

SYOSSET CENTRAL SCHOOL DISTRICT

UNIVERSAL PRE-K PROGRAM



オンライン登録へようこそ。始める前に、次のものをご用意下さい。

- ご自宅に関する情報 -- 住所や電話番号。
- ご両親に関する情報 -- 職場や携帯電話の電話番号、メールアドレス。
- 生徒に関する情報 -- 性別や年齢等の人口統計学的な情報、健康状態、病歴。
- 緊急連絡先 – 電話番号。
- 住所証明書や生年月日等を記載したあらゆる書類の PDF ファイル（以下を参照）
- 学校と共有するお子様の写真

州により [Home Language Questionnaire](#)（[自宅での使用言語に関する調査票](#)）に回答することが義務付けられているため、当ウェブサイトのこのリンクを訪問の上、調査票に回答し、登録プロセスにおいてアップロード出来るよう、調査票およびその他のドキュメントをコンピューターに保存する。

アップロードする書類例:

賃貸契約書	給与明細	生徒の IEP または 504 プラン
不動産の譲渡証書	納税申告書 - Social Security Number を消すこと	パスポート
住宅ローン明細書	納税通知書	成績証明書 / 通信簿
家主宣誓供述書	監護書類	予防接種記録
運転免許書	出生証明書 / 洗礼証明書	家庭で使用する言語の調査

UPK 登録手順:

デスクトップまたはラップトップをご利用ください。

携帯電話のご利用はお勧めしません。

ご不明な点がございましたら、お気軽に registrationstaff@syossetschools.org までご連絡ください。

ステップ 1:

このウェブサイトをクリックする: <https://syossetny.infinitecampus.org/campus/apps/olr/application/login/kiosk-app-type?configGroupID=13>

ステップ 2:

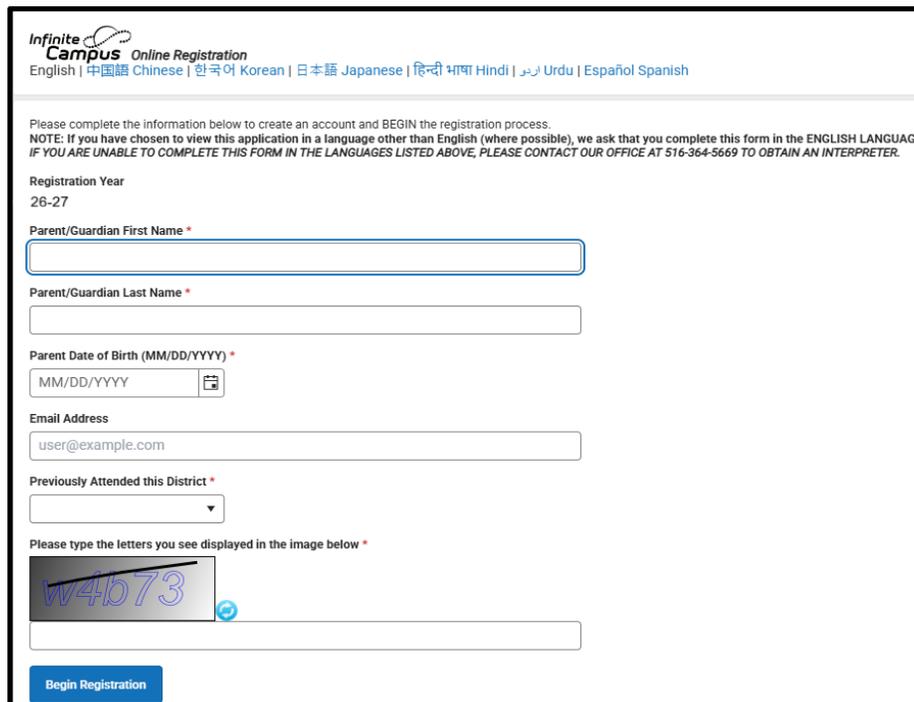
ご希望の言語を選択し、**Start New Application (新たに申込み開始)** をクリックする。



The screenshot shows the 'Infinite Campus Online Registration' kiosk interface. At the top, it lists language options: English, 中国語 Chinese, 한국어 Korean, 日本語 Japanese, हिन्दी भाषा Hindi, اردو Urdu, and Español Spanish. The main text 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.*' Below this are two radio button options: 'Start New Application' and 'Return to Saved Application'. A blue 'Next' button is located at the bottom left.

