

KINDERGARTEN



REGISTRATION PACKET

Registration of eligible kindergarten students will take place at the McKenna Administration building, 350 Daniel Street.

The completed packet should be presented at the time of registration along with all required documents. Please complete the registration packet in its entirety, any incomplete registrations and failure to provide the proper documents will delay your child's registration and will result in having to return to the office a second time to complete the registration. Registration packets may be obtained at any elementary school in the district and at the McKenna Administration building, 350 Daniel Street.

In accordance with established policy of the Lindenhurst School District, children must be five (5) years of age on or before December 1st in order to be enrolled in kindergarten for the coming year.

Kindergarten Registration will be held for the 2011-2012 school year on the dates and times listed below. **If you are not sure which school your child will be attending contact the Central Registration Office at 631 867 3055. Please follow the schedule:**

<i>ALBANY</i>	<i>February 1 & 7</i>	<i>8:00am-12:30pm</i>
<i>ALLEGHANY</i>	<i>February 2 & 8</i>	<i>8:00am-12:30pm</i>
<i>DANIEL</i>	<i>February 3 & 10</i>	<i>8:00am-12:30pm</i>
<i>HARDING</i>	<i>February 2 & 8</i>	<i>8:00am-12:30pm</i>
<i>WEST GATES</i>	<i>February 3 & 10</i>	<i>8:00am-12:30pm</i>
<i>WILLIAM RALL</i>	<i>February 4 & 11</i>	<i>8:00am-12:30pm</i>

In addition to the above times and dates there will be an evening registration **BY APPOINTMENT ONLY** from 4:00pm-8:00pm on **WEDNESDAY, FEBRUARY 9, 2011** for all schools. **Please call the Central Registration Office at 631 867 3055 to schedule an appointment for this date.**

All students must be registered by a parent or legal guardian. In order to register your child in the Lindenhurst Public Schools, please be advised that there is a specific process to follow. You must provide:

- ***Completed* Personal Data Sheet**
- ***Completed* Yearly Health Update**
- ***Completed* Health Certificate/Appraisal Form** (to be completed by physician)
- ***Completed* Elementary Entrance Profile Form**
- **Original Birth Certificate** (raised seal, must be submitted in English), or passport
- **Immunization Records for the child must include his or her name and must be submitted in English and signed by a Doctor or Health Care provider per New York State Department of Health.**
- ***If applicable, Custodial Stipulation Form (completed)***, accompanied by duly executed court documents indicating legal guardianship and/or custody along with the **Transfer of Guardianship Affidavit and/or Parent Affidavit**

In addition, you as the legal parent or guardian must present proof that you reside in the Lindenhurst School District. It is required that all appropriate forms and documentation be translated into English. Please complete the registration in its entirety, any incomplete registrations and failure to provide the proper documents will delay your child's registration and will result in having to return to the office a second time to complete the registration. Your cooperation will expedite the registration process.

For homeowners, acceptable documents for proving residency are as follows:

- A current tax bill or mortgage document /deed
- Current LIPA Bill or a Homeowners' Insurance Policy at the address
- Drivers' License or other current photo identification of parent or guardian

For renters within the district or for parents or guardians who do not own a home or rent an apartment, but live with a family member that does, you must provide the following:

- **Notarized Landlord Affidavit – *to be completed by the Landlord or owner of the home***
- **Notarized Affidavit to Substantiate Residency – *to be completed by the person who rents/resides in the apartment/home***
- Landlord Proof of Residency : current tax bill or mortgage document(deed) of landlord
- Proof of residency of the renter or persons residing in apartment/home: Please refer to the list below and continued on the next page for residency proofs that are accepted by the District. **Three (3) proofs of residency are required. Please refer to the list below for residency proofs that are accepted by the District.**
- Driver's License or other current photo identification of parent or guardian.

ACCEPTABLE PROOFS OF RESIDENCY

- **The portion of a current LIPA or Keyspan bill showing your name and address**
- **A lease on a home or apartment in the district, drawn up by a registered real estate agency accompanied by a rent receipt or a cancelled rent check**
- **A copy of a pay stub showing a printed address**
- **A copy of a cancelled check or blank check with imprinted name and address**
- **A moving bill from a commercial moving company**
- **A copy of the printed name and address label issued by the Internal Revenue Service affixed to a current tax return or a W-2 form**
- **A copy of a forwarding address card that is post marked from the post office**
- **Social Services paperwork showing your name and address**
- **Other proofs may be appropriate. Acceptance of such other proofs shall be at the discretion of the District.**

ALTHOUGH WE STRIVE TO SERVE YOU AS QUICKLY AS POSSIBLE, WITH THE VOLUME OF CHILDREN TO BE REGISTERED, PLEASE BE PREPARED TO WAIT.

