

Freeport Public Schools

Central Registry Verification Office

Student Registration Packet

2019-2020



Central Registry Verification Office
59 West Seaman Avenue, Freeport, NY 11520

For additional information please visit our website at: <http://www.freeportschools.org/>

Phone: 516-867-5254 ♦ **Fax:** 516-867-5207

Office Hours:

Monday's – Thursday's 8:15 am to 2:00 pm

Summer Hours:

Monday's – Thursday's 8:15 am – 2:00 pm

Friday's 8:15 am – 1:00 pm

PLEASE PRINT CLEARLY

FREEPORT PUBLIC SCHOOLS Student Registration Form

Registration for enrollment:	
<input type="checkbox"/>	Affidavits
<input type="checkbox"/>	Guardianship
<input type="checkbox"/>	Village Letter
Registration for services only:	
<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Books
<input type="checkbox"/>	Evaluation

- Foster Child
- Sp. Ed. Child
- STAC 202

Previously Attended Yes When _____ Student Number _____ Reporting _____
 Freeport Schools No School _____ School _____
 Re-Entry _____

MO	DATE DAY	YR	MO	ENTRY DATE DAY	YR	CHILD'S DATE OF BIRTH MO	DAY	YR	EVIDENCE OF BIRTH BIRTH CERT.	OTHER SPECIFY	CHILD'S PLACE OF BIRTH
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STUDENT'S LAST NAME	FIRST NAME	MIDDLE NAME	SEX M F	HANDICAP YES NO
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HOUSE NO.	STREET NAME	HOME PHONE	YRS AT THIS ADDRESS	HOME <input type="checkbox"/> OWN <input type="checkbox"/> RENT	TRANSPORTATION <input type="checkbox"/> BUS <input type="checkbox"/> WALK	CURRENT GRADE
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PREVIOUS SCHOOL/ADDRESS	FIRST TIME CHILD STARTED SCHOOL IN USA/NEW YORK STATE USA DATE	NEW YORK STATE DATE
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FORMER RESIDENCE ADDRESS AND TEL. NO.	AUTO 1 LICENSE PLATE NO.	AUTO 2 LICENSE PLATE NO.
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LAST NAME, FIRST NAME (Female Parent, Guardian/Foster/Stepmother/Self)	LAST NAME, FIRST NAME (Male Parent, Guardian/Foster/Stepfather/Self)
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ADDRESS	WORK PHONE	ADDRESS	WORK PHONE
	CELL PHONE		CELL PHONE

E-MAIL ADDRESS	E-MAIL ADDRESS
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CUSTODY <input type="checkbox"/> SOLE <input type="checkbox"/> JOINT	DOCTOR	ADDRESS	PHONE
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EMERGENCY CONTACT NAME	RELATIONSHIP	ADDRESS	PHONE			
			Type	Area Code	Number	Ext.

OTHER CHILDREN'S LAST, FIRST NAME (Under 21 Years of Age)	DATE OF BIRTH			SEX M F	HANDICAP YES NO	SCHOOL PRESENTLY ATTENDING	GRADE
	MO	DAY	YR				

THE FOLLOWING INFORMATION IS REQUIRED. PLEASE CHECK BOTH ORIGIN AND RACE:
 Is the student Hispanic, Latino, or of Spanish origin? YES, HISPANIC NO, NOT HISPANIC
 BLACK AMERICAN INDIAN OR ALASKAN NATIVE ASIAN OR PACIFIC ISLANDER WHITE

STUDENTS NOT RESIDING WITHIN THE FREEPORT PUBLIC SCHOOLS DISTRICT BOUNDARY ARE NOT ENTITLED TO ANY EDUCATIONAL SERVICES. PERMISSION IS GRANTED BY MY SIGNATURE TO FREEPORT PUBLIC SCHOOLS TO INVESTIGATE ANY INFORMATION PROVIDED ON THIS FORM. ANY PERSON OR PERSONS, IN ADDITION TO PARENTS OR GUARDIANS WHO PROVIDE FALSE INFORMATION FOR THE PURPOSE OF ATTENDING FREEPORT PUBLIC SCHOOLS MAY BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW. THE DISTRICT RESERVES THE RIGHT TO TAKE LEGAL ACTION TO COLLECT TUITION CHARGES WHICH MAY EXCEED \$10,000 PER YEAR IF THE STUDENT IS ILLEGALLY REGISTERED. RESIDENCY INFORMATION IS INVESTIGATED RANDOMLY ON A REGULAR BASIS.

I CERTIFY THE ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE _____ NAME OF INTERVIEWER _____

(CIRCLE ONE AND SIGN)
 PARENT/GUARDIAN/SELF

Por favor escriba en letra de molde

- Niño Desaparado
- Niño Escuela de Especial
- STAC 202

FREEPORT PUBLIC SCHOOLS

Registración del Estudiante

Inscripción para matrícula:	
<input type="checkbox"/>	Declaraciones Juradas
<input type="checkbox"/>	Tutela
<input type="checkbox"/>	Carta de la Villa
Inscripción para Servicios Solamente:	
<input type="checkbox"/>	Transportación
<input type="checkbox"/>	Libros
<input type="checkbox"/>	Evaluación

Asistido Previamente Si Escuela _____ Numero del Estudiante _____

Escuelas de Freeport No Escuela _____ Escuela: _____

Re-Entrada _____

FECHA			FECHA DE ENTRADA			FECHA DE NACIMIENTO			PRUEBAS DE NACIMIENTO		LUGAR DE NACIMIENTO	
MES	DIA	AÑO	MES	DIA	AÑO	MES	DIA	AÑO	ACTA DE NACIMIENTO	OTRAS		

APELLIDO DEL ESTUDIANTE _____ PRIMER NOMBRE _____ SEGUNDO NOMBRE _____
 SEXO M F INCAPACITADO SI NO

# DE CASA	NOMBRE DE LA CALLE	# DE TELEFONO	ANOS EN CASA	HOGAR <input type="checkbox"/> DUEÑO/O <input type="checkbox"/> RENTA	TRANSPOR-TACION <input type="checkbox"/> BUS <input type="checkbox"/> CAMINAR	GRADO ACTUAL	IDIOMA QUE SE HABLA EN CASA
# DEL APT.							

