



Le damos la bienvenida a la inscripción en línea. Antes de comenzar, reúna la siguiente información:

- Información del hogar: dirección y números de teléfono.
- Información de los padres: números de teléfono del trabajo y del celular, direcciones de correo electrónico.
- Información del estudiante: datos demográficos y de salud/medicamentos.
- Contacto de emergencia: números de teléfono.
- Archivos PDF de diversos documentos que demuestren la prueba de residencia, el nacimiento, etc. (consulte más abajo).
- Fotografía del niño para compartir con la escuela.

También visite este enlace de nuestro sitio web para completar el [Cuestionario sobre la lengua materna](#). Guarde este y cualquier otro documento que tenga en su computadora para poder cargarlos durante el proceso de inscripción.

Ejemplos de documentos que puede cargar:

Arrendamiento	Recibo de pago	IEP o Plan 504 del estudiante
Escritura	Formularios de impuestos: oculte los números de Seguro Social	Pasaporte
Estado de hipoteca	Facturas de impuestos	Expediente académico/boletín de calificaciones
Declaración jurada del arrendador	Documentos de custodia	Libretas de vacunación
Licencia de conducir	Partida de nacimiento/certificado de bautismo	Cuestionario sobre la lengua materna

Instrucciones para la inscripción en el programa Universal Pre-Kindergarten (Educación preescolar universal, UPK):

Utilice una computadora de escritorio o computadora portátil.

NO se recomienda usar un dispositivo móvil.

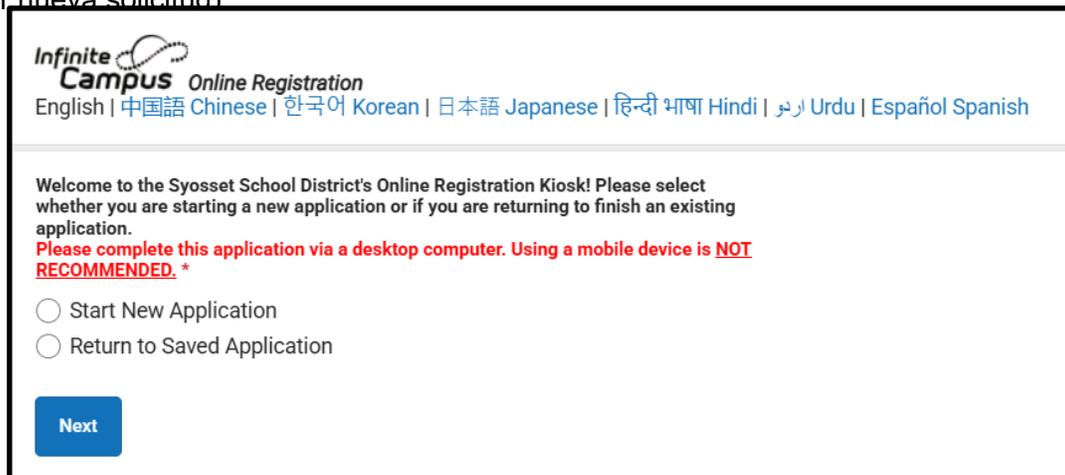
Si en algún momento necesita ayuda, envíe un correo electrónico a registrationstaff@syossetschools.org.

Paso 1:

Haga clic en este sitio web: <https://syossetny.infinitecampus.org/campus/apps/olr/application/login/kiosk-app-type?configGroupID=13>

Paso 2:

Puede hacer clic en el idioma que desee y, a continuación, en **Start New Application** (Iniciar nueva solicitud)



The screenshot shows the Infinite Campus Online Registration Kiosk interface. At the top, it displays the logo for Infinite Campus and the text "Online Registration". Below this, there are language options: English | 中国語 Chinese | 한국어 Korean | 日本語 Japanese | हिन्दी भाषा Hindi | اردو Urdu | Español Spanish. The main content area contains a welcome message: "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." Below this, there is a red warning: "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". At the bottom left, there is a blue "Next" button.

Paso 3: Iniciar la inscripción

Ingrese la información requerida. La información requerida tendrá un asterisco rojo * al lado. Luego, haga clic en **Begin Registration** (Iniciar inscripción).

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

Please complete the information below to create an account and BEGIN the registration process.
 NOTE: If you have chosen to view this application in a language other than English (where possible), we ask that you complete this form in the ENGLISH LANGUAGE IF YOU ARE UNABLE TO COMPLETE THIS FORM IN THE LANGUAGES LISTED ABOVE, PLEASE CONTACT OUR OFFICE AT 516-364-5669 TO OBTAIN AN INTERPRETER.

Registration Year
 26-27

Parent/Guardian First Name *

Parent/Guardian Last Name *

Parent Date of Birth (MM/DD/YYYY) *

Email Address

Previously Attended this District *

Please type the letters you see displayed in the image below *



Begin Registration

A continuación verá este mensaje con un número de confirmación. Anótelo para volver a ingresarlo en el proceso de inscripción en caso de que se desconecte del sistema. Haga clic en **Confirm** (Confirmar) cuando haya escrito su número de confirmación.

