

# Shelter Island Union Free School District

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

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

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

## 1. Proof of Residency

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

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

### HOMEOWNERS – any ONE of the following:

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

### RENTERS – any ONE of the following:

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

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

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

## 2. Proof of Age

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

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

## 4. Physical Examination with Immunization Records

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

## 5. PreK Program Entrance Criteria Questionnaire

## 6. Other Documentation

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

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## REGISTRATION INFORMATION

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

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

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

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

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

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

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

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

## I. STUDENT INFORMATION

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

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

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

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

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

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

### Residence – Physical Address

Address \_\_\_\_\_  
 Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Primary Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#### Student resides with (check all that apply)

Mother  Father  Step Parent  
 Legal Guardian(s)  Other \_\_\_\_\_

**Mailing Address** PO Box \_\_\_\_\_ Zip Code \_\_\_\_\_

The answer you give below will help the District determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (please check one box)

In a shelter  In a hotel/motel  In a car, park, bus, train, or campsite  In permanent housing  
 With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")  
 Other temporary living situation (Please describe) \_\_\_\_\_

## II. PARENT / GUARDIAN INFORMATION

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

#### Relationship to Student

Mother  Step Mother  Legal Guardian  
 Father  Step Father  Other \_\_\_\_\_

#### Marital Status

Married  Single  Active Duty  N/A  
 Divorced  Widowed  National Guard

#### Armed Forces

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

#### Relationship to Student

Mother  Step Mother  Legal Guardian  
 Father  Step Father  Other \_\_\_\_\_

#### Marital Status

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

#### Armed Forces

**III. ADDITIONAL STUDENT INFORMATION**

**Languages**

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

**Previous Schools / Enrollment History**

US School Entry Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last School Attended \_\_\_\_\_ School District \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_  
Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Date left previous school \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Has student ever been expelled from school?  Yes  No Has student ever been retained?  Yes What grade? \_\_\_\_\_  No

**Special Programs**

Please check if student has received any special services or participated in any of the following programs.  
 ELL/Bilingual Program  Gifted and Talented  Migrant Education  IEP/504  Resource Specialist  
 Special Day Class  Speech/Language  Title I  Other \_\_\_\_\_  
Anyone in family under 22 years old?  Yes  No Has student moved in the last 3 years  Yes  No  
Within the last three years, has anyone in family worked or looked for work in any agricultural/farm  Yes  No  
Work related to logging, timber growing or harvesting food  Yes  No  
Work at food processing plant, (such as vegetable/poultry processing plants packing apples or vegetables)  Yes  No

**Other Person(s) in the home**

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

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

Name: Last \_\_\_\_\_ First \_\_\_\_\_  
Language(s) Spoken \_\_\_\_\_  
Work Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Other Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_  
Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Relationship to Student**

**Marital Status**

- Mother  Step Mother  Legal Guardian  Married  Single  Divorced  Widowed
- Father  Step Father  Other \_\_\_\_\_

Do you have access to a computer?  Yes  No Do you wish to receive school text message alerts?  Yes  No  
Do you wish to receive school phone alerts (Connect-Ed) in another language?  Yes  No Language \_\_\_\_\_  
I have reviewed this two page document and to the best of my knowledge, the information is true and complete

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For School Use Only**

Records Received Date Entered \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Birth Certificate/Passport of Student  Photo ID of Parent/Guardian  Proof of Residency  Academic Records  Physical/Immunizations



Lisette Colón-Collins, Assistant Commissioner  
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594  
Brooklyn, New York 11217  
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB  
Albany, New York 12234  
(518) 474-8775 / Fax: (518) 474-7948

## Home Language Questionnaire (HLQ)

*Dear Parent or Guardian:  
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.		
<b>STUDENT NAME:</b>		
<i>First</i>	<i>Middle</i>	<i>Last</i>
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
		<input type="checkbox"/> Male
<i>Month</i>	<i>Day</i>	<i>Year</i>
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
<i>Last Name</i>	<i>First Name</i>	<i>Relation to Student</i>