NOMBRE DE ESCUELA ANTERIOR/DIRECCION _____
 FECHA DE ENTRADA EN LA ESCUELA DE ESTADOS UNIDOS Y EL ESTADO DE N.Y.
 FECHA EN U.S.A. _____ FECHA EN EL ESTADO DE N.Y. _____

DIRECCION/TELEFONO ANTERIOR _____ # DE TABLILLAS 1ST CARRO _____ # DE TABLILLAS 2ND CARRO _____

APELLIDO, NOMBRE (Madre, Encargado/Adoptivo, Madrastra/Si Mismo) _____
 APELLIDO, NOMBRE (Padre, Encargado/Adoptivo, Padrasto/Si Mismo) _____

DIRECCION	NÚMERO DE TRABAJO	NÚMERO DE TRABAJO
CELULAR		CELULAR

DIRECCION ELECTRONICA _____ DIRECCION ELECTRONICA _____

CUSTODIA TOTAL COMPARTIDA DOCTOR _____ DIRECCION _____ TELEFONO _____

NOMBRES EN CASO DE EMERGENCIA	PARENTESCO	DIRECCION	TELEFONO			
			Tipo	Area	Numero	Ext.

HIJOS/AS MENORES DE 21 AÑOS EN LA ESCUELAS DE FREEPORT	FECHA DE NACIMIENTO			SEXO		INCAPACITADO		ESCUELA	GRADO
	MES	DIA	AÑO	M	F	SI	NO		

LA SIGUIENTE INFORMACION ES REQUERIDA. POR FAVOR MARQUE AMBAS OPCIONES ORIGEN Y RAZA:
 SI, HISPANO/A NO, HISPANO/A
 AFRO-AMERICANO/A INDIA-AMERICANO/A OR NATIVO DE ALASKA ASIATICO/A O ISLAS PACIFICAS BLANCO/A

LOS ALUMNOS QUE NO RESIDEN DENTRO DEL LIMITE DE LAS ESCUELAS PUBLICAS DE FREEPORT NO TIENEN DERECHO DE RECIBIR SERVICIOS EDUCATIVOS. CON MI FIRMA OTORGO MI AUTORIZACION PARA QUE LAS ESCUELAS PUBLICAS DE FREEPORT INVESTIGUEN CUALQUIER INFORMACION PROVEIDA EN ESTA FORMA. CUALQUIER PERSONA O PERSONAS, ADEMAS DE LOS PADRES O ENCARGADOS QUE PROVEAN INFORMACION FALSA CON EL PROPOSITO DE ASISTIR A LAS ESCUELAS PUBLICAS DE FREEPORT PODRIAN SER ENJUICIADOS POR LA LEY. EL DISTRICTO RESERVA EL DERECHO DE TOMAR ACCION LEGAL PARA COLECTAR COSTOS QUE EXCEDAN \$10,000 POR AÑO, SI EL ALUMNO ESTA ILEGALMENTE INSCRITO. LA INFORMACION SOBRE LA RESIDENCIA ES CHEQUEADA AL AZAR REGULARMENTE.

YO CERTIFICO QUE LA INFORMACION PROVEIDA ES CORRECTA SEGUN MI, CONOCIMIENTO _____ NOMBRE DEL QUE ENTREVISTA _____

(MARQUE UNO) FIRMA _____
 ENCARGADO PADRE/MADRE/SI MISMO _____

INSTRUCTIONS FOR COMPLETING THE HOUSING QUESTIONNAIRE

Purpose of the Housing Questionnaire

All Local Education Agencies (LEAs) are required to identify students experiencing homelessness. LEAs include school districts, charter schools and BOCES. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. The New York State Education Department (NYSED) encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Housing Questionnaire attached here,
2. Update/modify the Model Enrollment Form – Housing Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Model Enrollment Form - Residency Questionnaire into the LEA's Enrollment Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

Who should fill out the Housing Questionnaire?

A Housing Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool-12. "Preschool" includes any LEA administered or funded preschool program, such as a pre-k or Head Start program administered by an LEA. The Housing Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

Confidentiality

Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met. To this end, LEAs may share a student's Housing Questionnaire with LEA personnel such as:

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data to SED

However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by SED.

Other than the above uses, housing information **should be kept confidential and should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Housing Questionnaires and housing information from becoming a part of a student's permanent record.

Discussing the Housing Questionnaire with Students and Families

In reviewing the Housing Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will be kept confidential and will only be shared with those LEA staff who are responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

LEAs are advised to explain to parents that if a parent claims that her/his child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However LEAs **cannot contact a landlord or building superintendent** to verify a student's housing status without prior parental consent. Contacting a landlord or building superintendent without the parent's express prior written permission is a violation of FERPA, a federal law.

If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Housing Questionnaire

If the parent, person in parental relation, or unaccompanied youth declines to complete the Housing Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

Completing the Form

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs **cannot not contact a landlord or building superintendent** to verify a student's housing status. (See above for more information.)

Definitions of Temporary Housing Arrangements

"With another family or other person" (also referred to as "doubled-up")

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

"Other temporary living situation"

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

"In permanent housing"

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

Next Steps for LEAs with Students Living in Temporary Housing Arrangements

If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, **the LEA must complete a Designation Form**. If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out. For more information about determining eligibility see the National Center on Homeless Education's Determining Eligibility Brief, available at: http://nche.ed.gov/downloads/briefs/det_elig.pdf.

If a student who is identified as homeless was last permanently housed in a different school district, the district of attendance/local district will be eligible for tuition reimbursement from SED for the cost of educating the student. School districts should complete a STAC-202 form if eligible for tuition reimbursement. For more information about STAC-202 forms contact the STAC Office at 518-474-7116 or NYS-TEACHS at 800-388-2014.