ステップ 3: 登録開始

必要事項を入力する。必要情報の箇所には赤印* 有り。その次に登録を開始。



The screenshot shows the registration form with the following fields and instructions:

- Registration Year: 26-27
- Parent/Guardian First Name * (text input)
- Parent/Guardian Last Name * (text input)
- Parent Date of Birth (MM/DD/YYYY) * (date picker)
- Email Address: user@example.com (text input)
- Previously Attended this District * (dropdown menu)
- Security question: 'Please type the letters you see displayed in the image below *' with a CAPTCHA image showing 'w4b73' and a text input field.
- 'Begin Registration' button at the bottom.

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.

確認番号と共に以下のメッセージが表示される。システムとの接続が切れる場合があるため、申込プロセスで再入力できるよう、番号を控える。確認番号を控えてから **確認** をクリックする。



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

ステップ 4: ポップアップウィンドウが表示されたら、申込欄に氏名を入力し、**提出** をクリックする。



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

* Indicates a required field

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

If you need assistance, please email registrationstaff@syossetschools.org.
Application Number 00000
Application For 26-27

ステップ 5: ドキュメント情報ページ。一読後、申込ページの開始（または戻るをクリックする）。



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.

Step 5 続き: ドキュメント情報ページ

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](#)

ステップ 6: 生徒の主世帯・自宅に関する調査

各箇所にある質問 (赤いアスタリスクのあるもの*) に回答の上、次をクリックする。

The screenshot shows the 'Housing Questionnaire' section of the registration process. At the top, it says 'Infinite Campus Online Registration' and provides contact information for assistance. A progress bar at the top indicates the current step is 6, 'Completed', with previous steps being 'Student(s) Primary Household', 'Parent/Guardian', 'Emergency Contact', 'Other Household', and 'Student'. Below the progress bar, there are two radio button options: 'Yes, students in this household are homeless.' and 'No, students in this household are in permanent housing.' A red asterisk is next to the 'No' option. Below the options is a 'Next >' button with a green arrow pointing to it. At the bottom, there are expandable sections for 'Home phone', 'Home Address', and 'Previous Address', each with a '+' sign. A 'Save/Continue' button is at the very bottom.

ステップ 7: 家庭電話

固定電話が無い場合は、携帯電話の番号使用可。次をクリック。

The screenshot shows the 'Home phone' section of the registration process. It features a form field for the home phone number with a placeholder '() - - -'. Below this, there is a note: 'If you do not have a Home Phone, please enter a Cell Phone number.' There are two buttons: '< Previous' and 'Next >', with a green arrow pointing to the 'Next >' button. At the bottom, there are expandable sections for 'Home Address' and 'Previous Address', each with a '+' sign. A 'Save/Continue' button is at the very bottom.

ステップ 8: 自宅の住所/在住証明書

自宅の住所の下

該当する欄に、自宅の住所を記入する。住所入力時に、下の欄に表示される。下記の欄に全住所が表示されたら、住所をクリックし、残りの欄に全情報が自動的に記載される。住所が表示されない場合は、**Registrar's Office** に **516-364-5669** まで連絡する。

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

Click on your address if it appears in box

99 Pell Lane Syosset, NY 11791

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.

ステップ 8 の続き: 受理可能な、最新の在住証明書を、合計 3 通、（直近 90 日以内の日付が記載されたもの）を PDF または JPG ファイルにてアップロードする。

Section A から一つ選択し、アップロードされる用紙をクリックする。コンピューターのローカルストレージ（以下を参照）に繋がる。更に、**Section B** の書類を 2 つ提供する。**Section A** の書類を提供できない場合、**Section B** の書類を 3 つ提供し、**Next** をクリックする。

The screenshot shows a web form with the following sections:

