

LINDENHURST REGISTRATION REQUIRED DOCUMENTS

1. Birth certificate, Passport, Baptismal Certificate or Immigration card (**Copy only**)
2. Photo ID of parent or guardian (**Copy only**)
3. Physical Exam
4. Immunization Records
5. If transferring from a different school district, please provide the current report card, if you have it.
6. If student received Special Education Services form, please provide current IEP for Special Education students, if you have it.
7. Copy of Custody Legal Documents (if applicable)
8. **Homeowners and renters must provide proof of address** (please see below information)

HOMEOWNERS PROOF OF ADDRESS DOCUMENTS

Please provide 1 document from Section A and 1 document from Section B:

Section A (Copies Only)	Section B (Copies Only)
Current Town of Babylon or Village of Lindenhurst Tax Bill	Utility Bill such as PSEG, National Grid, Suffolk County Water Authority
Mortgage Statement	Voter Registration Documents
Deed	Pay Stub showing current address
	Documents from government agencies such as social service agency of the Federal Office of Refugee Resettlement
	Income Tax forms that show your address
	Medical or Health Insurance paperwork with your name and current address

RENTERS AND/OR THOSE LIVING WITH FAMILY. Please provide ALL the documents from Section A and 1 document from Section B:

Section A	Section B (Copies Only)
Notarized Affidavit to Substantiate residency (to be filled out by the parent/guardian of student)	Utility Bill such as PSEG, National Grid, Suffolk County Water Authority
Notarized Landlord Affidavit (to be completed by the landlord)	Department of Motor Vehicles or the US Post office paperwork showing a change of address
Landlord MUST provide 1 of the following: a current tax bill from the Town of Babylon or Village of Lindenhurst, a mortgage statement or a deed (copy only)	Documents from government agencies such as social service agency of the Federal Office of Refugee Resettlement
	Pay Stub showing current address
	Income Tax forms that show your address
	Voter Registration Documents
	Medical or Health Insurance paperwork with your name and current address

**Lindenhurst Union Free School District
McKenna Administration Building
350 Daniel Street
Lindenhurst, NY 11757**

HOUSING QUESTIONNAIRE

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Date of Birth: ____/____/____ Grade: ____ ID#: _____
 Female 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

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

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.

Lindenhurst Union Free School District Registration Form

Surname: _____ Date: _____

Household Physical Address: _____

Is Your Mailing Address the Same as Your Physical Address? Yes

If Different Mailing Address: _____

Primary Phone Number: _____

Language: _____ Check if You Require Translation Services

Residency Type:

- Own
- Rent

Move in Date: _____

No. of Adults Living in the Household: _____

No. of Senior Citizens Living in the Household: _____

Proof of Residency (Please check all that apply):

- Homeowners Agreement
- House Deed
- Landlord Affidavit
- Lease Agreement
- Mortgage Statement
- Notarized Landlord Affidavit
- Property Tax Bill
- Real Estate Statement
- Sale Contract
- Utility Bill

Parent 1/Guardian 1

Name: *(First) (Last)* _____

Gender:

F

M

Relationship: _____ Contact priority: _____

Parent/Guardian 1 cell #: _____ Parent/Guardian 1 work #: _____

Email Address: _____

Check if this contact resides in the same household as the student(s) being registered.

If Different Mailing Address: _____

Custodial Parent: Yes No

Contact Priority: 1 or 2

Allow Child Pickup: Yes No

Parent 2/Guardian 2

Name: *(First) (Last)* _____

Gender:

F

M

Relationship: _____ Contact priority: _____

Parent/Guardian 2 cell #: _____ Parent/Guardian 2 work #: _____

Email Address: _____

Check if this contact resides in the same household as the student(s) being registered.