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

Your confirmation number is 00000. Please write this down to assure re-entry into the registration system in case your system becomes disconnected.

Confirm

Paso 4: Aparecerá una ventana emergente. Escriba su nombre en la solicitud y haga clic en **Submit** (Enviar).

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.
 Application Number 00000
 Application For 26-27

Welcome Parent Name ` 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 *

Submit

Paso 5: Página de información del documento. Lea la información y haga clic en Begin (or Return to) Application Iniciar (o volver a) la solicitud.



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.

Application Number 00000
Application For 26-27

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:

- 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. 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.

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.

Paso 5 (continuación): Página de información del documento

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](#)

Paso 6: Cuestionario sobre el hogar/la vivienda principal del estudiante

Responda cada pregunta (únicamente las que tengan un asterisco rojo *) en cada sección individual y haga clic en **Next** (Siguiete).

The screenshot shows the 'Infinite Campus Online Registration' interface. At the top, it lists languages: English | 中國語 Chinese | 한국어 Korean | 日本語 Japanese | हिन्दी भाषा Hindi | اردو Urdu | Español Spanish. The application number is 00000 and the form is for 26-27. A progress bar at the top shows six steps: 1. Student(s) Primary Household (active), 2. Parent/Guardian, 3. Emergency Contact, 4. Other Household, 5. Student, and 6. Completed. Below the progress bar, a red asterisk indicates a required field. The 'Housing Questionnaire' section contains the following text: '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.' There are two radio button options: 'Yes, students in this household are homeless.' and 'No, students in this household are in permanent housing.' Below these options is a 'Next >' button with a green arrow pointing to it. At the bottom of the form, there are fields for 'Home phone', 'Home Address', and 'Previous Address', each with a '+' sign to its right. A 'Save/Continue' button is located at the bottom left.

Paso 7: Teléfono del hogar

Tenga en cuenta que si no tiene un número de teléfono del hogar, puede utilizar un número de teléfono celular. Haga clic en **Next** (Siguiete).

The screenshot shows the 'Infinite Campus Online Registration' interface, now at Step 7: Home phone. The progress bar at the top shows six steps: 1. Student(s) Primary Household, 2. Parent/Guardian, 3. Emergency Contact, 4. Other Household, 5. Student (active), and 6. Completed. The 'Home phone' section is expanded, showing a 'Home Phone *' field with a placeholder '(---) ---'. Below this field, there is a note: 'If you do not have a Home Phone, please enter a Cell Phone number.' At the bottom of this section, there are two buttons: '< Previous' and 'Next >', with a green arrow pointing to the 'Next >' button. The 'Home Address' and 'Previous Address' fields are visible below, each with a '+' sign to its right. A 'Save/Continue' button is located at the bottom left.

Paso 8: Domicilio/prueba de residencia

Debajo de Home Address (Domicilio)

Ingrese su domicilio en las casillas correspondientes. Cuando comience a escribir la dirección, empezará a aparecer en el recuadro de abajo. Cuando vea la dirección completa en el recuadro de abajo, haga clic allí y el resto de los campos de la dirección se completarán automáticamente. **Si no ve la dirección, póngase en contacto con la oficina del funcionario de registro llamando al 516-364-5669.**

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
<input type="text" value="99"/>	<input type="text"/>	<input type="text" value="Pell"/>	<input type="text" value="Lane"/>	<input type="text"/>	<input type="text"/>

City *	State *	Zip *
<input type="text" value="Syosset"/>	<input type="text" value="NEW YORK"/>	<input type="text" value="11791"/>

Click on your address if it appears in box

You must select an address from the list above. (Adding more than one piece of information will refine the list for you.)
If your address still does not appear, please contact the Registrar's Office at 516-364-5669.



Paso 8 (continuación): Cargue un total de 3 pruebas de residencia aceptables RECIENTES (con fecha en los últimos 90 días) en formato .PDF o .JPG.

Seleccione una opción de la Section A (Sección A) y haga clic para cargar el formulario. Esto le llevará al almacenamiento local de su computadora (vea el ejemplo a continuación). **A continuación, haga clic en dos formularios de la Section B (Sección B) y proporcione dos documentos. Si no puede proporcionar un documento de la Sección A, deberá proporcionar tres documentos de la Sección B. Haga clic en Next (Siguiente).**

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
- Playstub
- National Grid Bill
- PSEG Bill

For more information on acceptable proofs of residency, click on this link.