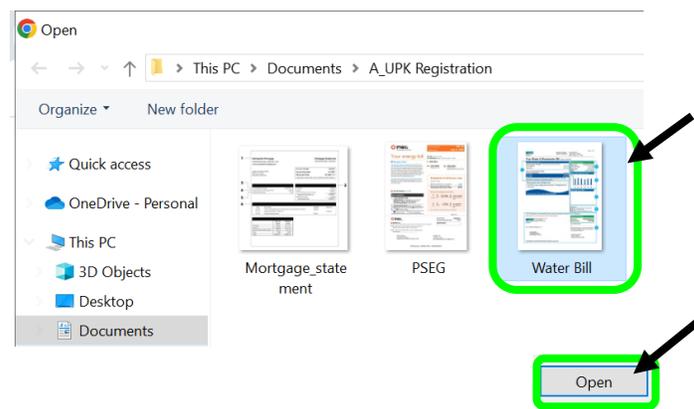
- Section A:** Includes fields for "Lease, Deed or Mortgage Statement" and "Residency Affidavit".
- Section B:** Includes fields for "Driver's License", "Tax Forms (I.e., 1040)", "Tax Bill (Town of Oyster Bay)", "Cable Bill", "Water Company Bill", "Paystub", "National Grid Bill", and "PSEG Bill".

At the bottom, there are navigation buttons: "< Previous" and "Next >". A green arrow points to the "Next >" button. Below the navigation buttons is a "Previous Address" field with a plus sign (+) on the right. At the very bottom is a blue "Save/Continue" button.

コンピューターからのドキュメントのアップロード方法については以下の例を参照。
ファイルをクリックし、アップロードする

Open をクリック

参考までに、以下を参照。



ステップ 9: 過去の住所

前住所がある場合は、**Yes** をクリックし、空欄に入力する。無い場合は空欄に入力の上、**Save/Continue** をクリックする。

The screenshot shows a form titled "Previous Address" with a green checkmark icon. Below the title, it says "Please provide your previous address and the dates you lived there." There are two radio button options: "Yes, we have a Previous Address" (unselected) and "No, we do not have a Previous Address" (selected). At the bottom left is a "Previous" button with a left arrow, and at the bottom center is a blue "Save/Continue" button. A green arrow points to the "Save/Continue" button.

ステップ 10: 保護者

Add New Parent or Guardian をクリックする。

The screenshot shows the "Parent/Guardian" step in the registration process. At the top, it says "Infinite Campus Online Registration" and "If you need assistance, please email registrationstaff@syosetschools.org." Below that, it says "Application Number 00000" and "Application For 26-27". There is a progress bar with six steps: 1. Student(s) Primary Household (checked), 2. Parent/Guardian (current step, highlighted with a blue circle), 3. Emergency Contact, 4. Other Household, 5. Student, and 6. Completed. Below the progress bar, it says "Parent/Guardian" and "(Please use Proper Case, not ALL CAPS)". There is a table with two columns: "FULL NAME" and "COMPLETED". The table is empty and says "No records available." Below the table is an "Add New Parent/Guardian" button with a green arrow pointing to it. At the bottom left is a "Back" button with a left arrow. Below the "Add New Parent/Guardian" button, it says "Please list all primary Parent(s)/Guardian(s) in this area."

Step 11: 保護者情報

必要情報を入力の上、次に進む。

Parent/Guardian Name:
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? *
▼

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

ステップ 12: 連絡先情報

保護者の連絡先情報を入力する。電話番号およびメールアドレスを一つ以上入力する。両親または保護者のメールアドレスは、それぞれ別々のメールアドレスを使用。 **Next** をクリック。

Contact Information

At least one Phone Number is required.

Enter contact information for this person.