If Different Mailing Address _____

Custodial Parent: Yes No

Contact Priority: 1 or 2

Allow Child Pickup: Yes No

Emergency Contact Information 1

Name: _____ Relationship: _____

Phone: _____

Gender:

F

M

Contact Priority 1 or 2

Allow Child Pick up: Yes No

Emergency Contact Information 2

Name: _____ Relationship: _____

Phone: _____

Gender:

F

M

Contact Priority 1 or 2

Allow Child Pick up: Yes No

Student Information

Student Name: _____

Gender:

- F
- M
- X Nonbinary

Date of Birth: _____ Multiple Birth: _____

Country of Birth: _____

Please select the proof of birth you intend to provide:

- Birth Certificate
- Alien Card
- Baptismal Certificate
- Passport

School last attended: _____ Date left: _____

Did the student previously attend Lindenhurst Schools?

- Yes
- No

Is there a custody agreement in effect? (If yes, documentation will need to be provided)

- Yes
- No

Does the child have a parent in the Armed Forces?

- Yes
- No

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).

Was the student ever in an ENL program?

- Yes
- No

Student Dominant Language: _____

Student Race:

- Native Hawaiian/Other Pacific Islander
- Asian
- American Indian/Alaska Native
- Black/ African American
- White
- Check if the student is of Hispanic origin

With whom does the child live within the Lindenhurst School District?

- Natural Parent
- Legal Guardian (Court appointed)
- Foster Parent
- Other

Under PENALTIES OF PERJURY, the statements contained in this application are true. I understand that the statements in the application are subject to verification by the School District and that false statements could subject me to transportation and/or tuition charges where applicable. I also understand that it is my responsibility to notify the school of any changes/circumstances affecting this application. ANY FALSE STATEMENTS MADE IN THIS APPLICATION ARE ALSO PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

Date: _____

Date: _____

Print Name of Parent/Guardian #1

Print Name of Parent/Guardian #2

Signature

Signature



Lissette 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:		GENDER:
Month	Day	Year
_____	_____	_____
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	_____
			<i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	_____	<input type="checkbox"/> Father
		<i>specify</i>	<i>specify</i>
	<input type="checkbox"/> Guardian(s)	_____	
		<i>specify</i>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
			<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
			<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
			<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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.) _____ _____ _____
12. In what language(s) would you like to receive information from the school? _____

Month: Day: Year:

Signature of Parent or of Person in Parental Relation *Date*

Relationship to student: 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: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	

**Lindenhurst Union Free School District
Yearly Health Update**

Date of Birth _____ Grade _____

Name _____ Sex _____

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 an 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 1st, 3rd, 5th, 7th, 9th and 11th 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

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE**

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:	Affirmed Name (if applicable):	DOB:
Sex Assigned at Birth: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> X	
School:	Grade:	Exam Date:

HEALTH HISTORY

If yes to any diagnoses below, check all that apply and provide additional information.

<input type="checkbox"/> Allergies	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Asthma	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> Seizures	Type: _____ Date of last seizure: _____ <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> Diabetes	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

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: Yes Not Done **Hypertension:** Yes Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory Testing	Positive	Negative	Date	Lead Level Required for PreK & K
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g}/\text{dL}$
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		

System Review Within Normal Limits

Abnormal Findings – List Other Pertinent Medical Concerns Below (e.g., concussion, mental health, one functioning organ)

<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/Neck	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Mental Health	<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*
<input type="checkbox"/> Additional Information Attached	*Required only for students with an IEP receiving Medicaid	

Name:		Affirmed Name (if applicable):			DOB:	
SCREENINGS						
Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11						
Vision	With Correction <input type="checkbox"/> Yes <input type="checkbox"/> No	Right	Left	Referral	Not Done	
Distance Acuity		20/	20/	<input type="checkbox"/> Yes	<input type="checkbox"/>	
Near Vision Acuity		20/	20/		<input type="checkbox"/>	
Color Perception Screening	<input type="checkbox"/> Pass <input type="checkbox"/> Fail					<input type="checkbox"/>
Notes						
Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					Not Done	
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes		<input type="checkbox"/>	
Notes						
Scoliosis Screening: Boys grade 9, Girls grades 5 & 7		Negative	Positive	Referral	Not Done	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	
FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS*/PLAYGROUND/WORK						
<input type="checkbox"/> *Family cardiac history reviewed – required for Dominick Murray Sudden Cardiac Arrest Prevention Act						
<input type="checkbox"/> Student may participate in all activities without restrictions.						
If Restrictions Apply – Complete the information below						
<input type="checkbox"/> Student is restricted from participation in:						
<input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.						
<input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball.						
<input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.						
<input type="checkbox"/> Other Restrictions:						
Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level.						
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"/> Other Accommodations*: (e.g., brace, orthotics, insulin pump, prosthetic, sports goggles, etc.) Use additional space below to explain.						
*Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions.						
MEDICATIONS						
<input type="checkbox"/> Order Form for medication(s) needed at school attached						
COMMUNICABLE DISEASE				IMMUNIZATIONS		
<input type="checkbox"/> Confirmed free of communicable disease during exam				<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS		
HEALTHCARE PROVIDER						
Healthcare Provider Signature:						
Provider Name: <i>(please print)</i>						
Provider Address:						
Phone:				Fax:		
Please Return This Form to Your Child's School Health Office When Completed.						