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Female Date of Birth: ____/____/____ Grade: ____ ID#: ____
Month Day Year (preschool-12) (optional)

Address: _____ Phone: _____

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

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date

If **ANY** box other than "In Permanent Housing" is checked, then the student/family should be immediately referred to the MV Liaison. In such cases, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

ATENCIÓN ESCUELAS Y DISTRITOS: Ofrezca asistencia a los estudiantes y familias para completar este formulario. Este formulario debería de ser incluido como la primera página de los materiales de inscripción que el distrito comparte con familias. No incluya este formulario en el paquete de inscripción sin advertencias apropiadas. Por ejemplo, tendrá que cambiar partes del paquete de inscripción que requieren que se entreguen prueba de inscripción antes de matricular. Estudiantes elegibles según el Acto de McKinney-Vento, no necesitan entregar prueba de residencia y otros documentos normalmente requeridos antes de matricular.

CUESTIONARIO DE VIVIENDA

Nombre del Distrito Escolar: _____

Nombre de la Escuela: _____

Nombre del Estudiante: _____

Apellido

Primer Nombre

Segundo Nombre

Género: Hombre
 Mujer

Fecha de Nacimiento: ____ / ____ / ____
Mes Día Año

Grado: ____ ID#: ____
(jardín de infantes - 12) (opcional)

Dirección: _____ Teléfono: _____

Su respuesta abajo permitirá al distrito escolar definir los servicios que puede aprovechar su hijo/hija según el Acto de McKinney-Vento. Los estudiantes elegibles tienen derecho a la inscripción inmediata en la escuela, aun si ellos no tienen los documentos necesarios tales como: prueba de residencia, documentos escolares, documentos de inmunización, o partida de nacimiento. Los estudiantes elegibles según el Acto de McKinney-Vento tienen además derecho al transporte gratuito y otros servicios que ofrece el distrito escolar.

¿Donde está el estudiante viviendo actualmente? (Por favor marque una caja.)

- En un refugio
- Con otra familia o otra persona debido a la pérdida del hogar o a dificultades económicas
- En un hotel/motel
- En un carro, parque, autobús, tren, o camping
- Otra vivienda temporal (Por favor describa):

En un hogar permanente

Nombre de Padre, Guardián, o
Estudiante (para jóvenes sin acompañamiento)

Firma de Padre, Guardián, o
Estudiante (para jóvenes sin acompañamiento)

Fecha
Si CUALQUIER caja que no sea "En un hogar permanente" está marcada, **no se requieren prueba de domicilio** u otros documentos normalmente requeridos para inscripción y el estudiante debe ser matriculado **inmediatamente**. Después de que el estudiante sea matriculado, el distrito o la escuela debe pedir los documentos

escolares, incluyendo los documentos de inmunización, al distrito o la escuela anterior. El enlace del distrito debe ayudar al estudiante conseguir cualquier otro documento necesario o inmunización.

ATENCIÓN ESCUELAS Y DISTRITOS: Si el estudiante **NO** vive en un hogar permanente, favor de asegurarse que un Formulario de Designación sea completado.

STAC ID

STAC-202 HOMELESS DESIGNATION

Designation of School District of Attendance for a Homeless Child

Submitted by: Local Dept of Social Services (DSS) Designated School District of Attendance (PSD)

PLEASE READ THE INSTRUCTIONS ON THE REVERSE BEFORE COMPLETING THIS FORM

1. NAME OF CHILD	<input type="text"/>	2. DATE OF BIRTH	<input type="text"/>	3. GENDER	<input type="text"/>
	LAST NAME		MO / DAY / YR		M F
	<input type="text"/>				
	FIRST NAME				
		<input type="checkbox"/>			
		M.I.			

5. Racial/Ethnic Category of Child (See definitions on reverse side of last page.)

American Ind or Alaskan Native Asian or Pacific Isl. Black Hispanic White

6. GRADE LEVEL FOR WHICH PLACEMENT IS SOUGHT

7A. NYS SCHOOL DISTRICT OF ATTENDANCE BEFORE BECOMING HOMELESS

7. COMPLETE ADDRESS BEFORE CHILD/FAMILY BECAME HOMELESS

.....

7B. NYS SCHOOL DISTRICT WHERE LAST ENROLLED

8. COMPLETE ADDRESS OF CURRENT LOCATION	DATE CHILD/FAMILY PLACED IN TEMPORARY HOUSING
.....	<input type="text"/>
	MONTH DAY YEAR

8A. NYS SCHOOL DISTRICT OF CURRENT LOCATION

9. DATE DISTRICT OF ATTENDANCE CHOSEN

MONTH DAY YEAR

9A. NYS DESIGNATED DISTRICT OF ATTENDANCE

10. DATE PLACED IN PERMANENT HOUSING

MONTH DAY YEAR

One of four school districts may be chosen to provide the education component: the school district of attendance before becoming homeless, the school district where last enrolled, the school district of current location or a school district participating in a Regional Placement Plan. This designation may be changed either prior to the end of the first semester of attendance or within 60 days of making this designation, whichever occurs later.

11. Check the appropriate box if the designated school district of attendance (9A) is different from the district of attendance before becoming homeless (7A) and from the district of current location (8A).

District participating in a Regional Placement Plan OR District where last enrolled (7B) if it is different from the district where last permanently housed (7A) and the district of current location (8A).

12. NAME OF PARENT OR PERSON IN PARENTAL RELATIONSHIP _____ AREA CODE _____ TELEPHONE NUMBER _____

13. SIGNATURE OF PERSON IN PARENTAL RELATIONSHIP TO CHILD _____ DATE _____
IT HAS BEEN REPORTED TO ME THAT THIS CHILD IS UNDER THE AGE OF 21 YEARS AND IS THEREFORE ELIGIBLE FOR EDUCATIONAL SERVICES. THE CHILD HAS BEEN ADVISED OF HIS/HER RIGHT TO DESIGNATE THE SCHOOL DISTRICT OF ATTENDANCE.