< Previous Next > ←

Previous Address _____ +

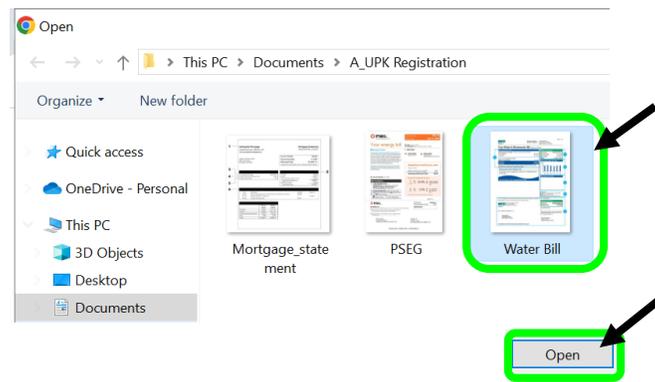
Save/Continue

Consulte el siguiente ejemplo sobre cómo cargar un documento desde su computadora.

Haga clic en el archivo que desea cargar.

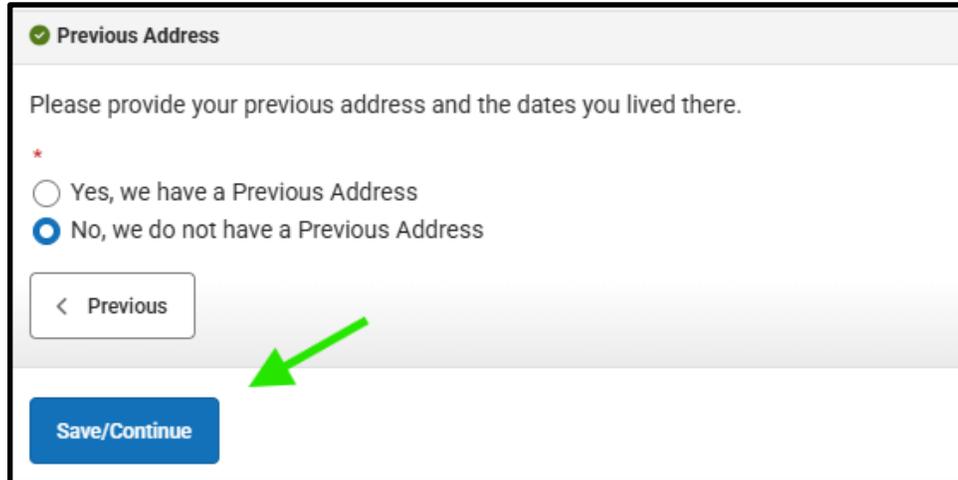
Haga clic en: **Open** (Abrir).

Consulte la imagen a continuación como referencia.



Paso 9: Dirección anterior

Si tiene una dirección anterior, haga clic en Yes (Sí) y complete los campos; de lo contrario, haga clic en **Save/Continue** (Guardar/continuar).



Previous Address

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

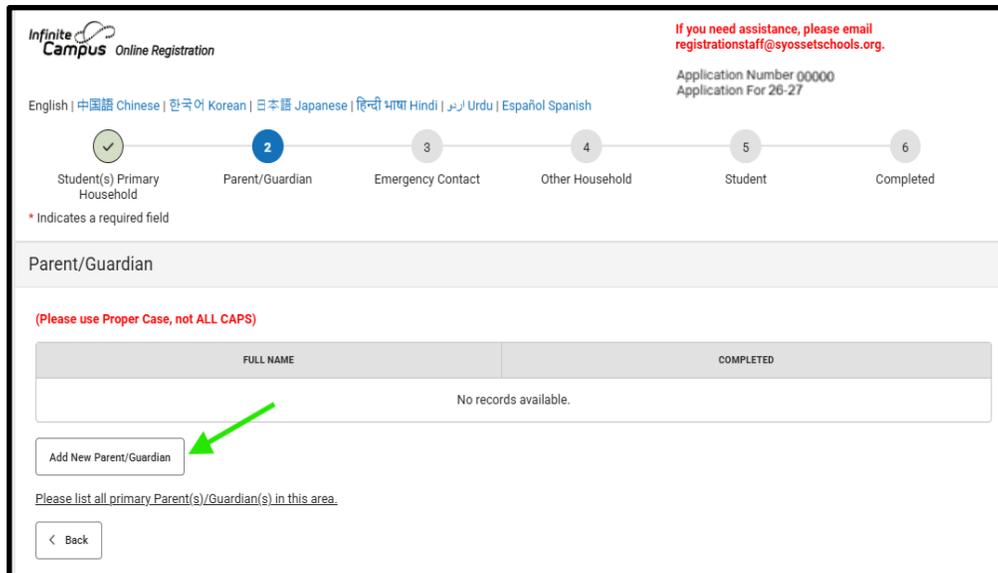
*
 Yes, we have a Previous Address
 No, we do not have a Previous Address

< Previous

Save/Continue

Paso 10: Padre/madre/tutor

Haga clic en **Add New Parent or Guardian** (Agregar nuevo padre/madre o tutor).



Infinite Campus Online Registration

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

Application Number 00000
Application For 26-27

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

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

* Indicates a required field

Parent/Guardian

(Please use Proper Case, not ALL CAPS)

FULL NAME	COMPLETED
No records available.	