LINDENHURST UNION FREE SCHOOL DISTRICT
Affidavit to Substantiate Residency
PARENT PLEASE NOTARIZE THIS FORM

State of New York} }ss:
County of _____ }

This is to certify that I, _____ being duly sworn, deposes and says:

1. I understand that this statement is being made **UNDER THE PENALTIES OF PERJURY**, so that _____ may be admitted to the schools of the _____
(names of children)
Lindenhurst Union Free School District.

2. I reside in the home of _____ at _____ as my legal residence. I further certify that _____
(address)

I do not maintain another residence outside of the boundaries of the Lindenhurst School District. Attach copies of one of the following proofs of residency containing your name at the above address:

- The portion of a current PSEG or National Grid bill showing your name and address
- A copy of a pay stub showing a printed address
- A moving bill
- A notarized lease on the home or apartment with a rental receipt
- A copy of the printed name and address issued by the Internal Revenue Service affixed to a current tax return or W-2 form.
- A forwarding address card from the post office
- Other proof may be appropriate and acceptance of such is at the discretion of the District.

3. My former address was: _____ . I understand that if the above mentioned child(ren) is found not to be a legitimate resident of the Lindenhurst Union Free School District that **I WILL BE LEGALLY RESPONSIBLE FOR AND WILL PAY THE SCHOOL DISTRICT'S ANNUAL TUITION RATE OF APPROXIMATELY \$10,000.00 PER YEAR, PER CHILD, RETROACTIVE TO THE FIRST DAY OF ADMISSION.** I also realize that theft of governmental services is a crime punishable under the State Penal Law and that a false statement made in connection with this application will make me liable to criminal prosecution. I have been informed that the school district will make unannounced home visits for purposes of residency verification.

I further understand that if I move out of the home listed above, I will immediately notify the school district (Registration/Residency Office) 631-867-3055.

Sworn to and before me

This _____ day of _____ 20 ____ .

Notary Public

Print name

Signature

Telephone

Lindenhurst Union Free School District Elementary Entrance Profile Grade K – 5

To be completed by parent or legal guardian:

Student's name: _____ Parent/Guardian #1 name: _____
 Address: _____ Parent/Guardian #2 name: _____
 Date of Birth: _____ Grade: _____
 Home phone: _____ Registration date: _____
 Entering or transferring from: _____

(School)		(City)		(State)		
Name		Grade	Age	Siblings		
Name		Grade	Age	Name	Grade	Age

For Office Use Only. Do Not Write Below This Line

Home Language Identification Survey Complete: Yes _____ No _____

To Be Completed by Principal

Retained: Yes _____ No _____ Grade _____
 Special Program: Yes _____ No _____
 If yes, explain: _____

COMSI Screening: Yes _____ (yes, see attached form)
 No _____ (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

Concepts: Grade Level _____
 Problem Solving: Grade Level _____
 Calculation: Grade Level _____
 Comments/Results: _____

Key Math

Basic Concept: Grade Level _____
 Operations: Grade Level _____
 Applications: Grade Level _____

To Be Completed by Speech Teacher

Articulation: _____
 Language: _____

Original - Teacher
 Copy-Cumulative File

 Principal's Signature Date

**Lindenhurst Union Free School District
Custodial Stipulation Form**

Please answer all questions listed below:

Student name _____ Date of birth _____

Current address _____ Phone _____

Parent/Guardian #1 Name _____ Legal Custody: Yes or No
(first) (last) (please circle one)

Parent/Guardian #2 Name _____ Legal Custody: Yes or No
(first) (last) (please circle one)

Legal Guardian _____ Legal Custody Yes or No
(if applicable) (first) (last) (please circle one)

With whom does the child reside within the Lindenhurst School District?