14. Glenn A. Stewart Assistant Director of Pupil Personnel Services
PRINT NAME OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE _____ TITLE _____

15. Glenn A. Stewart _____ DATE _____
SIGNATURE OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE _____

16. PLACEMENT COUNTY _____ AREA CODE _____ TELEPHONE NUMBER _____
Local DSS use only

INSTRUCTIONS FOR COMPLETING THE STAC-202 FORM
Designation of School District of Attendance for a Homeless Child

Education of homeless children means 1) a child or youth who lacks a fixed, regular, and adequate night-time residence, including a child or youth who is (i) sharing the housing of other persons due to a loss of housing, economic hardship or a similar reason; (ii) living in motels, hotels, trailer parks or camping grounds due to the lack of alternative adequate accommodations; (iii) abandoned in hospitals, (iv) awaiting foster care placement; or (v) a migratory child, as defined in § 1309(2) of the Elementary and Secondary Education Act of 1965, as amended, who qualifies as homeless under any of the provisions of clauses (i) through (iv) of this subparagraph or subparagraph two of this paragraph; or 2) a child or youth who has a primary nighttime location that is (i) a supervised publicly or privately operated shelter designed to provide temporary living accommodations including, but not limited to, shelters operated or approved by the state or local department of social services, and residential programs for runaway and homeless youth established pursuant to article nineteen-H of the executive law; or (ii) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, including a child or youth who is living in a car, park, public space, abandoned building, substandard housing, bus or train stations or similar setting.

1. Enter the youth's complete last name and first name.
2. Enter the youth's date of birth.
3. Place a check in the box which identifies the gender of the youth.
4. Item reserved for future use.
5. Place a check in the box which identifies, to the best of your knowledge, the racial/ethnic category with which the youth most closely identifies.

Racial/Ethnic Categories:

American Indian or Alaskan 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.

Asian or Pacific Islander - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

Black - A person having origins in any of the black racial groups of Africa.

Hispanic - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

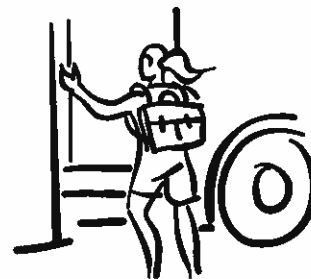
White - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

6. Enter the grade level for which placement is being sought.
7. Enter the complete last permanent address prior to becoming homeless.
- 7A. Enter the name of the school district that served the area where the child resided prior to becoming homeless.
- 7B. Enter the name of the school district where the student was last enrolled. This will be different from 7A if the student was previously temporarily housed in a different district and enrolled in that district as a non-resident homeless student.
8. Enter the complete address of current temporary housing including the name of the shelter if applicable and the date the student moved to the current location. If the location is confidential (for example, if the student is living in a domestic violence shelter), the name and address of the location do not need to be provided.
- 8A. Enter the name of the school district of current location.
9. Enter the date of designation.
- 9A. Enter the name of the designated school district of attendance. One of four districts may be designated to provide the educational component:
 - District of attendance before becoming homeless,
 - District where last enrolled,
 - District of current location of temporary housing, or
 - District participating in a Regional Placement Plan (RPP).
10. Enter, if applicable, the date the child moved to permanent housing and is no longer eligible as a homeless student.
11. If the student attends school in a district participating in a Regional Placement Plan or the district where last enrolled (7B), and that district is different from both the district of attendance before becoming homeless (7A) and the district of current location (8A), check the corresponding box where the student attends school (either the District participating in a Regional Placement Plan or the District where last enrolled).
12. Print the name and telephone number of the designator. The designator can be the parent, person in parental relation, the unaccompanied youth (a youth who meets the definition of homeless and is not in the physical custody of a parent or guardian), or the director of a residential program for runaway and homeless youth if the student is living in such a program.
13. The signature of the designator and current date.
14. Print the name of the local Department of Social Services or School District representative and title.
15. The signature of the local Department of Social Services or School District representative is required attesting that this child has moved to temporary housing. A telephone number is required in case the STAC & Special Aids Unit has questions relating to the information provided.
16. The name of the local Department of Social Services that has placed the child in temporary housing, if applicable.

NOTE: Copies should be distributed to the following:

1. State Education Department, only if designated district of attendance is entitled to reimbursement for educational services pursuant to N.Y. Educ. Law § 3209(3);
2. Designated School District of Attendance;
3. District of Attendance before becoming homeless;
4. District where last enrolled;
5. Parent/Guardian/Unaccompanied youth/director of a residential program for runaway and homeless youth; and
6. Local Department of Social Services, only if placed in temporary housing by DSS.

**Displaced
Request for Transportation**



Date of Request: _____ **Student ID #** _____

Student Name: _____ **Date of Birth:** _____

Freeport Address: _____

Current Address: _____

Town: _____ **Zip Code:** _____

Home Telephone: _____ **Cell Phone:** _____

Work Phone: _____ **Emergency Phone:** _____

Name of School: _____

Regular School Hours: _____ **Afterschool Program** _____

Other: _____

Requested by: _____ **Signature:** _____

For transportation only:

Start Date: _____

Notified: Central Registry Homeless Liaison School Liaison School Secretary

Contractor: _____ **Phone #** _____ **Route #** _____

P/U Time: _____ **P/U Location:** _____ **Parent Notified:** _____

NOTE: As of October 1, 2016, pursuant to the McKinney-Vento Homeless Assistance Act as amended by the Every Student Succeeds Act of 2015 (ESSA), parents, guardians and youth are no longer required to request a temporary stay in McKinney-Vento related appeals to the Commissioner and ***school districts must immediately enroll and transport such homeless student, or continue enrollment and transportation in the school and district where the parent, guardian, or youth is seeking enrollment until all available appeals are final*** (42 U.S.C. §11432(g)(3)(E)(i); 42 U.S.C. §11432(g)(4)(A)).

**FORM NOTICE OF PETITION
FOR AN APPEAL INVOLVING A HOMELESS CHILD AND YOUTH**

STATE OF NEW YORK

STATE EDUCATION DEPARTMENT

_____x

In the Matter of _____

(parent's/guardian's/ unaccompanied youth's name

otherwise known as "petitioner") on behalf of _____

_____ (child's/youth's name),

a homeless child or youth, from action of the Board of Education of the

_____ School District

("respondent") regarding the provision of education and related services.

