



NON-PUBLIC SCHOOL REGISTRATION CHECKLIST
MUST BE SUBMITTED BY APRIL 1 – DEADLINE FOR TRANSPORTATION

- **Registration Application** (only a parent or guardian can register a student, unless the student is an emancipated minor)
- **Student Proof of Age**
 - ☐ Certified birth or baptismal certificate; if not available,
 - ☐ Passport (including a foreign passport)

If neither of these are available, the District will consider other documentation if you have had them for two years, including but not limited to: valid driver's license, state or other government-issued ID, school photo ID with date of birth, consulate ID card, hospital or health records, military dependent ID card, documents issued by the Federal, State or local agencies, court orders or other court-issued documents, Native American tribal documents, records from non-profit international aid agencies or voluntary agencies, or other documentary evidence which can be used to determine a child's age.

- **Parent/ Guardian Verification**
 - ☐ Photo ID valid driver's license, passport, military ID, resident card, or other government issued ID; or
 - ☐ Custodian Affidavit (if a judicial custody order is not available), if you are not the child's parent or
 - ☐ DS-2999 Form (School District Notification of Child Entering Foster Care, Placed in a Foster Family, Agency Boarding, or Group Home)
- **Proof of Residency**
 - ☐ Homeowners
 - ☐ proof of ownership (deed, closing statement, tax bill, home insurance ,or mortgage statement); and
 - ☐ Two (2) documents verifying full name and address
 - ☐ Renters
 - ☐ Current signed residential lease agreement. If a lease is not available, a Landlord Affidavit signed by a property owner or landlord or a Third Party Affidavit; and
 - ☐ Two (2) documents verifying full name and address

The District will consider the following documents, including but not limited to, to establish proof of residency : pay stub, income tax form, utility or other bills, membership documents based on residency (i.e., library card), voter registration documents, official driver's license, learner's permit or non-driver identification, state or other government issued identification, documents issued by Federal, State or local agencies (e.g., local social service agency, Federal Office of Refugee Resettlement) or evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.

Once complete, please call our office for an appointment

516-876-5100



NON-PUBLIC SCHOOL REGISTRATION APPLICATION

MUST BE SUBMITTED BY APRIL 1 – DEADLINE FOR TRANSPORTATION

Last Name: _____ First Name: _____ MI _____

Date of Birth: _____ Gender: _____ Grade: _____

Address: _____ Home Phone: _____

Name of Non-Public School: _____

Address of Non-Public School: _____

Student resides with: ☐ both parents ☐ one parent ☐ one parent and another adult ☐ foster parents ☐ a guardian(s) ☐ alone with no adults

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)

☐ Shelter

☐ Hotel/motel

☐ Car, park, bus, train, or campsite

☐ 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): _____

☐ In permanent housing

Support Services

Check off any services that your child is currently receiving (check all that apply):

☐ Math support ☐ Reading support ☐ English support (ELL) ☐ Other _____

Does your child have an Individual Educational Plan (IEP)? ☐ Yes ☐ No

Check off any services that your child is currently receiving (check all that apply):

☐ Special education ☐ Speech/language ☐ Physical therapy ☐ Occupational therapy

Student's Siblings:

Name	Gender	Date of Birth	School	Grade

Parent/Guardian 1:

Last Name: _____ First Name: _____ MI _____

Date of Birth: _____ Gender: _____ Marital Status: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____ Email Address: _____

Parent/Guardian 2:

Last Name: _____ First Name: _____ MI _____

Date of Birth: _____ Gender: _____ Marital Status: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____ Email Address: _____

Foster Parent and Foster Care Agency: please complete the following and provide a DSS-2999 Form.

Foster Parent's Last Name: _____

First Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Name of Agency: _____ Caseworker: _____

Phone: _____ Email Address: _____

Emergency Contact #1

Last Name: _____ First Name: _____

Date of Birth: _____ Gender: _____ Relationship: _____

Address: _____

Phone: _____ Email Address: _____

Emergency Contact #2

Last Name: _____ First Name: _____

Date of Birth: _____ Gender: _____ Relationship: _____

Address: _____

Phone: _____ Email Address: _____

Emergency Contact #3

Last Name: _____ First Name: _____

Date of Birth: _____ Gender: _____ Relationship: _____

Address: _____

Phone: _____ Email Address: _____

If we are not able to reach you or your emergency contacts, what do you wish the school to do in case the student is sick or injured?



LANDLORD AFFIDAVIT
AFFIDAVIT BY LANDLORD TO CONFIRM RESIDENCY

Instructions

This is a legal document. Any person giving **false information** may be subject to prosecution for the crimes of perjury and/or offering a false instrument.

Please answer all questions.

STATE OF NEW YORK)

ss:

COUNTY OF NASSAU)

I, _____,

[Please check the appropriate box below]

- ☐ am the recorded owner (or authorized master tenant/leaseholder) of the property
- ☐ am duly designated agent for the owner of the property
- ☐ am a relative, family member, or family friend renting my home

at: _____ which is
located within the territorial boundaries of the Westbury Union Free School District.

This rental/living arrangement began on _____ and will end on _____

- ☐ there is a written lease for the premises.

I am renting/providing a room/apartment to the following persons

Parent/Guardian

Parent/Guardian

Child(ren)

Seeking to Enroll

☐ This statement is submitted unsworn

or

☐ This statement is sworn to under the penalties of perjury. The above information made by me is true, and I understand that if the statements I have made are false, the Westbury Union Free School District will take legal action to collect tuition charges if the student/s is/are illegally registered. Any person or persons, in addition to the parents or guardians, who provide false evidence of residency, will be prosecuted. The above information made by me is true, and I know that perjury is a Class A misdemeanor pursuant to section 210.45 of the Penal Code.

Signature of Landlord

Printed name of Landlord

Sworn to before me this ____
day of _____, 20____

Notary Public



THIRD-PARTY AFFIDAVIT

Instructions

Please answer all questions.

Student's Name

STATE OF NEW YORK)
) ss.:
COUNTY OF NASSAU)

The undersigned individual, being duly sworn, deposes and says, under penalties of perjury, as follows:

- 13532955.1 1/3/2022

8. _____ lives at this residence with the following persons:

(Student's Name)

<u>Name</u>	<u>Relationship to Student</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. I know the student lives at this residence with the following persons listed in Question 8 because:

Explain

_____.

10. The student has lived at this residence since _____.

11. I expect the student to live at this residence until:_____.
Date. If you do not know. Write "Indefinitely."

12. I understand that the Westbury Union Free School District will rely upon the truthfulness of the statements made in this document in deciding whether or not to enroll the student in the public schools of the School District.

Signature of Third Party

Printed name of Third Party

Sworn to before me this ____
day of _____, 20____

Notary Public



TRANSPORTATION FORMS

NON-PUBLIC SCHOOL TRANSPORTATION REQUEST

To apply for parochial/private
school .



BUS STOP REVIEW FORM

Parent feels like their student's
assigned bus stop is unsafe, they can
request a change via this form.

CHILD CARE TRANSPORTATION REQUEST

Parents requires their
Pre-K—8th Grade student to be
picked up/dropped off at a
different location other than their
home address they can request a
change via this form.

