

## 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)
<b>Notarized</b> 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
<b>Notarized</b> Landlord Affidavit (to be completed by the landlord)	Department of Motor Vehicles or the <b>US Post office</b> paperwork showing a change of address
Landlord <b>MUST</b> 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](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



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.

<b>STUDENT NAME:</b>		
_____		
First	Middle	Last
_____	_____	_____
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
_____	_____	_____
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
_____		
_____	_____	_____
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

_____
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### 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	_____ <input type="checkbox"/> Does not speak
			<i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read
			<i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not write
			<i>specify</i>

### THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

<b>SCHOOL DISTRICT INFORMATION:</b>	<b>STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:</b>
_____	_____
District Name (Number) & School	Address

## Home Language Questionnaire (HLQ)—Page Two

<b>Educational History</b>	
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* <input type="checkbox"/>	No <input type="checkbox"/> Not sure <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? _____	

_____ <i>Signature of Parent or of Person in Parental Relation</i>	Month: _____	Day: _____	Year: _____
_____ <i>Date</i>			
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> 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  
 Administration Building, Central Registration Office  
 350 Daniel Street  
 Lindenhurst, NY 11757  
 Tel: (631) 867-3055

**Request for Release of School Records**  
***\*Please fill out this form with the information from the last school that your child attended***

I hereby authorize (*name of last*) SCHOOL DISTRICT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date \_\_\_\_\_ Phone number \_\_\_\_\_  
 Fax number \_\_\_\_\_

To release and forward all educational, psychological, and medical information to the Lindenhurst UnionFree School District concerning my child (**Write student's name here**) \_\_\_\_\_

Please forward all information to the school circled below.

Relationship \_\_\_\_\_ Signature \_\_\_\_\_

<b>For Office Use Only</b>	
Albany Avenue Elementary School 180 Albany Avenue Lindenhurst, NY 11757 Phone (631) 867-3150 Fax (631) 867-3158	Harding Avenue Elementary School 2 Harding Avenue Lindenhurst, NY 11757 Phone (631) 867-3350 Fax (631) 867-3358
Alleghany Avenue Elementary School 250 S. Alleghany Avenue Lindenhurst, NY 11757 Phone (631) 867-3200 Fax (631) 867-3208	Wm. Rall Elementary School 761 N. Wellwood Avenue Lindenhurst, NY 11757 Phone (631) 867-3450 Fax (631) 867-3458
Daniel St. Elementary School 289 Daniel St. Lindenhurst, NY 11757 Phone (631) 867-3300 Fax (631) 867 -3308	West Gates Elementary School 175 West Gates Avenue Lindenhurst, NY 11757 Phone (631) 867-3400 Fax (631) 867-3408
Lindenhurst Middle School 350 S. Wellwood Avenue Lindenhurst, NY 11757 Phone (631) 867-3550 Fax (631) 867-3558	Lindenhurst High School 300 Charles Street Lindenhurst, NY 11757 Phone (631) 867-3750 Fax (631) 867-3768

## 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 1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup>, 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> 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 1<sup>st</sup>.*

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/m<sup>2</sup>

**Percentile (Weight Status Category):**  < 5<sup>th</sup>  5<sup>th</sup>- 49<sup>th</sup>  50<sup>th</sup>- 84<sup>th</sup>  85<sup>th</sup>- 94<sup>th</sup>  95<sup>th</sup>- 98<sup>th</sup>  99<sup>th</sup> and >

