ELWOOD UNION FREE SCHOOL DISTRICT
District Office
100 Kenneth Avenue
Greenlawn, NY 11740

UPK REGISTRATION

Welcome to the Elwood Union Free School District. Registration of new students takes place at our District Office located at 100 Kenneth Avenue, Greenlawn. If you would like to register your child, please contact Lois Brezovsky-Vulpis at 631-266-5400 ext. 1455 or email registration@elwoodufsd.org to schedule an appointment. Registration hours are from 8:30 AM to 11:30 AM. Registration forms can be downloaded at www.elwoodufsd.org or picked up at the Security Desk of Elwood Middle School. **Please complete the packet before your appointment.**

REQUIREMENTS FOR REGISTRATION:

- Photo ID of parent/guardian registering child
- **ORIGINAL** Birth Certificate – (if foreign born, translated into English)

PROOF OF GUARDIANSHIP:

- Divorce Papers
- Court issued legal guardianship papers
- Court order granting custody
- Court appointment as foster parent
- Notarized Parent affidavit and Custodial affidavit (forms provided by district)
- Copy of recent income tax return showing the student as a dependent

NOTE: In the event of divorce or separation, both parents have equal access to their children and information unless a filed court order is received instructing otherwise.

PROOF OF RESIDENCY FOR HOMEOWNERS:

- Deed or Suffolk County Tax Bill
- Three (3) additional documents with your name and address of them (see below)

PROOF OF RESIDENCY FOR RENTERS:

- Notarized Affidavit from Landlord (form provided by district)
- Copy of Deed or Tax Bill from Landlord
- Notarized Affidavit from Renter (form provided by district)
- Three (3) additional documents with your name and address on them (see below)

RESIDENCY DOCUMENTS FOR ALL STUDENTS MUST BE PROVIDED EVEN IF THERE ARE OTHER CHILDREN IN THE DISTRICT.

At registration, all foster parents must submit a letter from the placement agency indicating the licensed foster parent, the date of birth and grade of the child, and Form DSS 2999 completed by the placement agency.

ACCEPTABLE PROOFS OF RESIDENCY: Any three (3) of the following (**dated current or past month**):

Water Bill	Mortgage Statement	Electric Bill
D.S.S. Correspondence	Gas Bill	Social Security Correspondence
Telephone Bill	Unemployment Correspondence	Credit Card Statements
Cable or Satellite Bill	Mailed Bank Statement	Health Statements/Bills
Federal/State Mail	Voter Registration	Oil Bill
Auto registration/license	Paystub	

ELWOOD UNION FREE SCHOOL DISTRICT

100 Kenneth Avenue
Greenlawn, NY 11740

Central Registration – Student Information Form

DISTRICT USE ONLY: SCHOOL: _____ ID# _____

Gender at Birth

Student's Name: _____ **Date of Birth:** _____/_____/____ **Sex: M / F**

Address: _____

(Street) (Town) (Zip)

Primary Language(s) Spoken at Home: _____ **Grade Entering:** _____

Preferred language for materials to be mailed home: _____

Child's Primary Language: _____

Parent 1 Cell Number: _____ **Parent 2 Cell Number:** _____

School Last Attended: _____/_____ **Homeless: Yes / No**

(School) (District)

School Address: _____ **Contact Phone Number:** _____

Country of Birth: ☐ **USA** ☐ **Other** _____ **Date first Entered US School:** _____/_____/_____

Has the student ever been enrolled in the Elwood School District? Yes / No **If Yes, when?** _____

Special Education Services: Yes / No

If **yes** and your child **does not** have an Elwood IEP, please provide a copy of the IEP from your district and Release of Info

Does the student have a 504? **Yes/No**

ENL Services: Yes / No

(English as a New Language)

PARENT #1 INFORMATION	PARENT #2 INFORMATION
Name: _____	**Name:** _____
Relationship to Student: _____	**Relationship to Student:** _____
Business Telephone: _____	**Business Telephone:** _____
Cell Phone Number: _____	**Cell Phone Number:** _____
Home Address: _____	**Home Address:** _____
_____	_____
Email: _____	**Email:** _____

CHECK ONE:	☐ Married	☐ Separated	☐ Divorced	☐ Widowed	☐ Single

☐ STEP PARENT INFORMATION	☐ GUARDIAN INFORMATION (if other than parent)