_____x

NOTICE:

The respondent is hereby required to appear in this appeal and to answer the allegations contained in the petition. Your answer must conform with the provisions of the regulations of the Commissioner of Education relating to appeals before the Commissioner of Education, copies of which are available at www.counsel.nysed.gov or from the Office of Counsel New York State Education Department, State Education New York Building, Albany, 12234.

If an answer is not served and filed in accordance with the provisions of such rules, the statements contained in the petition will be deemed to be true statements, and a decision will be rendered thereon by the Commissioner.

Please take notice that such rules require that an answer to the petition must be served upon the petitioner, or if he be represented by counsel, upon his counsel, or if the petitioner so elects, the respondent shall serve the answer upon the local educational agency liaison for homeless children and youth, within 20 days after the

service of the appeal, and that a copy of such answer must, within five days after such service be filed with the Office of Counsel, New York State Education Department, State Education Building, Albany, New York 12234.

PETITION
FOR AN APPEAL INVOLVING A HOMELESS CHILD AND YOUTH

STATE OF NEW YORK

STATE EDUCATION DEPARTMENT

x

In the Matter of _____ (parent's/guardian's/unaccompanied youth's name

otherwise known as "petitioner") on behalf of

PETITION

_____ (child's/youth's name),

a homeless child or youth, from action of the Board

of Education of the _____

School District ("respondent") regarding the provision

of education and related services.

x

TO THE COMMISSIONER OF EDUCATION:

1. My name is _____.

2. Please check and complete one of the following statements.

I am a homeless child or youth.

OR

My relationship to _____ (child's/youth's name)

is _____.

3. _____ (child's/youth's name) is a "homeless child" as defined by §100.2(x) of the Regulations of the Commissioner of Education.

4. _____ (child's/youth's name) is over 3 and under 21 years of age and has not received a high school diploma.

5. On _____ (date), _____ (child's/youth's name) made a request for

(Check applicable boxes)

enrollment in a school or a school program,

transportation,

other (please specify) _____

_____ to the _____ School District.

6. The above request was denied by respondent on _____ (date).

(Attach copy of denial if available)

7. Please check and complete all that apply:

The named child/youth is a homeless child because he/she lacks a fixed, regular, and adequate nighttime residence and

is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason.

Please list name, address and relationship of all persons with whom the child/youth is sharing housing. (Attach additional sheets if necessary.)

is living in motels, hotels, trailer parks or camping grounds due to the lack of alternative adequate accommodations.

was abandoned in a hospital.

[] is awaiting foster care placement (prior to December 10, 2016).

[] is a migratory child.

[] other (*please specify*) _____

The named child/youth has a primary nighttime location that is:

[] a supervised, publicly or privately operated shelter designed to provide temporary living accommodations, such as a shelter operated or approved by the State or local department of social services or residential programs for runaway and homeless youth.

List name and address of shelter (The name and address of the shelter is not required if child's/youth's primary nighttime location is a domestic violence shelter):

[] a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation, such as a car, park, public space, abandoned building, substandard housing, bus or train stations or similar settings.

8. Describe child's/youth's current living arrangements indicated above:
(*Attach any relevant documents and add additional pages as necessary.*)

9. List address of child's/youth's last permanent residence:

10. Prior to becoming homeless, _____ (child's/youth's name) was attending, or entitled to attend, the _____ School District on a tuition-free basis.

11. Describe the circumstances causing child/youth to become homeless: *(Attach any relevant documents and add additional pages if necessary.)*

12. Since _____ (child's/youth's name) became homeless, he/she has attended the following school districts. *(If known, list the approximate dates of attendance at each school district listed.)*

13. List names and address(es) of child's/youth's parent(s) or legal guardian(s):

14. Are child's/youth/s parent(s) or legal guardians homeless? (Check one.)

[] yes [] no

IF THE CHILD/YOUTH LIVES WITH SOMEONE OTHER THAN HIS/HER PARENTS OR LEGAL GUARDIANS, COMPLETE PARAGRAPHS 16 - 19. OTHERWISE, GO TO PARAGRAPH 20.

15. _____ (name of appropriate individual(s)) is/are providing support for _____ (child's/youth's name).

16. _____ (name of appropriate individual) exercises control over _____'s (child's/youth's name) activities and behavior.

17. _____'s (child's/youth's name) parent(s) has surrendered parental control over _____ (child's name) to _____ (appropriate individual), if applicable.

18. Describe the nature of child's/youth's relationship with parents/legal guardians, such as the last contact, frequency and nature of contacts, etc.

19. Please check and complete one of the following statements:

[] _____ (child's/youth's name) is currently attending the _____ School District.
OR

[] _____ (child's/youth's name) has not been attending school or receiving any educational services since _____ (date).

20. (Check one box.)

I am I am not designating the liaison for homeless children and youth of the respondent school district to receive and hold correspondence regarding this appeal.

21. Address to which correspondence regarding this appeal should be sent: (If the liaison is designated, list the liaison's address.)

WHEREFORE, I respectfully request: (Complete all that apply)

1. A determination that _____ (child's/youth's name) is a homeless child entitled to attend the _____ School District without the payment of tuition.

2. A determination that _____ (child's/youth's name) is a homeless child entitled to transportation provided by the _____ School District.

3. Such other relief as the Commissioner deems just and proper.

4. Other (please specify)

DATE: _____

List your name, address and phone number OR the name, address and phone number of the homeless liaison.

NAME: _____

ADDRESS: _____

PHONE: _____

ATTACH ANY SUPPORTING AFFIDAVITS AND EXHIBITS.

STATEMENT OF PETITIONER
FOR AN APPEAL INVOLVING A HOMELESS CHILD OR YOUTH

NOTE: THE FOLLOWING STATEMENT MUST BE COMPLETED AND SUBMITTED WITH THE NOTICE OF PETITION AND PETITION INVOLVING A HOMELESS CHILD OR YOUTH

_____ (name of petitioner) states that he/she is the petitioner in this proceeding and is the parent or guardian of a homeless child or youth or is an unaccompanied youth as defined by §100.2(x) of the regulations of the Commissioner of Education; that he/she has read the annexed petition and any supporting affidavits or exhibits and knows the contents thereof; that the same is true to his/her knowledge except as to the matters therein stated to be alleged upon information and belief, and as to those matters he/she believes it to be true and further acknowledges that he/she is aware of the fact that, pursuant to Penal Law §175.30, a person who knowingly offers a false instrument for filing to a public official or public servant is guilty of Offering a False Instrument for Filing in the 2nd Degree, a Class A Misdemeanor.