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

**PHYSICAL EXAMINATION/ASSESSMENT**

<b>Height:</b>	<b>Weight:</b>	<b>BP:</b>	<b>Pulse:</b>	<b>Respirations:</b>
<b>Laboratory Testing</b>	<b>Positive</b>	<b>Negative</b>	<b>Date</b>	<b>Lead Level</b> Required for PreK & K
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq 5$ $\mu\text{g}/\text{dL}$
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:	
<b>SCREENINGS</b>					
Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11					
<b>Vision</b>	<b>With Correction</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Right</b>	<b>Left</b>	<b>Referral</b>	<b>Not Done</b>
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					
<b>Hearing</b> 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.					<b>Not Done</b>
Pure Tone Screening	<b>Right</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<b>Left</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<b>Referral</b> <input type="checkbox"/> Yes		<input type="checkbox"/>
Notes					
Scoliosis Screening: Boys grade 9, Girls grades 5 & 7		<b>Negative</b>	<b>Positive</b>	<b>Referral</b>	<b>Not Done</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>
<b>FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS*/PLAYGROUND/WORK</b>					
<input type="checkbox"/> <b>*Family cardiac history reviewed</b> – required for Dominick Murray Sudden Cardiac Arrest Prevention Act					
<input type="checkbox"/> <b>Student may participate in all activities without restrictions.</b>					
<b>If Restrictions Apply</b> – Complete the information below					
<input type="checkbox"/> <b>Student is restricted from participation in:</b>					
<input type="checkbox"/> <b>Contact Sports:</b> Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.					
<input type="checkbox"/> <b>Limited Contact Sports:</b> Baseball, Fencing, Softball, and Volleyball.					
<input type="checkbox"/> <b>Non-Contact Sports:</b> Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.					
<input type="checkbox"/> <b>Other Restrictions:</b>					
<b>Developmental Stage for Athletic Placement Process <u>ONLY</u> required</b> for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level <b>OR</b> Grades 9-12 who wish to play at the modified interscholastic sports level.					
<b>Tanner Stage:</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V					
<input type="checkbox"/> <b>Other Accommodations*:</b> (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.					
<b>MEDICATIONS</b>					
<input type="checkbox"/> Order Form for medication(s) needed at school attached					
<b>COMMUNICABLE DISEASE</b>			<b>IMMUNIZATIONS</b>		
<input type="checkbox"/> Confirmed free of communicable disease during exam			<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS		
<b>HEALTHCARE PROVIDER</b>					
Healthcare Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
<b>Please Return This Form to Your Child's School Health Office When Completed.</b>					



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  
Office of Central Registration  
Prior Special Education Services

**If you have responded yes to your child receiving special education services, you MUST complete this form and submit it along with a current IEP.**

Student's name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Current Address \_\_\_\_\_ Phone number \_\_\_\_\_  
Anticipated Start Date \_\_\_\_\_ Last School Attended \_\_\_\_\_  
School District \_\_\_\_\_ Address \_\_\_\_\_  
Phone number \_\_\_\_\_ Last Grade completed \_\_\_\_\_

---

Type of Special Education Program Attended:

- |  |  |
|--|--|
| <input type="checkbox"/> Special Class   | <input type="checkbox"/> Resource Room         |
| <input type="checkbox"/> Integrated Co-Teaching                                      | <input type="checkbox"/> Related Services only |
| <input type="checkbox"/> BOCES Special Education: School Name _____                  |  |
| <input type="checkbox"/> Other (specify type of program or name of the school) _____ |  |

Related Services Provided in Most Recent Placement: *(check all that apply)*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Other (please list) _____ |
| <input type="checkbox"/> Counseling      | <input type="checkbox"/> Physical Therapy     | _____  |
| <input type="checkbox"/> Vision Services | <input type="checkbox"/> Hearing Services     |  |

Classification: *(if known)*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Learning Disabled          | <input type="checkbox"/> Other Health Impaired | <input type="checkbox"/> Hearing Impaired       |
| <input type="checkbox"/> Intellectual Disability    | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Blind                  |
| <input type="checkbox"/> Speech/Language Impairment | <input type="checkbox"/> Autism                | <input type="checkbox"/> Visually Impaired      |
| <input type="checkbox"/> Emotionally Disturbed      | <input type="checkbox"/> Deaf                  | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Orthopedic Impaired        |  |   |

Do you have a copy of your child's most recent IEP? \_\_\_\_\_ No \_\_\_\_\_ Yes (please attach copy)

Name of CSE Chairperson/Special Education Director \_\_\_\_\_

Address of CSE Office \_\_\_\_\_ Phone number \_\_\_\_\_

Release of Records/Information to the Lindenhurst Union Free School District

I authorize the school and CSE indicated above to release academic, psychological, psychiatric, medical and all other evaluations, IEPs and records to the Lindenhurst Union Free School District. I am aware that all records will be kept confidential and access limited to school personnel who work with my child. I understand that I may review all records. I also consent to having school district personnel who work with my child (principal, psychologist, social worker, regular or special education teachers, related service providers, guidance counselor and/or CSE Chairperson) speak with individuals from the school and CSE office indicated above. I am aware my consent is voluntary and can be withdrawn at any time.