Both parents Mother only Father only Other *(please explain)* _____

Is there a custody agreement in effect? Yes or No (circle one)

If YES, please attach a copy of the custodial document, divorce decree or guardianship papers.
If NO, please sign to verify the following statement:

I attest to the fact that a custody agreement does not exist or pertain to my child as indicated in this registration process.

(Signature)

(Date)

Is the non-custodial parent permitted to pick up the student from school for illness, appointments, etc.?

YES, ok to pick up student NO, not permitted to pick up student

****Note: the only person permitted to sign your child out of the building for any reason is the parent/legal guardian or designee as indicated on this document and emergency contacts card.***



LINDENHURST UFSD

Computer Network Acceptable Use and Internet Safety Contract For Elementary School Students

As a user of the LindenHurst Public Schools computer network, I understand that when I am using the Internet or any other telecommunication technology, I must adhere to all rules of courtesy, etiquette, policies, regulations, and laws regarding access and copying of information as prescribed by either Federal, State, or local laws, and the LindenHurst Union Free School District's policies and regulations. My signature below means that I have read the "Computer Network Acceptable Use and Internet Safety" policy and regulation (lindenhurstschools.org/Assets/policies/documents/AUP2011.PDF), discussed it with my parent/guardian, and I hereby agree to comply with the terms, conditions, and all of the rules contained in such policy and regulation to communicate over the District's computer network in a responsible manner, and to honor all relevant laws and restrictions, including the following:

1. Acceptable Use

- The purpose of your Internet access is to support research and education in and among academic institutions by providing access to unique resources and the opportunity for collaborative work.
- The use of your network account must be in support of education and research and consistent with the educational objectives of the LindenHurst School District.
- Transmission of any material in violation of Federal, state, or local laws, regulations, or ordinances is prohibited. This includes, but is not limited to: unauthorized use of copyrighted material, and transmission and/or viewing of threatening or obscene material, expressions of bigotry, racism, or hate.

2. Privileges

- The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges.
- Each student who receives an account will be responsible for that account and its usage. Therefore, under no circumstances should your account be shared with anyone.
- An administrator will deem what is inappropriate use and their decision shall be final. Any violation of such decision may result in a revocation or suspension of specific user accounts.

3. Network Etiquette

- Be polite, and do not get abusive in your communications with others.
- Use appropriate language. Do not swear, use vulgarities or any other inappropriate language.
- Illegal activities are strictly forbidden.
- Do not reveal your personal address or telephone number to anyone.
- Note that your school district accounts do not guarantee privacy.
- Do not use the network in such a way that you would disrupt the use of the network by other users.
- All communication and information accessible via the network should be assumed to be the property of the LindenHurst School District.

4. Security

- Security on any computer system is a high priority, especially when the system involves many users. If you feel you can identify a security problem on the Internet, you must notify a Lindenhurst administrator. Do not demonstrate the problem to other users.
- Attempts to log onto the Internet as a system administrator will result in cancellation of user privileges.
- Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the network.

5. Vandalism

- Vandalism will result in cancellation of privileges.
- Vandalism is defined as any malicious attempt to harm or destroy Lindenhurst School District equipment or materials, data of another user of the District's network or of any of the entities or other networks that are connected to the Internet. This includes, but is not limited to, creating and/or placing a computer virus/malware on the network.

6. General Network Guidelines

- Respect yourself and others.
- Protect yourself and others.
- Respect intellectual and physical property.
- Comply with district and federal policies.

