York State for Children Ages 3 - 21: A Parent's Guide](#)

Should you require further information, please contact: Erin Goldthwaite, District Committee on Special Education Chairperson, Phone: 516-364-5616

Does your child have an IEP? \*

No

Does your child have a 504? \*

No

Does your child have or need building-level services from Pupil Personnel Services (PPS)? \*

No

I agree that I am the Parent/Guardian of this student and that I give consent to the District to retrieve any plans concerning my child. \*

< Previous    Next >

**Release Agreements** +

Cancel    Save/Continue    Delete

**Continue to click next for the next sub categories.**

# Please answer NO to the Media Photo Section. Please click on **Save/Continue**

**Release Agreements**

**Media / Photo Objection**  
Periodically, the Syosset Central School District arranges for photographs and videos to be taken of students and school activities for use on the district website, in the school-sponsored print publications, newsletters, videotapes, or other promotional materials authorized by the school district. I understand the option chosen below shall be in effect for the school year indicated on this application, unless otherwise changed in writing.

Yes - I give my permission to the School and/or District to use my child's name and/or photo in the above manner. By choosing this option and signing below, I indicate my consent to having the school District use my child's name or image in the above manner.

No - I do not consent to the School and/or District's use of my child's name and/or photo in the above manner. By choosing this option and signing below, I indicate my objection to having the school District use my child's name or image in the above manner.

**Electronic Web Access Agreement for Viewing Student Information via Syosset Central School District Parent Portal**

By checking this box and signing below, I, as Parent/Guardian,

- release the Syosset Central School District from any and all liability for damages arising out of the unauthorized access to my parent/guardian account.
- I agree that I will not share my password or allow anyone other than myself to use the account including my own child(ren).
- I agree to protect any information printed or transferred to my computer, or destroy the documentation generated from this site.
- I understand that five unsuccessful logins will cause the system to prompt for a CAPTCHA image to be entered in order to confirm my identity. If my account becomes inaccessible, I will send an email to parentportal@syossetschools.org requesting assistance, but I understand that it may take up to 3-5 school days to have my account reset.

**Acceptable Use Policy**

Use the link below to read the Syosset Central School District Acceptable Use Policy (4526).

[Acceptable Use Policy \(4526\)](#) \*

I agree to the Technology Acceptable Use Policy. \*

*Sample Parent mdy*

Remove Signature

< Previous

Cancel **Save/Continue** Delete

Once you have clicked on Save/Continue, this will bring you back to the Student field (see example below), if you choose not to add another student, please move forward and click on the next step, **Completed**.

**Infinite Campus Online Registration**

English | 中国語 Chinese | 한국어 Korean | 日本語 Japanese | हिन्दी भाषा Hindi | اردو Urdu | Español Spanish

If you need assistance, please email [registrationstaff@syossetschools.org](mailto:registrationstaff@syossetschools.org).

Application Number: [REDACTED]  
Application For 25-26

Progress: Student(s) Primary Household, Parent/Guardian, Emergency Contact, Other Household, Student, **Completed** (6)

\* Indicates a required field

**Student**

(Please use Proper Case, not ALL CAPS)

FULL NAME	SCHOOL	COMPLETED
First Last	Home-Schooled	COMPLETED

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:

FULL NAME	REASON
SampleFirst SampleLast	Already in this application as a Parent/Guardian

Add New Student

Please include all students that need to be enrolled.

< Back **Save/Continue**

**Step 11:**

Once you have signed the form please click **Submit.**

**Infinite Campus** Online Registration

If you need assistance, please email [registrationstaff@syossetschools.org](mailto:registrationstaff@syossetschools.org).

Application Number [REDACTED]  
Application For 25-26

English | 中国語 Chinese | 한국어 Korean | 日本語 Japanese | हिन्दी भाषा Hindi | اردو Urdu | Español Spanish

✓ Student(s) Primary Household    ✓ Parent/Guardian    ✓ Emergency Contact    ✓ Other Household    ✓ Student    **6** Completed

\* Indicates a required field

 Click Here To Sign

PLEASE NOTE: Prior to submitting your application you may verify all of the data you have entered by going back to the area in question or click on the PDF link below. Your information is not submitted until you click the submit button above. You will receive an email notification that your application was received after clicking submit application.

You must submit your application by clicking the following button.