Add New Parent/Guardian

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

< Back

Paso 11: Información del padre/madre/tutor

Ingrese la información requerida, a continuación, haga clic en Next (Siguiete).

Parent/Guardian Name:
Demographics

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

Title
[Dropdown]

First Name *
[Text Field]

Middle Name
[Text Field]

Last Name *
[Text Field]

Suffix
[Dropdown]

Gender *
[Dropdown]

Marital Status
[Dropdown]

Does this person live at the address listed below? *
[Dropdown]

00 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

Paso 12: Información de contacto

Ingrese la información de contacto de este padre/madre/tutor. Ingrese, al menos, un número de teléfono y una dirección de correo electrónico. No utilice la misma dirección de correo electrónico para ambos padres/tutores. A continuación, haga clic en **Next** (Siguiete).

Contact Information

At least one Phone Number is required.

Enter contact information for this person.

Cell Phone
[Text Field]

Work Phone
[Text Field]

Other Phone
[Text Field]

Email *
[Text Field]

Secondary Email
[Text Field]

In which language would you like to receive communications from the School District? *
[Dropdown]

< Previous Next >

Migrant Worker
Impact Aid

Cancel Save/Continue Delete

Paso 13: Trabajador migrante

La siguiente pregunta se refiere a si trabaja para una empresa agrícola. Responda **Yes** (Sí) o **No**. A continuación, haga clic en **Next** (Siguiente).

Migrant Worker

Have you worked for an agricultural business?

*

Yes

No

< Previous Next >

Impact Aid

Cancel Save/Continue Delete

Paso 14: Impact Aid (Programa de Ayuda de Impacto Federal)

La siguiente pregunta se refiere a si es miembro del servicio activo en el ejército de los EE. UU. Responda **Yes** (Sí) o **No**. A continuación, haga clic en **Save/Continue** (Guardar/continuar).

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

En esta página, se muestra la primera información del padre/madre/tutor que se ingresó. Si dice Completed (Completado), entonces toda la información está completa. Si dice Incomplete (Incompleto), **haga clic en la pestaña Incomplete (Incompleto)** para completar la información que falta. También puede agregar un nuevo padre/madre/tutor, volver atrás o guardar/continuar. Si no desea agregar a otro padre/madre/tutor, haga clic en **Save/Continue** (Guardar/continuar).

Infinite Campus Online Registration

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

Application Number 00000
Application For 26-27

English | 中國語 Chinese | 한국어 Korean | 日本語 Japanese | हिन्दी भाषा Hindi | اردو Urdu | Español Spanish

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

* Indicates a required field

Parent/Guardian

(Please use Proper Case, not ALL CAPS)

FULL NAME	COMPLETED
Sample Parent Name	COMPLETED

Add New Parent/Guardian

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

< Back Save/Continue

Paso 15: Agregar contacto de emergencia

Ingrese la información requerida para el contacto de emergencia que **NO** sea el padre, la madre o el tutor.

Emergency Contact

Please enter or update Emergency Contacts - this may include family members, friends, neighbors, physicians, dentists, etc. **DO NOT enter Parent/Guardian(s) here if already entered in Parent/Guardian section. (Please use Proper Case, not ALL CAPS)**

FULL NAME	COMPLETED
No records available.	

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
Sample Parent Name	Already in this application as a Parent/Guardian

Add New Emergency Contact

IN AN EMERGENCY, if Parent/Guardian cannot be contacted, the District may call one of the Emergency Contacts listed. Proper identification will be required before a student is released to emergency contacts.

< Back Save/Continue

Paso 16: Agregue la información del contacto de emergencia y, a continuación, haga clic en **Next** (Siguiendo).

Contact Name:
● Demographics

Please complete the following information for each emergency contact for your students.

First Name *

Middle Name

Last Name *

Suffix

Gender *

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

Next >

Contact Information

Cancel Save/Continue

Paso 17: Número de teléfono del contacto de emergencia

Agregue un número de teléfono para el contacto de emergencia. Se requiere al menos un número de teléfono. Luego, haga clic en **Save/Continue** (Guardar/continuar).

● Contact Information

Enter the information for this emergency contact.

At least one Phone Number is required.

Home Phone

Cell Phone

Work Phone

< Previous

Cancel Save/Continue

Paso 18:

El contacto de emergencia se muestra en esta página. Si dice Completed (Completado) junto al nombre, entonces toda la información está completa. Si dice Incomplete (Incompleto), **haga clic en la pestaña Incomplete (Incompleto)** para completar la información que falta. También puede agregar contactos de emergencia adicionales. Una vez que haga esto, haga clic en **Save/Continue** (Guardar/continuar).