Cell Phone
() - - _____

Work Phone
() - - x _____

Other Phone
() - - x _____

Email *

Secondary Email

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

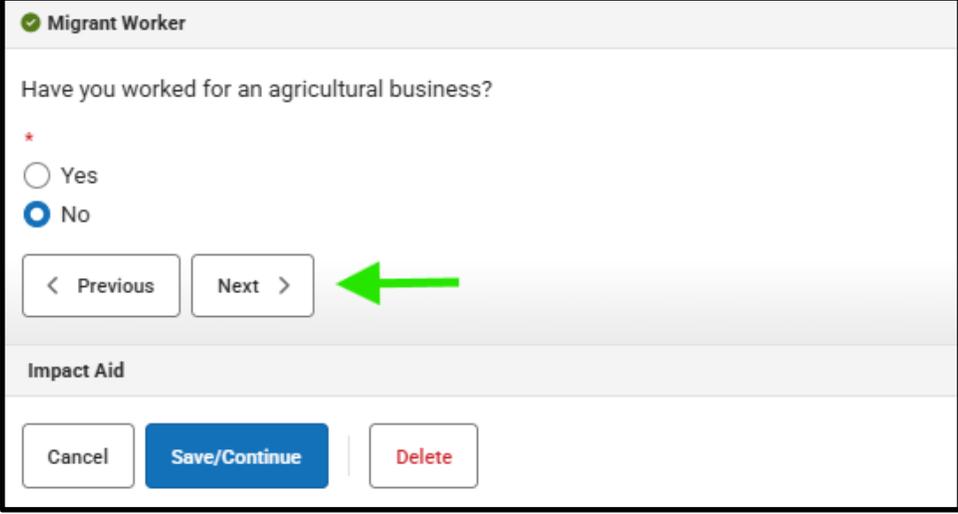
< Previous Next >

Migrant Worker
Impact Aid

Cancel Save/Continue Delete

ステップ 13: 出稼ぎ労働者

次に、農業従事であるかについての質問に **Yes** か **No** で回答する。**Next** をクリックする。



Migrant Worker

Have you worked for an agricultural business?

*

Yes

No

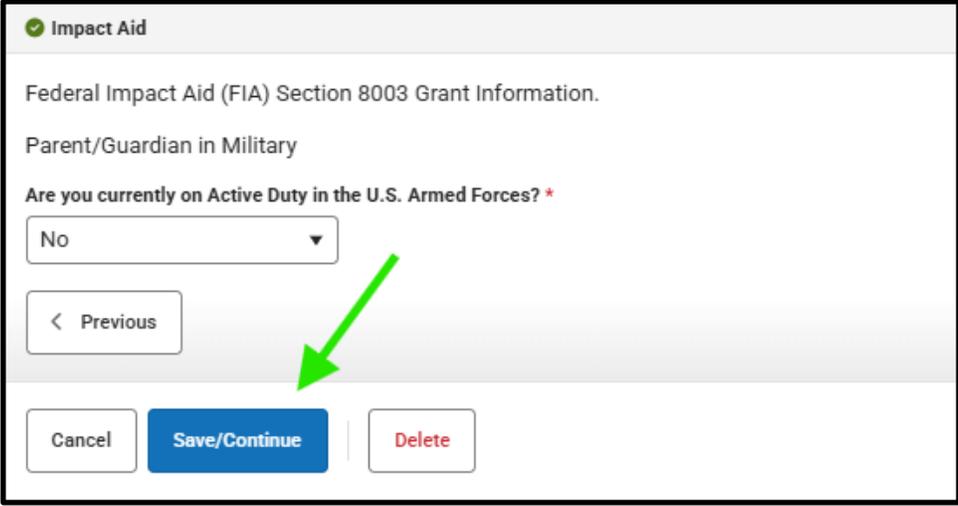
< Previous Next >

Impact Aid

Cancel Save/Continue Delete

ステップ 14: インパクトエイド

次に、戦地に待機しているアメリカ軍隊に所属しているかを聞かれ、はいまたはいいえと回答の上、保存・続行をクリックする。



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

この頁には、最初に入力した保護者情報が表示される。必要情報が全て入力されている場合は、完了表示され、入力漏れがある場合は、Incomplete タブをクリックの上、入力箇所に入力する。新たに保護者を追加、前頁に戻り、保存・続行することも可能である。保護者を追加することを希望しない場合は、保存・続行をクリックする。

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
Sample Parent Name	COMPLETED

Add New Parent/Guardian

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

< Back Save/Continue

ステップ 15: 緊急連絡先を追加

保護者以外の必要な緊急連絡先を入力する。

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

ステップ 16: 緊急連絡先を入力の上、**Next** をクリック。

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

Step 17: 緊急連絡先の電話番号

緊急連絡先の電話番号を追加する。必ず、電話番号を一つ入力し、**保存・続行**をクリックする。

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

ステップ 18:

この頁に緊急連絡先が表示される。必要情報が全て入力された場合、氏名の隣に完了表示がされる。未完了である場合は、**Incomplete** タブをクリックし、入力漏れ部分に入力する。緊急連絡先を追加することも可。入力が完了したら、**保存・続行**をクリックする。

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

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.

ステップ 19: その他の世帯構成員

Syosset School の生徒又は卒業生ではない世帯構成員を追加する。在学中の生徒または、転入させようとしている者は入力しない。**Add New Household Member** をクリックする。世帯構成員を入力しない場合は、**保存・続行**をクリックする。

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

*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.

