



# Freeport Public Schools

235 North Ocean Avenue • Freeport, New York 11520 • 516-867-5200

## Central Registry Verification Office

59 West Seaman Ave  
Freeport, NY 11520

Phone (516) 867-5254  
Fax (516) 867-5207

In an effort to provide a smooth transition into the District for you and your child, and to **conform with New York State Law and District policy**, the following documents are required for registration:

- **Picture I.D.** (driver's license, passport, employee I.D. for verification purposes)
- Child's **original** birth certificate
- Proof of **legal** guardianship or the appropriate foster care form **DSS2999**
- Proof of current residency (see below) **no more than 45-60 days old**
- Child's up-to-date immunization records **signed/stamped by physician**
- Completed physical by doctor/clinic **signed/stamped(must have BMI,LEAD,PPD)**
- Dental Certificate
- Report Card or Transcript

These documents **must** be presented at the times of registration or the registration will not be accepted.  
**NO EXCEPTIONS!!!**

**The following items are acceptable proofs of residency in the Freeport School District:**

**\*\*Deed or Current Lease Notarized plus a minimum of three (3) of the following:**

**(Dated within the last 45-60 days: proofs must be from different agencies or establishments)**

Freeport Water Bill  
Freeport Electric Bill  
LIPA/Keyspan Gas Bill  
Telephone Bill  
Foster care Agency Letter  
Credit Card Statement  
N.Y. Driver's License  
Auto Ins. Bill  
Mortgage Statement

**Mailed** Post Office Change of Address  
D.S.S. Correspondence  
Social Security Correspondence  
Unemployment Correspondence  
Pay Stub w/ current address  
**Mailed** Bank Statement  
Cablevision or Satellite Bill  
Federal/State Mail w/ current address  
Home/Tenant/Life Health Ins. Bills

**Proof of residency** addressed to a P.O. Box number is **NOT** acceptable. **If the deed or lease is not in your name, you must REQUEST blank affidavits from CRVO and present notarized affidavits and a minimum of (3) three of the items listed above no more than 45-60 days old.**

**IT IS IMPORTANT TO NOTE THAT THE DISTRICT MAKES A STRONG EFFORT TO ENSURE THAT ALL REGISTRANTS ARE LEGAL RESIDENTS OF FREEPORT. IN CASE OF FRAUD IN ESTABLISHING RESIDENCY, THE DISTRICT MAKES EVERY EFFORT TO RECOVER TUITION COSTS THROUGH COURT ACTION.**

Registration takes place at the Central Registry Verification Office (CRVO) Located at the west end of the Caroline G. Atkinson School, 59 West Seaman Avenue. Office hours are Monday-Thursday from **8:15 a.m. – 3:00 p.m.** and Friday **8:15 a.m. – 2:00 p.m.**

If you need further information, please call (516)867-5254.

Summer Hours are **8:15 a.m.- 2:00 p.m.** Monday- Thursday , Fridays **8:15 a.m. -1:00 p.m.**



**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



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

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

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

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

## Home Language Questionnaire (HLQ)

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

**Please write clearly when completing this section.**

**STUDENT NAME:**

First Middle Last

**DATE OF BIRTH:**

Month Day Year

**GENDER:**

☐ Male  
☐ Female

**PARENT/PERSON IN PARENTAL RELATION INFO:**

Last Name First Name Relation to Student

HOME LANGUAGE CODE

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

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

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

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

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

### OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

### NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

ORAL INTERVIEW NECESSARY: ☐ 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:



# FREEPORT PUBLIC SCHOOLS

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The Freeport Public School District is required to collect and report the ethnic identity of students in the Freeport Public School District in accordance with the federal categories and definitions. We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions below. Put a check in the box for the category or categories which best describe your child. All information will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

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

Grade: \_\_\_\_ Student ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**DIRECTIONS TO PARENT/GUARDIAN: PLEASE ANSWER QUESTIONS (1) AND (2).**

(For questions (1) check the box that best describes your child.) Check only ONE box.

**1. Is the student Hispanic, Latino, or of Spanish origin?** Hispanic, Latino or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

☐ **YES**, Hispanic

☐ **NO**, not Hispanic

**2. Select one or more races from the following five racial groups:**

Check all groups that apply to your child. Check at least ONE box:

☐ **AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ **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, the 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 OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.

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

\_\_\_\_\_  
Signature of Parent/Guardian/Other

\_\_\_\_\_  
Date

Relationship to Student (please **check one box** below):

☐ Mother ☐ Father ☐ Guardian ☐ Other (Specify): \_\_\_\_\_



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## 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**

____ Anemia	____ Mumps	____ Whooping Cough	____ Chicken Pox
____ Nephritis	____ Asthma	____ Diabetes	____ Pneumonia
____ Allergies	____ Epilepsy	____ Rheumatic Fever	____ Frequent colds & sore throats
____ Rubella	____ Scarlet Fever	____ Operations	____ Heart Disease
____ Tuberculosis	____ Serious injuries	____ Measles	____ 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.