Emergency Contact

Please enter or update Emergency Contacts - this may include family members, friends, neighbors, physicians, dentists, etc. **DO NOT enter Parent/Guardian(s) here if already entered in Parent/Guardian section. (Please use Proper Case, not ALL CAPS)**

FULL NAME	COMPLETED
Contact Name	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
Sample Parent Name	Already in this application as a Parent/Guardian

Add New Emergency Contact

IN AN EMERGENCY, if Parent/Guardian cannot be contacted, the District may call one of the Emergency Contacts listed. Proper identification will be required before a student is released to emergency contacts.

< Back Save/Continue

Paso 19: Otro miembro del hogar

Indique los miembros adicionales del hogar que no son miembros o graduados de las escuelas de Syosset. No indique el estudiante que está inscribiendo. Luego, haga clic en **Add New Household Member** (Agregar nuevo miembro del hogar). ***Si no agregará un nuevo miembro, haga clic en Save/Continue (Guardar/continuar).***

Other Household

(Please use Proper Case, not ALL CAPS)

FULL NAME	COMPLETED
No records available.	

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
Sample Parent Name	Already in this application as a Parent/Guardian
Emergency Contact Name	Already in this application as an Emergency Contact

Add New Household Member

*NOTE: Choose the relationship that best describes how this person is related to the student listed at the top of the screen.
Please list all other members of the Primary Household who are NOT currently enrolled in (or graduates of) Syosset Schools. DO NOT list students you are registering in this application.

< Back Save/Continue

Paso 19 (continuación): Otro miembro del hogar

Si agregará un nuevo miembro, complete toda la información requerida y haga clic en **Save/Continue** (Guardar/continuar).

The screenshot shows a form titled "Name:" with a "Demographics" tab selected. The instructions state: "Please list all other members of the Primary Household who are NOT currently enrolled in (or graduates of) Syosset Schools. Do NOT list students you are registering in this application. (You may also list other household members, such as grandparents or child-care workers.)" The form includes fields for "First Name", "Middle Name", and "Last Name", each with a red asterisk. There is a "Suffix" dropdown menu, a "Birth Date" field with a calendar icon, a "Gender" dropdown menu, and a "Is this person currently attending School (or Pre-School)?" dropdown menu. At the bottom, there are "Cancel" and "Save/Continue" buttons, with a green arrow pointing to the "Save/Continue" button.

Paso 20: En esta página, se muestran los demás miembros del hogar. Si dice Completed (Completado), toda la información está completa. Si dice Incomplete (Incompleto), **haga clic en la pestaña Incomplete (Incompleto)** para completar la información que falta. Si esta página está completa y no desea agregar otro miembro del hogar, haga clic en **Save/Continue** (Guardar/continuar).

The screenshot shows the "Other Household" page. At the top, it says "(Please use Proper Case, not ALL CAPS)". Below is a table with two columns: "FULL NAME" and "COMPLETED". The first row shows "New Household Contact Name" with a "COMPLETED" status and a right arrow. Below the table, it says "In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:". There is another table with two columns: "FULL NAME" and "REASON". The first row shows "Sample Parent Name" with the reason "Already in this application as a Parent/Guardian". The second row shows "Emergency Contact Name" with the reason "Already in this application as an Emergency Contact". Below this table is an "Add New Household Member" button. At the bottom, there is a note: "*NOTE: Choose the relationship that best describes how this person is related to the student listed at the top of the screen." and instructions: "Please list all other members of the Primary Household who are NOT currently enrolled in (or graduates of) Syosset Schools. DO NOT list students you are registering in this application." At the bottom, there are "< Back" and "Save/Continue" buttons, with a green arrow pointing to the "Save/Continue" button.

Paso 21: Agregar nuevo estudiante

Haga clic en **Add New Student** (Agregar nuevo estudiante).

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@syossetschools.org

Application Number 00000
Application For 26-27

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

* Indicates a required field

Student

(Please use Proper Case, not ALL CAPS)

FULL NAME	SCHOOL	COMPLETED
No records available.		

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
Sample Parent Name	Already in this application as a Parent/Guardian
Emergency Contact Name	Already in this application as an Emergency Contact
Other Household Member	Already in this application as an Other Household Member

←

Please include all students that need to be enrolled.

Paso 22: Nombre/datos demográficos del estudiante

*** Para el grado donde se inscribirá, elija **PKLo**.

Para la escuela donde se inscribirá, elija **Educación preescolar universal**.

Una vez que haya ingresado correctamente toda la información y haya cargado los documentos requeridos, haga clic en **Next** (Siguiente).