You must sign and return this Computer Network Acceptable Use and Internet Safety Contract indicating that you are fully aware of and agree to the terms and conditions of the Computer Network Acceptable Use and Internet Safety Policy and Regulation to be able to use the computer network, Internet and/or internal email in school. This document must be signed before the student will be allowed access to the computer network, Internet and/or internal email.

I have read, understand and agree to comply with the terms of this Computer Network Acceptable Use and Internet Safety Contract, including the Computer Network Acceptable Use and Internet Safety Policy and Regulation.

Date: _____

Student's Name: _____ Student's Signature: _____

Parent/Guardian: My child and I have read this Computer Network Acceptable Use and Internet Safety Contract, as well as the Computer Network Acceptable Use and Internet Safety Policy and Regulation. By signing this Computer Network Acceptable Use and Internet Safety Contract, I hereby expressly consent to my child's use of any and all such applications, programs or websites that the District deems appropriate. I understand that this access is designed for educational purposes. I also recognize that while protective measures, include filtering software, have been put in place, it is impossible for the Lindenhurst UFSD and its employees to guarantee that complete access to controversial materials via the Internet, the computer network and/or internal email will be precluded. I will not hold the Lindenhurst UFSD, its Board of Education, Board Members, officials, employees, volunteers, agents, and/or representatives responsible for my child should he or she access such materials on the Internet, the computer network, or via internal email, and any charges incurred by me or my child regarding such services will be my responsibility and not the District's. I also release the Lindenhurst UFSD, its Board of Education, Board Members, officials, employees, volunteers, agents, and/or representatives from any and all claims of damages of any nature arising from my child's use or inability to use the system.

Date: _____

Parent's Name: _____ Parent's Signature: _____

**LINDENHURST UNION FREE SCHOOL DISTRICT
STUDENT/PARENT/GUARDIAN CHROMEBOOK USER AGREEMENT FORM**

I have read, understand and agree to abide by all of the conditions set forth in the foregoing Student/Parent/Guardian Chromebook User Agreement and on this LINDENHURST UNION FREE SCHOOL DISTRICT Student/Parent/Guardian Chromebook User Agreement Form, and agree to adhere to the 1:1 Chromebook Procedures & Informational Handbook, District's Computer Network for Education and Internet Safety Policies and Guidelines set forth in District Policy Nos. 4526, 4526.1, 0115 (Bullying Prevention), and Student Code of Conduct which can be found here: www.lindenhurstschools.org/boardofeducation/default.aspx. I understand that my signature on this document indicates my agreement to comply with all District requirements, responsibilities, guidelines and policies with regard to the use of the Google Chromebook, and other District approved apps utilized to support the Chromebook initiative at school and/or at home:

Date: _____

Student name: _____

Student signature: _____

I am the parent or legal guardian of the Student. I consent to my child's use of the school-issued Google Chromebook (see serial number attached to this document), and other District approved apps at school and/or at home, and agree to the foregoing terms and conditions applicable to such use.

Date: _____

Parent signature: _____

Parent name: _____

Equipment Information: *To be completed upon issuance of Google Chromebook:*

Date of Issuance: _____

Device Type: _____ Manufacturer/Brand: _____

Model: _____ Inventory/Serial Number: _____

Condition: new excellent good fair poor

*Please note that the Serial Number for this Chromebook is available on the eSchool Parent Portal
I have checked and agree that the equipment is in good working order and in the condition indicated above.

Student Signature: _____ **District Staff Member Signature:** _____

IMPORTANT LINKS

Free and Reduced Lunch Online Application

English: <https://www.myschoolapps.com/Application>

Spanish: <https://www.myschoolapps.com/Application>

Free and Reduced Lunch Paper Application

https://www.lindenhurstschools.org/our_district/food_service

Dual Language Program

https://www.lindenhurstschools.org/departments/dual_language_program_information

Chromebook User Agreement

https://www.lindenhurstschools.org/departments/1_1_chromebook_initiative

Transportation Information

https://www.lindenhurstschools.org/departments/transportation_information

Change of Address Information

https://www.lindenhurstschools.org/our_district/registration

Registration, Transportation and Textbooks for Non-Public School (Private school)

https://www.lindenhurstschools.org/our_district/registration