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

\_\_\_\_\_  
Date

**Lindenhurst UFSD  
 Committee on Special Education  
 Special Education and Pupil Personnel Services  
 350 Daniel Street  
 Lindenhurst, NY 11757 (631 867-3105)**

**Medicaid Consent**

Date:  
 RE:  
 DOB:

This is to ask your permission (consent) to bill your or your child's Medicaid Insurance Program for special education and related services that are on your child's individualized education program (IEP).

This consent allows the school district to bill for covered health-related services and to release information to the school district's Medicaid Billing Agent for that purpose.

I, \_\_\_\_\_ as the parent/guardian of \_\_\_\_\_, have received a written notification from the school district that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services.

I understand and agree that the School District may access Medicaid to pay for special education and related services provided to my child.

I understand that:

- Providing consent will not impact my child's/my Medicaid coverage;
- Upon request, I may review copies of records disclosed pursuant to this authorization;
- Services listed in my child's IEP must be provided at no cost to me whether or not I give consent to bill Medicaid;
- I have the right to withdraw consent at any time; and
- The school district must give me annual written notification of my rights regarding this consent.

I also give my consent for the school district to release the following records/information about my child to the State's Medicaid Agency for the purpose of billing for special education and related services that are in my child's IEP. The following records will be shared.

Records to be shared (such as records or information about services your child receives)	
IEP	Medication Administration Report
Written Order/Referral	Special Transportation Log
Evaluation Reports	Other Personally Identifiable Information
Session Notes	Any Other Specific Records Pertaining to the Student's Services or Program

I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

Parent/Guardian Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

**Lindenhurst UFSD  
Committee on Special Education  
Special Education and Pupil Personnel Services  
350 Daniel Street  
Lindenhurst, NY 11757**

Date:

**Written Notification Regarding Use of Public Benefits or Insurance to Pay for Certain Special Education and Related Services**

**This form has been adapted from the U.S. Department of Education's model Notification Form<sup>1</sup>.**

**INTRODUCTION**

You are receiving this written notification to give you information about your rights and protections under the federal Individuals with Disabilities Education Act (IDEA), so that you can make an informed decision about whether you should give your written consent to allow your school district/county to use your or your child's public benefits or insurance to pay for special education and related services that your school district is required to provide at no cost to you and your child under IDEA.

Funds from a public benefits or insurance program (for example, Medicaid funds) may be used by your school district (or, for preschool students, the county) to help pay for special education and related services, but only if you choose to provide your consent, as explained below.

Before your school district or county can ask you to provide consent to check with the New York State Department of Health whether your child has public benefits or insurance (e.g., Medicaid coverage and/or a Client Identification Number (CIN)), and to access these benefits or insurance for the first time, it must provide you with this notification of the rights and protections available to you under IDEA. This notification is intended to help you understand these rights and protections, including the type of consent your school district will ask you to provide. Whether or not you provide consent, your school district has a continuing responsibility to ensure that your child is provided all required special education and related services under IDEA at no charge to you or your child.

**PARENTAL CONSENT**

**34 CFR §300.154(d)(2)(iv)(A)-(B) and 8 NYCRR §200.5(b)(8)(i)**

Before your school district (or for preschool students, your county) can use your or your child's public benefits or insurance for the first time to pay for special education and related services under IDEA, it must obtain your signed and dated written consent. Your school district is only required to obtain your consent one time.

This consent requirement has two parts.