Student Name:

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 *
Legal Middle Name
Legal Last Name *
Suffix
Nickname

Gender *
Birth Date *
Multiple Birth
Foreign Exchange *
Student Resides With *

Enrollment Grade *
Enrolled School *

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

Please upload at least ONE Proof of Birth as follows:

Upload Birth Certificate
Upload Baptismal Certificate
Upload Passport

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

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

←

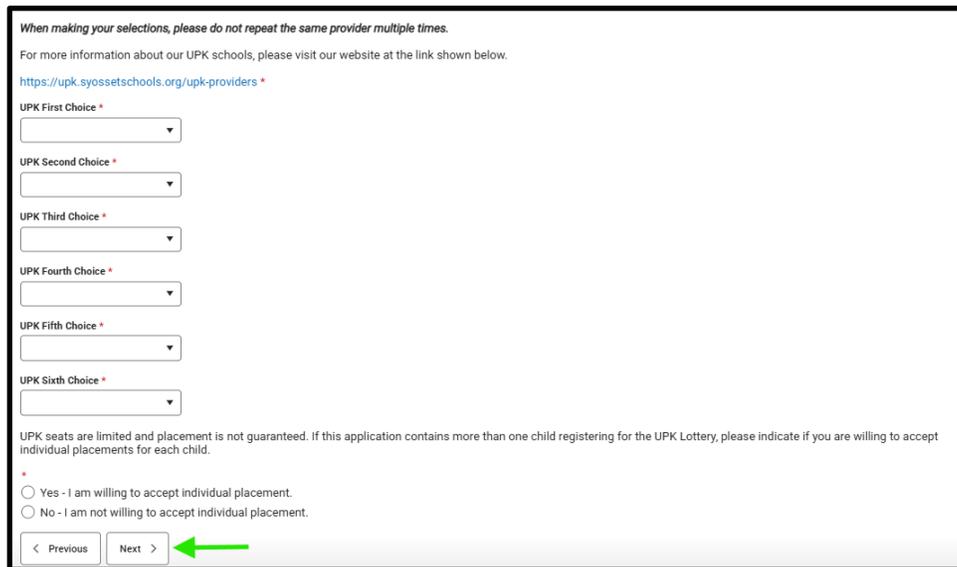
Paso 23: Preguntas sobre el sorteo de UPK

Se le pedirá que clasifique su elección de proveedores del programa UPK por orden de preferencia.

Para obtener más información sobre nuestras escuelas que ofrecen el programa UPK, visite nuestro sitio web en el siguiente enlace: <https://upk.syossetschools.org/upk-providers>.

Debe hacer clic en el enlace para continuar el proceso de inscripción.

No repita ninguna opción. Se le devolverá la solicitud para que la revise si no está completada correctamente. Las 6 escuelas DEBEN estar en su lista de clasificación. Haga clic en **Next** (Siguiente).



When making your selections, please do not repeat the same provider multiple times.

For more information about our UPK schools, please visit our website at the link shown below.

<https://upk.syossetschools.org/upk-providers>

UPK First Choice *

UPK Second Choice *

UPK Third Choice *

UPK Fourth Choice *

UPK Fifth Choice *

UPK Sixth Choice *

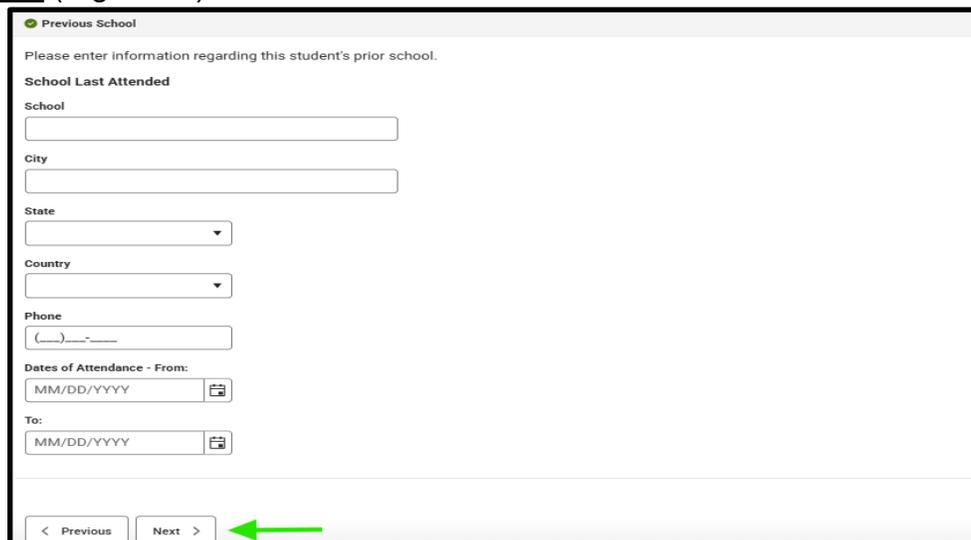
UPK seats are limited and placement is not guaranteed. If this application contains more than one child registering for the UPK Lottery, please indicate if you are willing to accept individual placements for each child.

*
 Yes - I am willing to accept individual placement.
 No - I am not willing to accept individual placement.

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Paso 24: Escuela anterior a la que asistió

Si corresponde, ingrese la escuela a la que el estudiante asistió anteriormente. Haga clic en **Next** (Siguiente).



Previous School

Please enter information regarding this student's prior school.