Petitioner's Signature

Date

CONSENT TO SHARE INFORMATION

- School District(s) _____
- BOCES _____
- Department of Social Services _____
- Shelter Provider _____
- Other _____

To help my child receive all of the services to which he/she is entitled,

I, _____,

Name of parent or person in parental relation

parent of _____ (DOB: __/__/__),

Name of child

give my permission to the staff from the agencies checked above to exchange the information checked below:

- Identifying information. For example, name of the child, date of birth, temporary housing location, parents' names;
- Information about where I would like my child to go to school, including the STAC-202 form;
- Information about the Department of Social Services plan for transporting my child to and from school;
- Special needs of my child that would affect education services, including transportation. For example, physical disabilities or health problems; and
- Educational records, including psycho-social history, Committee on Special Education records (such as the IEP and evaluations), report cards, attendance records, and any other record that will help with educational planning.

This consent shall remain valid until the end of the school year or before that if I withdraw my consent in writing. To do this, the parent must write a letter to all of the agencies checked above that says that the parent does not want the agencies to share information any more.

Signature

Relationship to Child

Date



FREEPORT PUBLIC SCHOOLS
CENTRAL REGISTRY VERIFICATION OFFICE

Please read the following and sign below before registering your child.

Students not residing within the Freeport Public School District boundary are **not** entitled to any educational services.

Permission is granted by my signature to Freeport Schools to investigate any information provided on this form and to make home visits in order to verify residency. Any person or persons, in addition to parents or legal guardians who provide false information for the purpose of attending Freeport Public Schools will be prosecuted to the fullest extent of the law. The making of a knowingly false statement on any registration form constitutes a "Class A" misdemeanor.

NOTICE

PENAL LAW SECTION 210.05: A person guilty of perjury in the third degree when he swears falsely. Perjury in the third degree is a Class A misdemeanor. A Class A misdemeanor is punishable by up to six months in prison or a fine up to \$1000. All misdemeanor convictions carry a \$60 surcharge in addition to any other penalty or fine imposed.

The District reserves the right to take legal action to collect tuition charges which may exceed \$10,000 if the student is illegally registered. Residency information is investigated randomly on a regular basis.

(Circle One) Parent or Legal Guardian

Signature Date



ESCUELAS PÚBLICAS DE FREEPORT
OFICINA CENTRAL DE VERIFICACIÓN DE REGISTROS

Por favor lea lo siguiente y firme abajo antes de inscribir a su hijo(a).

Los estudiantes que no viven dentro de los límites del Distrito de las Escuelas Públicas de Freeport no califican para ningún servicio educativo.

Con mi firma concedo mi permiso a las Escuelas Públicas de Freeport para que investiguen cualquier información proveída en este formulario y hacer visitas al hogar para verificar domicilio. Cualquier persona o personas, además de los padres o tutores que den información falsa con el propósito de asistir a las Escuelas Públicas de Freeport serán enjuiciadas con todo el peso de la ley. Hacer declaraciones en falso en cualquier formulario de inscripción constituye un delito de "Clase A".

AVISO

SECCION 210.05 DE LA LEY PENAL: Una persona es culpable de perjurio en tercer grado cuando jura falsamente. El perjurio en tercer grado es un delito menor de Clase A. Un delito menor de Clase A se castiga hasta con seis meses de cárcel o una multa hasta de \$1,000. Todas las condenas menores portan un recargo de \$60, adicional a cualquier otra penalidad o multa impuesta.

El Distrito reserva el derecho a tomar acción legal para cobrar el cargo de inscripción el cual puede ser más de \$10,000 por año si el estudiante está inscrito ilegalmente. La información de domicilio es investigada al azar regularmente.

(Marque uno) Padre o tutor legal

Firma

Fecha



FREEPORT PUBLIC SCHOOLS

Central Registry Verification Office
59 W. Seaman Avenue
Freeport, New York 11520
(516) 867-5254

LANDLORD/OWNER AFFIDAVIT OF RENTAL OF RESIDENCE

STATE OF NEW YORK

COUNTY OF NASSAU

_____, attests that each of the following
(Print name)
statements are true:

1. I am the (owner) (landlord) (superintendent) of a (home) (apartment building) located at:

(Address)

2. The residence listed above has been leased or rented to the following:

(Name of renter(s) or lessee(s))

who have identified the following children who will also be residing at the above-named address:

3. I understand that the statements made within this document are for the purpose of registration and/or enrollment into the Freeport Public Schools and attest to their accuracy to the best of my knowledge. I understand that verification of residence as stated herein may be conducted by the District or a third party to ensure the validity of the statements above.

Signature

Sworn to before me this

____ day of _____ 20__

Notary Public



**FREEPORT PUBLIC SCHOOLS
 Central Registry Verification Office
 59 W. Seaman Avenue
 Freeport, New York 11520
 (516) 867-5254**

(VALID FOR ONE YEAR)

AFFIDAVIT OF RESIDENCY

STATE OF NEW YORK

COUNTY OF NASSAU

_____, attests that each of the following
 (Print name)
 statements are true:

1. I am the (tenant) of a (home) (apartment building) located at:

 (Address)

2. The residence listed in item 1 above is a (one-family) (two-family) (multi-family) residence.

3. I certify that I live at _____
 (Complete Address, City/Town, Zip)

4. My telephone number is _____

5. My social security number is _____

6. The following persons reside at the residence listed in item 1 above:

NAME	RELATIONSHIP TO OWNER
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. The residence listed in item 1 above has: _____ bedroom(s)
_____ bathroom(s)
_____ kitchen(s)

8. I understand that the statements made within this document are for the purpose of registration and/or enrollment into the Freeport Public Schools and attest to their accuracy to the best of my knowledge. I understand that verification of residence as stated herein may be conducted by the District or a third party, and that information written herein meant to enable unentitled attendance in the District may be subsequent to suspension of enrollment and/or billing for tuition.