Step Parent/Guardian's Name: _____

Business Telephone: _____ **Cell Phone Number:** _____

Home Address: _____ **Email Address:** _____

_____

Document(s):	☐ Birth Certificate	☐ Baptismal Certificate	☐ Student Passport	☐ Visa

ARE ONE OR BOTH PARENTS CURRENTLY ON ACTIVE DUTY IN THE MILITARY? YES NO

STUDENT RESIDES WITH: ☐ Parent(s) ☐ Designated Legal Guardian ☐ Other

1. **Is the student Hispanic, Latino or of Spanish origin?**

   ☐ **YES,** Hispanic ☐ **NO,** not Hispanic

2. **Select one or more races from the following five racial groups. Check all that apply; CHECK AT LEAST ONE:**

   ☐ **AMERICAN INDIAN or ALASKA NATIVE:** A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition; e.g. Cherokee, Mohawk, Inuit.

   ☐ **ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand and Vietnam.

   ☐ **NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

   ☐ **BLACK:** A person having origins in any of the black racial groups of Africa.

   ☐ **WHITE:** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

SIBLINGS OF STUDENT

NAME:	BIRTHDATE:	SCHOOL:
NAME:	BIRTHDATE:	SCHOOL:
NAME:	BIRTHDATE:	SCHOOL:
NAME:	BIRTHDATE:	SCHOOL:

HIGH SCHOOL STUDENTS ONLY:

Did the student participate in interscholastic athletics at previous school? Yes / No What Sport(s)_____

Are you interested in playing High School sports? Yes / No If yes, please complete District Athletic Forms

What sport(s) are you interested in playing? _____

EMERGENCY CONTACT INFORMATION *(please print clearly):*

In case of illness or accident, I authorize the school to call any of the following people in the event a parent **CANNOT** be reached**:**

Name: _____ **Relationship to Student:** _____

Address: _____ **Town:** _____ **State:** _____**Zip:** _____

Cell #: _____ **Home #:** _____**Work #:** _____

Name: _____ **Relationship to Student:** _____

Address: _____ **Town:** _____ **State:** _____**Zip:** _____

Cell #: _____ **Home #:** _____**Work #:** _____

Name: _____ **Relationship to Student:** _____

Address: _____ **Town:** _____ **State:** _____**Zip:** _____

Cell #: _____ **Home #:** _____**Work #:** _____

I understand that this statement is being made **UNDER THE PENALTIES OF PERJURY,** so that my child/ward may be admitted to the schools of the Elwood School District as a district resident. I further understand if my child/ward is found not to be a legitimate resident of the Elwood District that **I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE DISTRICTS ANNUAL TUITION RATE/PER CHILD retroactive to the first day of admission.** I also realize that theft of governmental services is a crime punishable under the State Penal Law and that a false statement in connection with this application will also subject me to criminal prosecution. I have been informed that the school district will make unannounced home visits for purposes of residency verification.

SIGNATURE: _____ **Relationship:** _____ **Date:** _____

New York State Housing Questionnaire

Identifying and serving students in temporary housing under the McKinney-Vento Act and NYS Ed Law §3209

This form is to be completed when a student first enrolls, and any time a change in housing status occurs. There are no wrong answers. This form may be filled out independently, or the McKinney-Vento Liaison can assist. To access a list of McKinney-Vento Liaisons, please visit https://www.nysteachs.org/liaisons

District or LEA	**School Name**

About this form and your rights

Schools are required by federal and state law to identify students living in temporary housing and ensure they can enroll, attend, and succeed in school. The **McKinney-Vento Homeless Assistance Act**, together with **New York State Education Law Section §3209**, protects students and families who no longer have a permanent, stable place to live; families who have lost housing; are staying with others temporarily; or are living somewhere that was never meant to be a home.

Eligible students have the right to:

- ✓ Stay in the school they attended when last permanently housed (called the school of origin), for as long as they are in temporary housing.
- ✓ Immediately enroll in the local school where they are temporarily staying (the school of current location).
- ✓ Enroll and start school right away, even without a birth certificate, proof of residency, immunization records, or school records.
- ✓ Receive free transportation to and from the school of attendance, as well as after-school activities (If within 50 miles).
- ✓ Receive free school meals without income paperwork as well as access to other school services including McKinney-Vento Grant resources, if available.

This information is confidential and will be shared only with school staff who have a legitimate educational need to support student access to McKinney-Vento rights and services. Providing this information is voluntary and will be used only to determine eligibility for services under the McKinney-Vento Act and NYS Education Law §3209. Providing it will not affect your immigration status or your eligibility for enrollment or other services.

