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

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

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 Fax: 631-749-1262
donna.clark@shelterisland.k12.ny.us

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, fore 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, Somoa, 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 # (_____) _____ - _____

Mailing Address PO Box _____ Zip Code _____

Student resides with (check all that apply)

❑ Mother ❑ Father ❑ Step Parent

❑ Legal Guardian(s) ❑ Other _____

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			Marital Status		Armed Forces	
❑ Mother	❑ Step Mother	❑ Legal Guardian	❑ Married	❑ Single	❑ Active Duty	❑ N/A
❑ Father	❑ Step Father	❑ Other_____	❑ Divorced	❑ Widowed	❑ National Guard	

Name: Last _____ First _____

Language(s) Spoken _____

Work Phone # (_____) _____ - _____ Cell Phone # (_____) _____ - _____

Other Phone # (_____) _____ - _____ Email _____@ _____

Relationship to Student			Marital Status		Armed Forces	
❑ Mother	❑ Step Mother	❑ Legal Guardian	❑ Married	❑ Single	❑ Active Duty.	❑ N/A
❑ Father	❑ Step Father	❑ Other_____	❑ Divorced	❑ Widowed	❑ National Guard	

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

❑ Mother ❑ Step Mother ❑ Legal Guardian
❑ Father ❑ Step Father ❑ Other_____

Marital Status

❑ Married ❑ Single ❑ Divorced ❑ Widowed

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

NEW YORK STATE EDUCATION DEPARTMENT
Emergent Multilingual Learners Language Profile for Prekindergarten Students[i]

Dear Parent or Guardian,
Thank you for completing the Emergent Multilingual Learners Language Profile. This survey will assist your new school with valuable information about your child's experience with languages. Information gathered will assist Prekindergarten educators in delivering academically and linguistically relevant instruction that strengthens the language and literacy of all students.

THIS SECTION TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY AND MAINTAINED ON FILE
Date Profile Completed:
Student Name:
Gender:
Date of Birth:
District or Community Based Organization Name:
Student ID (if applicable):
Name of Person Administering Profile:
Title:

Parent or Person in Parental Relation Information

Name of parent or person in parental relation:

Relationship (to student) of person providing information for this profile: ☐ mother ☐ father ☐ other _____

In what language(s) would you like to receive information from the school? ☐ English ☐ other home language:

Language in the Home

1. In what language(s) do you (parents or guardians) speak to your child at home?

2. What is/are the primary language(s) of each parent/guardian in your home? (List all that apply.)

3. Is there a caretaker in the home? ☐ yes ☐ no

If yes, what language(s) does the caretaker speak most frequently?

4. What language(s) does your child understand?

5. In what language(s) does your child speak with other people?

6. Does your child have siblings? ☐ yes ☐ no

If yes, in what language(s) do the children speak with each other most of the time?

7a. At what age did your child begin to speak in short sentences?

In what language?

7b. At what age did your child begin to speak in full sentences?

In what language?

8. In what language does your child pretend play?

9. How has your child learned English so far (television shows, siblings, childcare, etc.)?

Language Outside the Home/Family

10. Has your child attended any nursery, Head Start or childcare program? ☐ yes ☐ no

If yes, in what language was the program conducted?

In what language does your child interact with other people in the nursery or childcare setting?

11. How would you describe your child's language use with friends?

Language Goals

12. What are your language goals for your child? For example, do you want child to become proficient in more than one language?

13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual? ☐ yes ☐ no

14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family?
☐ yes ☐ no

If yes, in what language(s)?

Emergent Literacy

15. Does your child have books at home or does he or she read books from the library?

In what language(s) are these books read to him or her?

16a. Can your child name any letters or sounds in English? ☐ yes ☐ no

16b. Can your child recognize letters or symbols in another language? ☐ yes ☐ no

If yes, in what language(s)?

17a. Does your child pretend to read? ☐ yes ☐ no ☐ unsure

If yes, in what language(s)?

17b. Does your child pretend to write? ☐ yes ☐ no ☐ unsure

If yes, in what language(s)?

18. Does your child tell the stories from his/her favorite books or videos? ☐ yes ☐ no

If yes, in what language(s)?

19. Does your child's childcare or nursery program describe goals for his or her learning? ☐ yes ☐ no

If so, what goals do they describe?

20. Please describe anything special you did to prepare your child to begin Prekindergarten.

[i] For more information contact: the New York State Education Department Office of Early Learning at (518) 474-5807 or email OEL@nysed.gov or the New York State Education Department Office of Bilingual Education and World Languages at (518) 474-8775 or (718) 722-2445 or email OBEWL@nysed.gov.

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 1st _____ ❑Home ❑Cell ❑Work
Call 2nd _____ ❑Home ❑Cell ❑Work
Call 3rd _____ ❑Home ❑Cell ❑Work

Emergency Contact #2 Information

Full Name: _____
Relationship to Student: _____
Gender ❑Female ❑Male
Resides in Household ❑Yes ❑No
Phone:
Call 1st _____ ❑Home ❑Cell ❑Work
Call 2nd _____ ❑Home ❑Cell ❑Work
Call 3rd _____ ❑Home ❑Cell ❑Work

Emergency Contact #3 Information

Full Name: _____
Relationship to Student: _____
Gender ❑Female ❑Male
Resides in Household ❑Yes ❑No
Phone:
Call 1st _____ ❑Home ❑Cell ❑Work
Call 2nd _____ ❑Home ❑Cell ❑Work
Call 3rd _____ ❑Home ❑Cell ❑Work

Emergency Contact #4 Information

Full Name: _____
Relationship to Student: _____
Gender ❑Female ❑Male
Resides in Household ❑Yes ❑No
Phone:
Call 1st _____ ❑Home ❑Cell ❑Work
Call 2nd _____ ❑Home ❑Cell ❑Work
Call 3rd _____ ❑Home ❑Cell ❑Work

Emergency Contact #5 Information

Full Name: _____
Relationship to Student: _____
Gender ❑Female ❑Male
Resides in Household ❑Yes ❑No
Phone:
Call 1st _____ ❑Home ❑Cell ❑Work
Call 2nd _____ ❑Home ❑Cell ❑Work
Call 3rd _____ ❑Home ❑Cell ❑Work

Emergency Contact #6 Information

Full Name: _____
Relationship to Student: _____
Gender ❑Female ❑Male
Resides in Household ❑Yes ❑No
Phone:
Call 1st _____ ❑Home ❑Cell ❑Work
Call 2nd _____ ❑Home ❑Cell ❑Work
Call 3rd _____ ❑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_____

_____