Lindenhurst School District Registration Form

Personal Data Sheet

ALL SHADED INFORMATION ON THIS FORM MUST BE COMPLETELY FILLED OUT

HOME SCHOOL _____ DATE ENTERED _____ GRADE _____ RM _____

Name: _____ Sex: M F Date of Birth: _____
(First) (Middle) (Last)

Address: _____ Home Phone: _____

Residence Type: Own Rent Lease Move in Date: _____

Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of 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

SELECT ONE OR MORE RACES FROM THE FOLLOWING RACIAL GROUPS. Check all groups that apply to your child; check at least ONE box

AMERICAN INDIAN OR ALASKA NATIVE NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 ASIAN BLACK WHITE

OPTIONAL

Birth Place: _____ US Entry Date: _____ Household Language: _____
(City) (State) (Country) (if born outside US)

All Lindenhurst students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition or immigration status.

School Last Attended: _____ Date Left: _____

DID STUDENT PREVIOUSLY ATTEND LINDENHURST SCHOOLS: Yes No YEAR(S): _____

IS YOUR CHILD RECEIVING ANY SPECIAL EDUCATION SERVICES? Yes No

If yes, please complete the Prior Special Education Services Form and submit with required information.

Family Data

Student Residing With: Both Parents Mother only Father only Foster Parents Guardians
 Step-Parent Other: _____

Custodial Papers: Yes No (PLEASE CHECK "N/A" ONE - IF STUDENT DOES NOT RESIDE WITH BOTH PARENTS. PLEASE COMPLETE CUSTODIAL STIPULATION FORM)

Natural Father's Name: _____
(FIRST) (LAST)

Educational Level: None High School Bachelor Master

Natural Mother's Name: _____
(FIRST) (LAST)

Educational Level: None High School Bachelor Master

LINDENHURST PUBLIC SCHOOLS

YEARLY HEALTH UPDATE

DATE OF BIRTH _____ SCHOOL _____ GRADE _____

NAME _____ SEX _____
(first) *(last)*

ADDRESS _____ PHONE _____

NAME OF PARENT(S) OR LEGAL GUARDIAN:

Name _____	Name _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Relationship _____	Relationship _____

NAMES OF (2) EMERGENCY CONTACTS (other than parent(s) or legal guardian)

Name _____	Name _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Relationship _____	Relationship _____

PHYSICIAN TO BE CALLED IN EMERGENCY _____
PHYSICIAN'S PHONE _____

Is the student taking any medication? ___ please specify _____

Any illnesses during the past year? _____

Special health care during the past year (glasses, dental care, etc.) _____

Does your child have any special health problems or allergies? _____ please explain:

**New York State Education Law requires that every child have a medical examination on entering school and in the 2nd, 4th, 7th, and 10th grade. Children who will be entering kindergarten in September must have a physical completed by their FAMILY physician and returned to the school nurse no later than June 1st.*

DATE _____

SIGNED _____
Parent or Guardian

HEALTH CERTIFICATE/ APPRAISAL FORM

NYSED requires an annual physical exam for new entrants, students in Grades K, 2, 4, 7 and 10, sports, working permits and triennially for the Committee on Special Education (CSE).

LINDENHURST SCHOOL DISTRICT

DATE OF EXAM: _____

Name: _____ Date of Birth: _____

School: _____ Gender: M F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

- Immunization record attached
 No immunizations given today
 Immunizations given since last Health Appraisal:
- Sickle Cell Screen: Positive Negative Not done Date: _____
PPD: Positive Negative Not done Date: _____
Elevated Lead: Yes No Not done Date: _____
Dental Referral Yes No Not done Date: _____

Significant Medical/Surgical History: See attached _____

Specify current diseases: Asthma Diabetes: Type 1 Type 2 Hyperlipidemia Hypertension
 Other: _____

Allergies: LIFE THREATENING Food: _____ Insect: _____ Other: _____
 Seasonal Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____ Urine: Sugar _____ Protein _____ Date of Exam: _____

Body Mass Index: _____	Referral		
Weight Status Category (BMI Percentile): <input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th <input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Referral		
Vision - without glasses/contact lenses	R	L	
Vision - with glasses/contact lenses	R	L	
Vision - Near Point	R	L	
Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: Negative Positive: _____

Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Medications (list all): None Additional medications listed on reverse of form

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

If AM dose is missed at home: _____

I assess this student to be self-directed Yes No Student may self carry and self administer medication Yes No

Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

- Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:
___ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.
___ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, weight train, crew, dance, track, run, walk, rope jump.

Specify medical accommodations needed for school: _____ None

Known or suspected disability: _____ Please monitor

Restrictions: _____ Please monitor

Protective equipment required: Athletic Cup Sport goggles/impact resistant eyewear Other: _____

PROVIDER'S STAMP BELOW (Not valid without stamp)

Provider's Signature: _____

Provider's Name/Address/Phone: _____

Parent Signature: _____ Date: _____

LINDENHURST PUBLIC SCHOOLS
Elementary Entrance Profile Form
GRADES K - 5

To Be Completed by Parent

Pupil's Name: _____	Mother: _____
Nickname: _____	Father: _____
Address: _____	Home Phone: _____ Bus. Phone: _____
Date of Birth: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Month Day Year </div>	Grade: _____ Entering Date: _____
Entered From: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> School City State </div>	

Siblings

Name	Grade	Age	Name	Grade	Age

DO NOT WRITE BELOW THIS LINE - FOR SCHOOL USE ONLY

Home Language Identification Survey Completed: Yes _____ No _____

To Be Completed by Principal

Retained: Yes _____ No: _____ Grade _____

Special Program: Yes _____ No: _____

If Yes, explain: _____

Parent's Signature _____ Date: _____

COMSI Screening: Yes _____ If yes, see attached form.