HOME LANGUAGE CODE

### Language Background (Please check all that apply.)

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

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

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

*District Name (Number) & School*

*Address*

## Home Language Questionnaire (HLQ)—Page Two

### Educational History

8. Indicate the total number of years that your child has been enrolled in school \_\_\_\_\_

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes\*  No  Not sure  \*If yes, please explain: \_\_\_\_\_

How severe do you think these difficulties are?  Minor  Somewhat severe  Very severe

10a. Has your child ever been referred for a special education evaluation in the past?  No  Yes\* \*Please complete 10b below

10b. \*If referred for an evaluation, has your child ever received any special education services in the past?  
 No  Yes – Type of services received: \_\_\_\_\_

Age at which services received (Please check all that apply):  
 Birth to 3 years (Early Intervention)  3 to 5 years (Special Education)  6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)?  No  Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. In what language(s) would you like to receive information from the school? \_\_\_\_\_

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent or of Person in Parental Relation* *Date*

Relationship to student:  Mother  Father  Other: \_\_\_\_\_

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ Mo. DAY YR.	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ Mo. DAY YR.	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	

# SHELTER ISLAND UNION FREE SCHOOL DISTRICT

## Emergency Home Contact Information

Student' Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**STUDENT WILL NOT BE RELEASED TO ANYONE NOT LISTED BELOW**

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

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

**Emergency Contact #1 Information**

Full Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Gender Female Male

Resides in Household Yes No

Phone:

Call 1<sup>st</sup> \_\_\_\_\_ Home Cell Work

Call 2<sup>nd</sup> \_\_\_\_\_ Home Cell Work

Call 3<sup>rd</sup> \_\_\_\_\_ Home Cell Work

**Emergency Contact #2 Information**

Full Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Gender Female Male

Resides in Household Yes No

Phone:

Call 1<sup>st</sup> \_\_\_\_\_ Home Cell Work

Call 2<sup>nd</sup> \_\_\_\_\_ Home Cell Work

Call 3<sup>rd</sup> \_\_\_\_\_ Home Cell Work

**Emergency Contact #3 Information**

Full Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Gender Female Male

Resides in Household Yes No

Phone:

Call 1<sup>st</sup> \_\_\_\_\_ Home Cell Work

Call 2<sup>nd</sup> \_\_\_\_\_ Home Cell Work

Call 3<sup>rd</sup> \_\_\_\_\_ Home Cell Work

**Emergency Contact #4 Information**

Full Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Gender Female Male

Resides in Household Yes No

Phone:

Call 1<sup>st</sup> \_\_\_\_\_ Home Cell Work

Call 2<sup>nd</sup> \_\_\_\_\_ Home Cell Work

Call 3<sup>rd</sup> \_\_\_\_\_ Home Cell Work

**Emergency Contact #5 Information**

Full Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Gender Female Male

Resides in Household Yes No

Phone:

Call 1<sup>st</sup> \_\_\_\_\_ Home Cell Work

Call 2<sup>nd</sup> \_\_\_\_\_ Home Cell Work

Call 3<sup>rd</sup> \_\_\_\_\_ Home Cell Work

**Emergency Contact #6 Information**

Full Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Gender Female Male

Resides in Household Yes No

Phone:

Call 1<sup>st</sup> \_\_\_\_\_ Home Cell Work

Call 2<sup>nd</sup> \_\_\_\_\_ Home Cell Work

Call 3<sup>rd</sup> \_\_\_\_\_ Home Cell Work

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

Family Doctor/Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical History: \_\_\_\_\_

Medication: \_\_\_\_\_

Allergies: \_\_\_\_\_

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

**SHELTER ISLAND UNION FREE SCHOOL DISTRICT**

Central Registration: Donna B Clark  
P.O. Box 2015/33 North Ferry Road  
Shelter Island, New York 11964-2015  
631-749-0302 / FAX 631-749-1262

**RENTAL REGISTRATION AFFIDAVIT**

STATE OF NEW YORK  
COUNTY OF SUFFOLK

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
*Signature of Deponent*

Taken and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
\_\_\_\_\_