STUDENT INFORMATION:

Student Name (Last, First)	Student Grade Level (Preschool-12)
Student Gender ☐ M ☐ F ☐ X = Nonbinary	Student Date of Birth (Month/Day/Year)
Parent/Legal Guardian Name	
Phone Number	E-Mail Address
Address where the student is currently living	

Where is the student residing right now?

Under the McKinney-Vento Act, students are protected when their nighttime residence is not **fixed, regular, and adequate.** Check every box that describes where **the student** is residing right now.

☐ Permanent housing: you own or rent a fixed, regular, and adequate home

☐ Doubled up: staying with another family or person due to a loss of housing, economic hardship, eviction, or other similar reason

☐ In an emergency, transitional, or domestic violence shelter. Shelter or program name: _____

☐ In a hotel or motel because there is no other alternative, adequate place to stay

☐ In a car, park, campsite, bus or train station, abandoned building, or another place not meant for stable habitation or established dwelling.

☐ In a place with no heat, running water, or electricity, or that is otherwise structurally unsafe or inadequate to reside in

☐ Displaced by a fire, flood, natural disaster, or other emergency

☐ Another temporary situation not listed here: _____

Is there anything else you would like us to know about your situation? (optional)

_____

Is the student an Unaccompanied Homeless Youth (UHY)?

The McKinney-Vento Act identifies students who are not living with a parent or legal guardian, and are not residing in permanent housing, as **Unaccompanied Homeless Youth (UHY)**. UHYs have the right to enroll in school and to complete and sign this form independently, without a parent or adult present. The McKinney-Vento Liaison can assist UHYs with this process.

☐ **Please check the box if you believe the student identified above may meet the McKinney-Vento eligibility criteria described above.**

Additional Children within the Household?

To help us identify and support all eligible children and youth, please list every child who is currently living with you, regardless of age or school enrollment status. This includes infants, preschool-aged children, and school-aged children.

Student Name (Last, First)	Date of Birth	Grade	Current or Recent School	Last School Attended Before Current or Recent

Student Name (Last, First)	Date of Birth	Grade	Current or Recent School	Last School Attended Before Current or Recent

Accuracy of Information and Signature

The person completing this form certifies that the information provided above is correct and accurate to the best of their ability.

Name (print): _____

Signature: _____ **Date:** _____

An unaccompanied homeless youth may sign on their own behalf.

Need help? Contact the McKinney-Vento Liaison listed at the top of this form or call the NYS-TEACHS Helpline at 800-388-2014. Visit nysteachs.org for more information.

OFFICIAL USE ONLY (School Staff)

Date received: _____ **Received by:** Eligibility: Eligible Not Eligible Pending

Homeless Primary Nighttime Residence Code (SIRS):

☐ D = Doubled up ☐ S = Shelter ☐ H = Hotel/Motel ☐ U = Unsheltered ☐ T = Transitional Housing

Unaccompanied Homeless Youth (UHY): ☐ Yes ☐ No

Designation Form: ☐ Yes ☐ N/A ☐ Coded in Student Information System (SIS)

Liaison notified (initials): _____ Date: _____ ☐ Family declined to provide information

Notes:

_____

_____

_____

_____

STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Elisa Alvarez, Associate 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 Person in Parental Relation:
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.

STUDENT NAME:		
First	*Middle*	*Last*
DATE OF BIRTH:		GENDER:
Month	*Day*	*Year*	❑ Male ❑ Female
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	*First Name*	*Relation to*

HOME LANGUAGE CODE

Language Background
(Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	❑ English	❑ Other _____ *specify*	
2. What was the first language your child learned?	❑ English	❑ Other _____ *specify*	
3. What is the Home Language of each parent/guardian?	❑ Parent 1 _____ *specify*	❑ Parent 2 _____ *specify*	❑ Guardian(s) _____ *specify*
4. What language(s) does your child understand?	❑ English	❑ Other _____ *specify*	
5. What language(s) does your child speak?	❑ English	❑ Other _____ *specify*	❑ Does not speak
6. What language(s) does your child read?	❑ English	❑ Other _____ *specify*	❑ Does not read
7. What language(s) does your child write?	❑ English	❑ Other _____ *specify*	❑ Does not write

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: ❑ **Parent** ❑ **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: ❑ NO ❑ YES