 No: _____ If no, complete this form.

To Be Completed by Nurse

Physical, health or other need that teacher should be aware of _____

To Be Completed by Reading Teacher

Reading: Test _____

 Word Attack: _____ Vocabulary: _____ Comprehension Grade Level: _____

 Comment: _____

To Be Completed by Elementary Math Specialist

Slosson - Diagnostic Screening

Key Math

Concepts: Grade Level _____	Basic Concept Grade Level _____
Problem Solving: Grade Level _____	Operations Grade Level _____
Calculation: Grade Level _____	Applications Grade Level _____
Comments/Results: _____	

To Be Completed by Speech Teacher

Articulation: _____

Language: _____

Distribution:

Original - Teacher _____

Copy - Cumulative File _____

Principal's Signature _____ Date _____

13. _____
(state of any other relevant facts)

14. I understand that any false statement made by me in connection with the registration of my child may subject me, not only to criminal prosecution, but also civil liability for money damages to the Lindenhurst School District. Parents may also be liable for back tuition owed to the Lindenhurst School District.

15. I further agree and promise that in the event that any of the information I have provided the School District should change; I will notify the School District immediately.

16. Attach these pertinent documents as they apply:

_____ Duly executed court documents indicating legal guardianship, along with legal guardian's photo ID.

_____ Duly executed adoption documents along with the adoptive parent's photo ID.

_____ Duly executed court custody documents along with the custodian's photo ID>

Signature of Parent

Sworn to before me this

_____ day of _____, 200__.

(Notary Public)

LINDENHURST PUBLIC SCHOOLS

Parent Affidavit

STATE OF NEW YORK }
} ss:
COUNTY OF }

_____, being sworn, deposes and says:
(Name of Parent)

1. I am the _____ of _____
(mother/father) (name of applicant)

2. I reside at _____
(address of parent)

3. The applicant is not living with me because _____

4. _____ has had custody & control of
(name of individual having custody & control)
_____ since _____
(name of applicant) (date)

5. _____ currently lives at _____
(name of applicant) (current address)

6. The applicant will live at the above address with the individual having custody & control

(state length of time)

7. _____
(statement describing any other location(s) where the child lives, indicate the length of

(time the child is at the other address & provide an explanation)

8. The applicant spends their weekends and holidays _____

(address of where the child is on the weekends and holidays)

9. I _____ claim the applicant on my Federal & State Income Tax Return.
(do/do not)

10. _____ pays for the applicant's day to day expenses.

11. The applicant's health insurance is paid by _____.

12. I hereby completely relinquish custody and control of my child to the above named custodian, including the right to make decisions pertaining to the health, welfare & education of the child.

IMMUNIZATIONS REQUIRED BY THE LINDENHURST SCHOOL DISTRICT

<i>POLIO</i>	3 DOSES
<i>D.P.T.</i>	3 DOSES
<i>Tdap</i>	All students born on or after January 1, 1994 entering or repeating 6 th grade, must receive an immunization containing Tetanus toxoids, Diphtheria and acellular Pertussis
<i>M.M.R.</i>	1 DOSE (Measles, Mumps, Rubella) and a SECOND DOSE of Measles vaccine (or a #2 M.M.R.)
<i>HIB-Vac</i>	(Pre-K) 3 DOSES or 1 DOSE administered on or after 15 months of age
<i>TUBERCULOSIS</i>	RECOMMENDED (test must be done within the last year)
<i>HEPATITIS B</i>	3 DOSES
<i>VARICELLA</i>	All children entering school born on or after January 1, 1998 and all children entering 6 th grade born on or after January 1, 1994 , or written verification of disease by Health provider.

NEW YORK STATE LAWS REQUIRES THAT THE ABOVE IMMUNIZATIONS MUST BE SIGNED FOR BY THE CHILD'S DOCTOR OR HEALTH CARE PROVIDER

SCHOOL PHYSICAL

New York State Education law requires that every child have a medical examination on entering school and in the 2nd, 4th, 7th, and 10th grades. **Children who will be entering kindergarten in September must have a physical completed by their FAMILY physician and returned to the school nurse no later than June 1st.**

PLEASE BE ADVISED THAT YOUR CHILD MAY BE EXCLUDED FROM ENTERING SCHOOL IF THE ABOVE IMMUNIZATIONS, PHYSICAL REQUIREMENTS, PHYSICIAN DOCUMENTATION AND A WRITTEN APPOINTMENT CARD FOR NEXT DOSE OF IMMUNIZATION (if missing) ARE INCOMPLETE