School Last Attended

School

City

State

Country

Phone

() - -

Dates of Attendance - From:

MM/DD/YYYY

To:

MM/DD/YYYY

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Paso 25: Relación con el padre/madre/tutor

Indique la relación del tutor con el estudiante y la secuencia de contacto. Si no cargó ninguna prueba de nacimiento en la sección “Add New Student” (Agregar nuevo estudiante), cargue aquí la prueba de tutela. Haga clic en **Next** (Siguiente).

Relationships - Parent/Guardians

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

NAME	RELATIONSHIP *	GUARDIAN	MAILING	PORTAL	MESSENGER	CONTACT SEQUENCE *
Sample Parent Name	<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>

[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.

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

Paso 26: Relación con los contactos de emergencia

Indique la relación del contacto de emergencia con el estudiante y la secuencia de contacto (quién debe ser contactado en primer lugar, en segundo lugar, etc.). A continuación, haga clic en **Next** (Siguiente).

Relationships - Emergency Contacts

NAME	RELATIONSHIP *	CONTACT SEQUENCE *
Emergency Contact Name	<input type="text"/>	<input type="text"/>

[Description of Contact Preferences](#)
Contact Sequence - Adding a sequence (or Priority) number on contacts will prompt district staff to contact these persons in the order that you specify. These priority numbers run in combination with the Parent/Guardian sequence numbers. Priority Numbers for Emergency Contacts should be 3 or higher.
Remove Relationship - Making this selection will indicate that this person does not share a relationship to the student. The relationship will be ended if one exists.

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

Paso 27: Relación con otra persona que reside en el hogar

Indique la relación del miembro de la familia con el estudiante. A continuación, haga clic en **Next** (Siguiente).

NAME	RELATIONSHIP *
<input type="checkbox"/> Other	<div style="border: 1px solid red; padding: 2px;"> </div> <p style="color: red; font-size: small;">This field is required</p>

Remove Relationship- Marking this checkbox will indicate that this person does not share a relationship to the student. The relationship will be ended if one exists.
*NOTE: Choose the relationship that best describes how this person is related to the student listed at the top of the screen.

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Paso 28: Servicios de salud: afecciones médicas o de salud mental

Indique si el estudiante padece alguna afección médica o de salud mental. Haga clic en **Next** (Siguiente).

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? *

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Paso 29: Servicios de salud: medicamentos

Indique si el estudiante padece alguna afección médica o de salud mental. Haga clic en **Next** (Siguiente).

Health Services - Medications

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

Does this student take any medications? *

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Paso 30: Raza y origen étnico

Indique la raza/origen étnico del estudiante. A continuación, haga clic en **Next** (Siguiente).

Race Ethnicity

Is Hispanic/Latino *

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

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Paso 31: Información adicional: idioma principal del estudiante

Indique el idioma principal del estudiante. La información que se requiere tiene un asterisco rojo * al lado. Debe cargar el [Cuestionario sobre la lengua materna](#). Haga clic en ***Please upload a completed Home Language Questionnaire for this student (Cargue el Cuestionario sobre la lengua materna completo de este estudiante)***, para abrir el Cuestionario de adquisición del idioma. Complete este formulario y guárdelo en su computadora. A continuación, cárguelo debajo del botón: Cargar **Cuestionario sobre la lengua materna**.

Una vez que haya ingresado y cargado correctamente toda la información, haga clic en **Next** (Siguiente).

Nota: Puede utilizar este enlace para acceder al cuestionario sobre la lengua materna. [Cuestionario sobre la lengua materna \(HLQ\)](#)

Additional Information

Student's Primary Language *

What is the language most often spoken at home? *

Has your child ever received English as a Second Language (ESL/ELL) services? *

Was this student born in the USA? *

Please upload a completed Home Language Questionnaire for this student. The form can be found here:

Upload Home Language Questionnaire

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Paso 32: Información sobre su hijo

Complete las casillas requeridas y haga clic en **Next** (Siguiete) en la parte inferior cuando haya terminado.

Getting To Know Your Child

We'd like to get to know your child. Please take a moment to respond to the following questions to help us become acquainted with your child. Our school recognizes that you can provide valuable information about your child that can be helpful in planning a school program that will meet his/her needs.

Guardian 1 Relationship to Child: *

Guardian 1 Occupation: *

Guardian 2 Relationship to Child:

Guardian 2 Occupation:

Siblings (Names and Ages):

Primary Language Spoken At Home: *

Other Languages Spoken At Home:

Does Your Child Speak English? *

Has your child been to camp? *

Thank you for sharing this information about your child with us.
Is there anything else you would like to tell us?

Are there any other ways that we may help your child?

Date Completed: *

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Paso 33: Acuerdo de divulgación

En la sección Release Agreements (Acuerdos de divulgación), la información que se requiere tiene un asterisco rojo * al lado. Debe hacer clic en y leer la: [Política de uso aceptable \(4526\)*](#) para continuar. Una vez que haya leído la información, haga clic en **Click here to Sign** (Haga clic aquí para firmar) y firme electrónicamente con su nombre. Una vez completado, haga clic en **Save/Continue** (Guardar/continuar).