Signature

Sworn to before me this

_____ day of _____ 20_____

Notary Public



FREEPORT PUBLIC SCHOOLS

**Central Registry Verification Office
59 W. Seaman Avenue
Freeport, New York 11520
(516) 867-5254**

LANDLORD/OWNER AFFIDAVIT OF RENTAL OF RESIDENCE

STATE OF NEW YORK

COUNTY OF NASSAU

_____, attests that each of the following
(Print name)
statements are true:

1. I am the (owner) (landlord) (superintendent) of a (home) (apartment building) located at:

(Address)

2. The residence listed above has been leased or rented to the following:

(Name of renter(s) or lessee(s))

who have identified the following children who will also be residing at the above-named address:

3. I understand that the statements made within this document are for the purpose of registration and/or enrollment into the Freeport Public Schools and attest to their accuracy to the best of my knowledge. I understand that verification of residence as stated herein may be conducted by the District or a third party to ensure the validity of the statements above.

Signature

Sworn to before me this
____ day of _____ 20__

Notary Public

**FREEPORT PUBLIC SCHOOLS
CENTRAL REGISTRY VERIFICATION OFFICE
59 W. SEAMAN AVENUE
FREEPORT, NEW YORK 11520
(516)867-5254**

DATE _____

TO WHOM IT MAY CONCERN:

I hereby authorize _____
Name and Address of Previous School

to release all information concerning _____
Student's Name

without restriction to the Freeport Public Schools.

All information should be sent to Freeport Public Schools/Central Registry Verification Office, 59 W. Seaman Avenue, Freeport, New York 11520 or Fax (516)867-5207

Name _____

Address _____

Relationship _____

Signature _____

FREEPORT PUBLIC SCHOOLS
Contacto en Caso de Emergencia

Auto Bus No. _____

Fecha _____

Grado _____

Escuela _____

Fecha de Nacimiento _____

Nombre del Estudiante _____

Apellido

Primer Nombre

Segundo Nombre

Dirección _____ Teléfono _____

A LOS PADRES O GUARDIANES: Para poder servirle a su hijo/a en caso de un accidente o enfermedad de momento; es necesario que Ud. provea la siguiente información para ser utilizada en casos de emergencia.

Nombre

Teléfono de empleo

Teléfono celular

Madre _____

Padre _____

MENCIONE DOS VECINOS O PARIENTES LOS CUALES PUEDAN ASISTIR A SU HIJO/A EN CASO QUE NO SE LE PUEDA CONTACTAR A USTEDES:

Nombre _____ Nombre _____

Dirección _____ Tel. _____ Dirección _____ Tel. _____

HISTORIAL DE SALUD: Anote cualquier condición de salud; tales como: enfermedad del corazón, diabetes, epilepsia, alergías severas, problemas de la vista u oídos, o cualquier condición crónica, etc.

Explicación: _____

Fecha de vacuna contra el tetano _____ Alergías _____ Medicinas que toma actualmente _____

Doctor de Familia _____ Dirección _____ Teléfono _____

Yo, el que firma, por este medio autorizo a los oficiales del distrito escolar de Freeport, a contactar directamente a las personas mencionadas en esta tarjeta. En caso de que yo no pueda ser contactado/a si mi hijo/a se encuentra herido o enfermo. Usted tiene mi consentimiento para llevarle al doctor/hospital por medio de cualquier medio de transportación incluyendo un auto privado, para que reciba el tratamiento adecuado y autorizo al doctor/hospital a proveer el mismo.

Firma del Padre/Madre o Guardian

FREEPORT PUBLIC SCHOOLS
Emergency Home Contact

Bus No. _____

Date _____

Grade _____

School _____

Birth Date _____

Student's Name _____

Last

First

Middle

Address _____

Home Telephone _____

TO PARENT OR GUARDIAN: To serve your child in case of accident or sudden illness, it is necessary that you furnish the following information for emergency calls:

Name

Business Phone

Cell Phone

Mother _____

Father _____

LIST TWO NEIGHBORS OR NEARBY RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED:

Name _____ Name _____

Address _____ Tel. _____ Address _____ Tel. _____

HEALTH INFORMATION: List any health condition such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problem, or any chronic condition, etc.

Explanation: _____

Tetanus Date

Drug Allergies

Current Medications

Family Doctor

Address

Telephone

I, the undersigned, do hereby authorize officials of Freeport School District to contact directly the persons named on this card. In the event I cannot be reached in case of injury or illness, you have my permission to take my daughter/son to a doctor or hospital by whatever means of transportation is available, including a private car, for medical aid and I hereby authorize the doctor or hospital to administer medical care.

2/87

Signature of Parent or Guardian



FREEPORT PUBLIC SCHOOLS

235 No. Ocean Avenue Freeport. New York 11520 516-867-5200

Historia Clínica

Para ser llenado por uno de los padres* y devuelto a la enfermera o maestra de la escuela

Fecha: _____

Nombre: _____ Sexo: M ___ F ___

Dirección: _____ Teléfono: _____

Fecha y Lugar de Nacimiento: _____

*Padre: _____ Número de Teléfono del trabajo: _____

Número del Celular: _____

*Madre: _____ Número de Teléfono del trabajo: _____

Número del Celular: _____

Si los padres no están disponible en una emergencia, llame a: _____

Médico que se llamará en una emergencia: _____

HISTORIA

Marque si lo ha tenido

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Paperas | <input type="checkbox"/> Tos Ferina | <input type="checkbox"/> Viruela |
| <input type="checkbox"/> Nefritis | <input type="checkbox"/> Asma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Neumonía |
| <input type="checkbox"/> Alergias | <input type="checkbox"/> Epilepsia | <input type="checkbox"/> Fiebre Reumática | <input type="checkbox"/> Contacto con Tuberculosis |
| <input type="checkbox"/> Rubéola | <input type="checkbox"/> Fiebre Escarlatina | <input type="checkbox"/> Operaciones | <input type="checkbox"/> Enfermedades Cardíacas |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Heridas Serias | <input type="checkbox"/> Sarampión | <input type="checkbox"/> Varicela |
| <input type="checkbox"/> Resfriados frecuentes y Dolores de garganta | | | |