ステップ 19 の続き:その他の世帯構成員

世帯構成員を追加する場合、必要情報を入力の上、**保存・続行**をクリックする。

Name: :

Demographics

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.)

First Name *

Middle Name

Last Name *

Suffix

Birth Date

Gender *

Is this person currently attending School (or Pre-School)? *

Cancel Save/Continue 

ステップ 20: この頁には、その他の世帯構成員が表示される。必要情報が入力済みである場合は完了表示有り。未完了表示がある場合、**Incomplete タブ**をクリックし、入力漏れ部分に必要な情報を入力する。この頁の情報入力を完了し、世帯構成員を追加することを希望しない場合は、**保存・続行**をクリックする。

Other Household

(Please use Proper Case, not ALL CAPS)

FULL NAME	COMPLETED
New Household 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
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 

ステップ 21: Add New Student をクリックする。

Infinite Campus Online Registration

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

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

Application Number 00000
Application For 26-27

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

Add New Student

Please include all students that need to be enrolled.

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ステップ 22: 生徒の氏名、生徒個人に関する情報

*****Enrollment Grade** の欄から、**PKLo** を選択する。

Enrollment School の欄から、**Universal Pre-K** を選択する。

全ての情報の入力を完了し、必要書類のアップロード後に、次 をクリックする。

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 * | Gender * | Enrollment Grade * | NOTE: The school zoned for your address is: Unable to determine boundary school

Legal Middle Name | Birth Date * (MM/DD/YYYY) | Enrolled School *

Legal Last Name * | Multiple Birth * | Foreign Exchange * (Yes/No) | Student Resides With *

Suffix | Nickname

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.

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Step 23: UPK ロータリーに関する質問

UPK プロバイダーの希望順位をランク付けする。

UPK 学校の詳細については、次のリンクを訪問する: <https://upk.syossetschools.org/upk-providers>

このリンクをクリックし、登録プロセスを続行する。

同じ選択肢を複数回選択しないこと。 正しく入力されない場合は、正しく訂正されるまで、この画面に戻る。全 **6** 校を必ずランク付けし、次をクリックする。

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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Step 24: 過去に在籍していた学校

該当する場合、生徒が過去に在籍していた学校を入力し、次をクリックする。

Previous School

Please enter information regarding this student's prior school.

School Last Attended

School

City

State

Country

Phone

Dates of Attendance - From:

To:

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ステップ 25: 保護者との関係

生徒と保護者との関係および連絡を入れる順番を入力する。出生証明書を **Add New Student** にアップロードしていない場合、ここに保護者証明をアップロードし、**次**をクリックする。

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.

ステップ 26: 関係 – 緊急連絡先

緊急連絡先と生徒との関係および連絡をする順番（最初に連絡を入れる相手、次に連絡を入れる相手など）を入力し、**次**をクリックする。

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.

ステップ 27: 関係 - 同一世帯に属する者

同一世帯の一員と生徒との関係を入力し、次をクリックする。

Relationships - Other Persons Residing in Household

NAME	RELATIONSHIP *
Other	<input type="text"/>

This field is required

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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ステップ 28: 保健サービス - 健康状態または精神衛生状況

生徒に特記すべき健康状態または精神衛生状況がある場合、それを入力し、次をクリックする。

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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ステップ 29: 保健サービス - 医薬品

特記すべき生徒の健康状態または精神衛生状況の有無について回答し、次をクリックする。

Health Services - Medications

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

Does this student take any medications? *

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ステップ 30: 人種

生徒の人種を入力し、**次**をクリックする。

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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ステップ 31: 追加情報-生徒の第一言語

生徒の第一言語を入力する。必要情報の隣に赤星*が表示され、必ず、[Home Language Questionnaire](#)（家庭で使用する言語に関する調査票）をアップロードする。**記入済みの家庭での使用言語に関する調査票をクリックし、Language Acquisition Questionnaire**（習得言語の調査票）を開く。これに必要情報を記入の上、コンピューター上に保存し、: **Upload Home Language Questionnaire** のボタンの下にアップロードする。全ての情報を入力およびアップロード後、**次**をクリックする。*注: このリンクを用いて家庭での使用言語に関する調査票にアクセス可、[Home Language Questionnaire \(HLQ\)](#)（家庭での使用言語に関する調査票（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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ステップ 32: お子様について知る