**DATE OF INDIVIDUAL INTERVIEW: _____ (MO DAY YR.)

OUTCOME OF INDIVIDUAL INTERVIEW:
❑ ADMINISTER NYSITELL
❑ ENGLISH PROFICIENT
❑ 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: ❑ ENTERING ❑ EMERGING ❑ TRANSITIONING ❑ EXPANDING ❑ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

ELWOOD UNION FREE SCHOOL DISTRICT
100 Kenneth Avenue
Greenlawn, NY 11740

RENTER'S/NON OWNER'S AFFIDAVIT

_____
STUDENT(S) NAME (last name, first name)

ATTACH A COPY OF LEASE OR RENTAL AGREEMENT

STATE OF NEW YORK)
COUNTY OF SUFFOLK) ss:

_____ being duly sworn, deposes and says:
(Name)

1. I/We understand that this statement is being made **UNDER THE PENALTIES OF PERJURY**, in order that the above name Child/Ward may be admitted to the schools of the Elwood UFSD as a district resident. I further understand that if the Child/Ward is found not to be a legitimate resident of the Elwood UFSD, that **I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE OF APPROXIMATELY $15,000 PER CHILD RETROACTIVE** to the first day of admission. I also realize that theft of government services is a crime punishable under the State Penal Law and that a false statement made in connection with this application will make me liable to criminal prosecution. I have been informed that the school district will make unannounced home visits for purposes of residency verification. **It is the homeowner's responsibility to notify the District within ten (10) days of any changes regarding the individuals who permanently reside at this address.**
2. I _____ am the **(Parent/Guardian/Custodial Parent)** of the above named child/Ward. I reside at (state address and specify the exact nature of the space; basement Apartment, second floor apartment, number of rooms, etc.)

   _____

With my Child/Ward, and

1.	2.
3.	4.
5.	6.
7.	8.

(LIST EACH AND EVERY PERSON LIVING AT THE ABOVE ADDRESS)

This is my actual and only permanent residence. My **Child/Ward** lives with me and said address is his/her actual and only permanent residence.

3. My last address was _____

Where I lived with:

1.	2.
3.	4.
5.	6.
7.	8.

(LIST EACH AND EVERY PERSON LIVING AT THE ABOVE ADDRESS)

I began living at _____(current address) on _____. The terms and conditions of my tenancy are as follows (specify rent, etc.)

MONTHLY RENT: _____
DURATION OF TENANCY: _____

_____
Signature of Renter/Non Owner

_____
Print Name of Renter/Non Owner

_____
Phone Number

Sworn to before me
this _____day of _____20__.

_____
NOTARY PUBLIC

ELWOOD UNION FREE SCHOOL DISTRICT
100 Kenneth Avenue
Greenlawn, NY 11740

LANDLORD/OWNER'S AFFIDAVIT

_____
STUDENT(S) NAME (last name, first name)

ATTACH A COPY OF RECENT TAX BILL

STATE OF NEW YORK)
COUNTY OF SUFFOLK) ss:

_____ being duly sworn, deposes and says:
(Landlord/Owner Name)

1. I/We understand that this statement is being made **UNDER THE PENALTIES OF PERJURY**, in order that the above name Child/Ward may be admitted to the schools of the Elwood UFSD as a district resident. I further understand that if the Child/Ward is found not to be a legitimate resident of the Elwood UFSD, that **I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE OF APPROXIMATELY $15,000 PER CHILD RETROACTIVE** to the first day of admission. I also realize that theft of government services is a crime punishable under the State Penal Law and that a false statement made in connection with this application will make me liable to criminal prosecution. I have been informed that the school district will make unannounced home visits for purposes of residency verification. **It is the homeowner's responsibility to notify the District within ten (10) days of any changes regarding the individuals who permanently reside at this address.**
2. I am the legal owner of _____
(Address) **A COPY OF YOUR TAX BILL MUST BE ATTACHED**

   I, the landlord/owner, reside at this address: YES NO

   The terms and conditions of said tenancy are as follows: (Specify, Rent, Floor, Rooms, etc.)
   _____

3. To the best of my knowledge the above mentioned property is the current residence of
   _____
   (Name of Parent/Guardian) and the above named Child/Ward

4. The following names include ALL other persons living at this address.
   _____

_____
Signature of Owner

Sworn to before me
this _____day of _____20__.

_____
Print Name of Owner

_____
NOTARY PUBLIC

_____
Phone Number