Enfermedades de gravedad u otras de la ya mencionadas? Detalles: _____

Tiene este niño(a) un defecto físico de nacimiento? _____ Cual? _____

Tiene el niño(a) alguna limitación física que deba saber la escuela? _____

Toma el niño(a) otra medicina que no sean vitaminas? _____

Tiene su hijo(a) algún problema especial? (comiendo, durmiendo, vistiéndose, dificultades al ir al baño o miedo a algo en específico)

Como le llaman al niño(a) en casa? _____

Idioma que se habla en la casa: ___ Inglés ___ Español ___ Otro _____

Escriba cualquier otra información que pueda ayudar al maestro _____

___ Vacunas completas

Firma de la Enferma

Firma de uno de los Padres

* El padre se define para incluir a cualquier persona que tiene el control parental legal del niño(a) incluyendo, pero sin limitaciones, un padre adoptivo, un cónyuge de un padre natural, un guardián legal, padre adoptivo, una agencia gubernamental que tiene la custodia y el control parental del niño(a), tribunal o concesionario del control parental de las declaraciones juradas.



FREEPORT PUBLIC SCHOOLS

235 No. Ocean Avenue Freeport, New York 11520 516-867-5200

Health History

To be filled out by child's parent/guardian and returned to the school nurse

Date: _____

Student's Name: _____ Sex: M ___ F ___

Address: _____ Telephone: _____

Date and Place of Birth: _____

*Father: _____ Bus. Phone: _____ Cell#: _____

*Mother: _____ Bus. Phone: _____ Cell#: _____

If parent is not available in an emergency, call: _____

Physician to be called in an emergency: _____

HISTORY

Check if YES

- | | | | |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Nephritis | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Frequent colds & sore throats |
| <input type="checkbox"/> Rubella | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Operations | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Serious injuries | <input type="checkbox"/> Measles | <input type="checkbox"/> Contact w/ TBC |

Any serious illness other than the above? _____ If yes, what is it? _____

Does this child have a congenital (birth) defect? _____ If yes, what is it? _____

Is there a physical limitation the school should know about? _____

Does your child receive any medication other than vitamins? _____

Does your child have any special problems? (e.g., eating, sleeping, dressing, toilet difficulties or specific fears) _____

What name do you use at home for this child? _____

Language spoken at home: ___ English ___ Spanish ___ Other

Is there any other information you can give which would be helpful to the teacher? _____

___ Immunizations complete

Nurse's Signature

Parent's Signature

- Parent is defined to include any person who has legal parental control of the child including, but without limitations, an adoptive parent, a spouse of a natural parent, a legal guardian, foster parent, a governmental agency having custody and parental control of the child, a court or grantee of parental control of affidavits.

Freeport Public Schools
Central Registry Verification Office
59 W. Seaman Ave
Freeport, NY 11520
Fax # (516)867-5207
(516)867-5254

Attn: _____

Date _____

To whom it may concern:

I hereby authorize _____

Doctors name and address

To release all medical information concerning :

Patients/ Student's Name

Without restriction to the Freeport Public Schools.

All information should be sent to Freeport Public Schools/ Central Registry
Verification Office. 59 W. Seaman Ave, Freeport, NY 11520/
Fax (516)867-5207

Parents/Guardian's name

Address

Signature

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication	<input type="checkbox"/> Environmental

Asthma <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____	

Seizures <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Type: _____	Date of last seizure: _____

Diabetes <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____	Date Drawn: _____

Risk Factors for Diabetes or Pre-Diabetes:
 Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

BMI _____ kg/m2 Percentile (Weight Status Category): <5th 5th-49th 50th-84th 85th-94th 95th-98th 99th and >

Hyperlipidemia: No Yes Hypertension: No Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height: _____ Weight: _____ BP: _____ Pulse: _____ Respirations: _____

TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Concussion – Last Occurrence: _____
Lead Level Required Grades Pre- K & K			Date	<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 10 $\mu\text{g}/\text{dL}$				<input type="checkbox"/> Other: _____

System Review and Exam Entirely Normal

Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code
	_____	_____
	_____	_____
	_____	_____

Additional Information Attached

Name:			DOB:	
SCREENINGS				
Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color	<input type="checkbox"/> Pass <input type="checkbox"/> Fail			
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis Required for boys grade 9 And girls grades 5 & 7	Negative	Positive	Referral	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:		Trunk Rotation Angle:		
Recommendations:				
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK				
<input type="checkbox"/> Full Activity without restrictions including Physical Education and Athletics. <input type="checkbox"/> Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications <input type="checkbox"/> No Contact Sports Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling <input type="checkbox"/> No Non-Contact Sports Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field <input type="checkbox"/> Other Restrictions:				
<input type="checkbox"/> Developmental Stage for Athletic Placement Process ONLY Grades 7 & 8 to play at high school level OR Grades 9-12 to play middle school level sports Student is at Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V				
<input type="checkbox"/> Accommodations: Use additional space below to explain <input type="checkbox"/> Brace*/Orthotic <input type="checkbox"/> Colostomy Appliance* <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Insulin Pump/Insulin Sensor* <input type="checkbox"/> Medical/Prosthetic Device* <input type="checkbox"/> Pacemaker/Defibrillator* <input type="checkbox"/> Protective Equipment <input type="checkbox"/> Sport Safety Goggles <input type="checkbox"/> Other: *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.				
Explain: _____				
MEDICATIONS				
<input type="checkbox"/> Order Form for Medication(s) Needed at School attached				
List medications taken at home:				
IMMUNIZATIONS				
<input type="checkbox"/> Record Attached		<input type="checkbox"/> Reported in NYSIS		Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No
HEALTH CARE PROVIDER				
Medical Provider Signature:			Date:	
Provider Name: <i>(please print)</i>			Stamp:	
Provider Address:				
Phone:				
Fax:				
Please Return This Form To Your Child's School When Entirely Completed.				