<sup>1</sup> For the full Suggested Model for Written Notification of Parental Rights regarding Use of Public Benefits or Insurance developed by the U.S. Department of Education, see:

<http://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/accmmodelwrittennotification-6-11-13.pdf>

1. **Consent to share records about your child:** Your school district is required to obtain your written consent before disclosing (sharing) personally identifiable information about your child (such as your child's name, address, social security number, individualized education

program (IEP), and evaluation results) from your child's education records. In asking for your consent, the school district will (1) identify the records (or information) about your child that will need to be shared (for example, about the services that may be provided to your child); (2) tell you the purpose of sharing the records (for example, billing for special education and related services); and (3) identify the agency to which your school district may disclose the information (for example, the Medicaid agency).

2. Consent to check with the New York State Department of Health whether your child has a CIN/public benefits or insurance (Medicaid) coverage, and bill your child's public benefits or insurance (Medicaid) program: Your consent must include a statement specifying that you understand and agree that your school district or county, for preschool, may use you or your child's public benefits or insurance (e.g., Medicaid) to pay for some of your child's special education services.

You have the right to withdraw your consent at any time. If you withdraw your consent, the school district must still provide all of your child's IEP special education and related services at no cost to you. To withdraw your consent, you will need to submit your request in writing to your child's school district.

### **NO COST PROVISIONS**

**34 CFR §300.154(d)(2)(i)-(iii) and 8 NYCRR §200.5(b)(8)(ii)(b)-(d)**

The IDEA "no cost" protections regarding the use of public benefits or insurance are as follows:

1. Your school district may not require you to sign up for or enroll in a public benefits or insurance program in order for your child to receive a free appropriate public education.
2. Your school district may not require you to pay any out-of-pocket expenses, such as the payment of a deductible or co-pay amount for filing a claim for services that your school district is otherwise required to provide your child without charge.
3. Your school district may not use your or your child's public benefits or insurance if using those benefits or insurance would:
  - a. decrease your available lifetime coverage or any other insured benefit, such as a decrease in your plan's allowable number of physical therapy sessions available to your child or a decrease in your plan's allowable number of sessions for mental health services;
  - b. cause you to pay for services that would otherwise be covered by your public benefits or insurance program because your child also requires those services outside of the time your child is in school;
  - c. increase your premium or lead to the cancellation of your public benefits or insurance; or
  - d. cause you to risk the loss of your child's eligibility for home and community-based waivers that are based on your total health-related expenditures.

We hope this information is helpful to you in making an informed decision regarding whether to allow your school district or county, for the provision of preschool special education, to use your or your child's public benefits or insurance to pay for special education and related services under IDEA.

Contact information: For additional information and guidance on the requirements governing the use of public benefits or insurance to pay for special education and related services see:  
<http://www2.ed.gov/policy/speced/reg/idea/part-b/part-b-parentalconsent.htm>

## 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)			
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](http://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 UFSD

### Computer Network Acceptable Use and Internet Safety Contract For Middle 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](http://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.

*Furthermore, some middle school grade levels may have additional online access aside from those normally used by other grade levels. By signing this Contract, you expressly consent to the use of such programs the District deems appropriate.*

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**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: \_\_\_\_\_

Approved: January 20, 2010  
Revised: March 21, 2012  
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Revised: July 12, 2019



## LINDENHURST UFSD

### Computer Network Acceptable Use and Internet Safety Contract For High 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](http://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.

*By signing this Contract, you expressly consent to the use of such programs the District deems appropriate.*

**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](http://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](https://www.lindenhurstschools.org/our_district/food_service)

### **Dual Language Program**

[https://www.lindenhurstschools.org/departments/dual\\_language\\_program\\_information](https://www.lindenhurstschools.org/departments/dual_language_program_information)

### **Chromebook User Agreement**

[https://www.lindenhurstschools.org/departments/1\\_1\\_chromebook\\_initiative](https://www.lindenhurstschools.org/departments/1_1_chromebook_initiative)

### **Transportation Information**

[https://www.lindenhurstschools.org/departments/transportation\\_information](https://www.lindenhurstschools.org/departments/transportation_information)

### **Change of Address Information**

[https://www.lindenhurstschools.org/our\\_district/registration](https://www.lindenhurstschools.org/our_district/registration)

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

[https://www.lindenhurstschools.org/our\\_district/registration](https://www.lindenhurstschools.org/our_district/registration)