必要情報を入力し、入力終了後に次をクリックする。

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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ステップ 33: 学校に開示することへの同意

Release Agreements（学校に開示することへの同意）の箇所に、必要情報の隣に赤星*表示され、必ずこれをクリックし、[Acceptable Use Policy \(4526\)*](#)（利用規約）を一読の上、続行する。内容を一読後、**Click here to Sign**（ここをクリックし署名）し、氏名を電子的に署名し、**保存・続行**をクリックする。

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

ステップ 34: 生徒登録の確認頁

この頁には生徒の名前が表示され、情報の入力完了した場合、完了が表示される。不備がある場合は、タブをクリックの上、情報を見直し、情報入力を完了させる。ここに生徒の追加も可。追加する場合はm **Add New Student** (新たに生徒を追加する) をクリックする。情報入力を終了し、生徒を追加することを希望しない場合は、**保存・続行** をクリックする。

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** | 6 Completed

* 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** <

ステップ 35 (最終ステップ):

ボックスの一番下の部分の **Application Summary PDF** を見直し、提供した情報の正確性を確認する。新しく開いたウィンドウに申込書が表示される。

情報に間違いがあり、変更を加える場合、**戻る**をクリックし、必要な変更を加える。

情報が**正確**であり、訂正を必要としない場合は、**署名欄**をクリックし、署名する。

見直し後に**提出**をクリックする。

* **提出ボタン**をクリックした後は、申込書に変更を加えることは不可。

Infinite Campus Online Registration

If you need assistance, please email registrationstaff@syosetschools.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

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

* Indicates a required field

Click Here To Sign

This field is required

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.

Back Application Summary PDF Submit

提出をクリックした場合、以下の頁が表示される。**Application Summary PDF** to をクリックし、申込内容の閲覧可。



Infinite Campus Online Registration

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

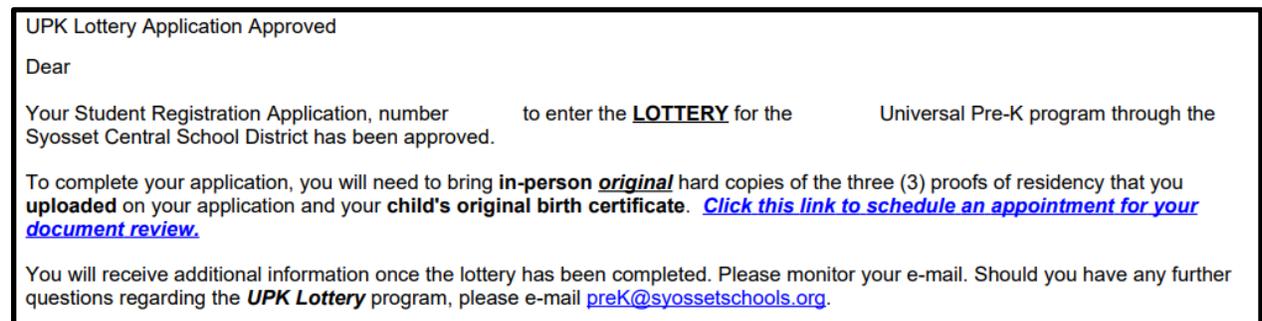
Application Number 00000
Application For 26-27

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

Thank you for completing your application! For a PDF copy of the submitted data, please click the link below.

[Application Summary PDF](#)

parentportal@ic.syossetschools.org 以下の確認メール連絡を受信する。



UPK Lottery Application Approved

Dear

Your Student Registration Application, number [redacted] to enter the **LOTTERY** for the [redacted] Universal Pre-K program through the Syosset Central School District has been approved.

To complete your application, you will need to bring **in-person original** hard copies of the three (3) proofs of residency that you **uploaded** on your application and your **child's original birth certificate**. [Click this link to schedule an appointment for your document review.](#)

You will receive additional information once the lottery has been completed. Please monitor your e-mail. Should you have any further questions regarding the **UPK Lottery** program, please e-mail preK@syossetschools.org.

ロータリー終了後、追加情報を受信するため、ご自身のメール（スパムやジャンクの迷惑フォルダーも確認すること）をモニタリングすること。**UPK** ロータリープログラムについてのお問い合わせ先 ngregory@syossetschools.org。