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. *

 **Click Here To Sign**

Paso 34: Página de confirmación de la inscripción del estudiante

En esta página se indica el estudiante. Si dice Completed (Completado), toda la información está completa. Si está incompleta, haga clic en la pestaña para revisar y completar la información. También puede agregar estudiantes adicionales en esta sección, haga clic en **Add New Student** (Agregar nuevo estudiante). Si la información está completa y no desea agregar otro estudiante, haga clic en **Save/Continue** (Guardar/continuar).

Infinite Campus Online Registration

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

Application Number 00000
Application For 26-27

English | 中國語 Chinese | 한국어 Korean | 日本語 Japanese | हिन्दी भाषा Hindi | اردو Urdu | Español Spanish

Student(s) Primary Household Parent/Guardian Emergency Contact Other Household **5** Student Completed 6

* Indicates a required field

Student

(Please use Proper Case, not ALL CAPS)

FULL NAME	SCHOOL	COMPLETED
Test Sample	Universal Pre-K	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
Sample Parent Name	Already in this application as a Parent/Guardian
Emergency Contact Name	Already in this application as an Emergency Contact
Other	Already in this application as an Other Household Member

Add New Student

Please include all students that need to be enrolled.

< Back Save/Continue

Paso 35 (paso final):

En la parte inferior del recuadro, haga clic en **Application Summary PDF** (Resumen de la solicitud en PDF) para revisar que la información que proporcionó sea correcta. Se abrirá una nueva ventana con la solicitud.

Si la información **no es correcta** y es necesario realizar cambios, haga clic en **Back** (Volver) para regresar a la solicitud y realizar los cambios necesarios.

Si la información es **correcta** y no es necesario realizar ningún cambio, haga clic en la **casilla de la firma** y firme.

Una vez que haya revisado la información, haga clic en **Submit** (Enviar).

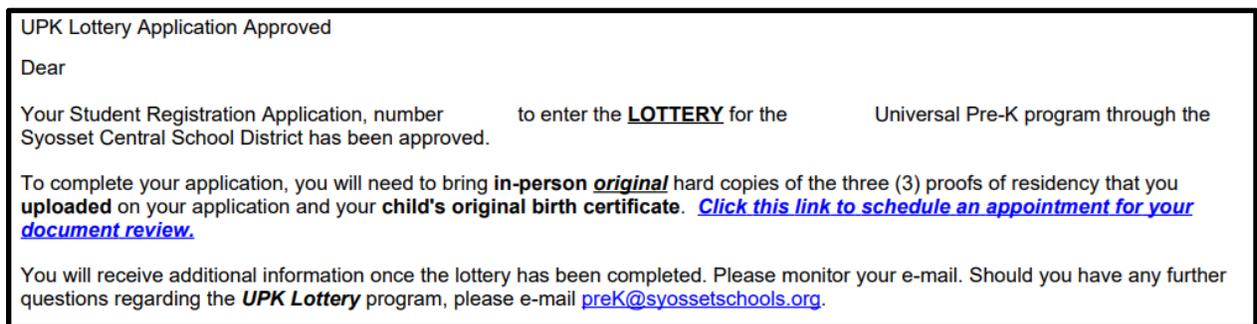
*** Tenga en cuenta que, una vez que haga clic en Submit (Enviar), no podrá realizar ningún cambio en la solicitud.**

The screenshot shows the 'Infinite Campus Online Registration' interface. At the top right, it says 'If you need assistance, please email registrationstaff@syossettschools.org.' Below that, it displays 'Application Number 00000' and 'Application For 26-27'. A progress bar at the top shows six steps: 'Student(s) Primary Household', 'Parent/Guardian', 'Emergency Contact', 'Other Household', 'Student', and 'Completed'. The 'Completed' step is highlighted with a blue circle containing the number 6. Below the progress bar, there is a red asterisk icon and the text '* Indicates a required field'. A red box with a white asterisk and a pencil icon contains the text 'Click Here To Sign'. Below this, it says 'This field is required'. A green arrow points from the 'Click Here To Sign' box to the 'Submit' button. At the bottom, there are three buttons: 'Back', 'Application Summary PDF', and 'Submit'. A yellow highlight is under the text 'You must submit your application by clicking the following button.' Below this text, there is a '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.'

Si hizo clic en **Submit** (Enviar), aparecerá esta página. Puede hacer clic en: **Application Summary PDF** (Resumen de la solicitud en PDF) para ver su solicitud.



Recibirá una confirmación por correo electrónico de parentportal@ic.syossetschools.org en la que se le indicará lo siguiente:



Recibirá información adicional una vez finalizado el sorteo. Controle su correo electrónico (también revise la carpeta de correo no deseado). Si tiene más preguntas sobre el **sorteo de UPK**, envíe un correo electrónico a ngregory@syossetschools.org.