

**Valley Stream UFSD Thirteen
Business Office
585 N Corona Avenue
Valley Stream, NY 11581**

Elizabeth Lison, Ed.D.
SUPERINTENDENT OF SCHOOLS

NICHOLAS J. LUCIANO
RESIDENCY OFFICER
516-872-5694

ALL NECESSARY FORMS MUST BE RETURNED IN PERSON TO THE VSCHSD RESIDENCY OFFICE. (872-5694)

Note: The school retains the right to temporarily delay completion of this registration pending evaluation of the facts presented in any portion of this application.

REGISTRATION INSTRUCTIONS

IF YOU ARE THE CHILD'S NATURAL PARENT:

The following documents **MUST** be presented at the time of registration, along with proper forms:

1. Child's **ORIGINAL** birth certificate;
2. Certificate of immunization in English, signed by a physician or health facility;
3. **IF YOU OWN A HOME**, you must attach your **ORIGINAL** house deed, **AND** your current mortgage statement or current realty tax receipt, **PLUS** one of the following: LIPA bill, water bill, cable/satellite bill, telephone bill, homeowner's insurance policy or car insurance policy. **Affidavit Forms "A" and "B" must be attached.**
4. **IF YOU ARE RENTING OR LEASING** an apartment or home, submit your lease or rental agreement and completed **Affidavit Form "C."** Provide the school with **TWO ORIGINALS** of the following: LIPA bill, cable/satellite bill, telephone bill, car insurance policy, voter registration card. Your landlord **MUST** complete **Form "B"** and submit required proof of ownership as listed in item #3 above.
5. **IF YOU ARE RENTING, BUT DO NOT HAVE A WRITTEN RENTAL OR LEASE AGREEMENT**, or are otherwise residing in a district resident's home, complete **Affidavit Form "C," PLUS** two additional proofs of residency from item 4. Your landlord **MUST** complete **Form "B"** and submit required proofs of ownership, as listed in item #3 above.
6. Your child's last report card.
7. Proof of health insurance coverage.
8. **ALL** residency affidavits **MUST** be notarized.
9. Parent, guardian or custodian **MUST** produce a **VALID** photo ID.
10. It is not necessary to bring your child to registration. If possible, please have the children stay at home.

ALL REGISTRATION PACKETS MUST INCLUDE COMPLETED FORMS "A" AND "B."

We thank you for your cooperation in making the registration a smooth process for all involved.

**Valley Stream UFSD Thirteen
Business Office
585 N Corona Avenue
Valley Stream, NY 11581**

Elizabeth Lison, Ed.D.
SUPERINTENDENT OF SCHOOLS

NICHOLAS J. LUCIANO
RESIDENCY OFFICER
516-872-5694

REGISTRATION INSTRUCTIONS

IF YOU ARE THE CHILD'S GUARDIAN/CUSTODIAN:

The following documents **MUST** be presented at the time of registration, along with proper forms:

11. Child's **ORIGINAL** birth certificate;
12. Certificate of immunization in English, signed by a physician or health facility;
13. **IF YOU OWN A HOME**, you must attach your **ORIGINAL** house deed, **AND** your current mortgage statement or current realty tax receipt, **PLUS** one of the following: LIPA bill, water bill, cable/satellite bill, telephone bill, homeowner's insurance policy or car insurance policy. **Affidavit Forms "A" and "B" must be attached.**
14. **IF YOU ARE RENTING OR LEASING** an apartment or home, submit your lease or rental agreement and completed **Affidavit Form "C."** Provide the school with **TWO ORIGINALS** of the following: LIPA bill, cable/satellite bill, telephone bill, car insurance policy, voter registration card. Your landlord **MUST** complete **Form "B"** and submit required proof of ownership as listed in item #3 above.
15. **IF YOU ARE RENTING, BUT DO NOT HAVE A WRITTEN RENTAL OR LEASE AGREEMENT**, or are otherwise residing in a district resident's home, complete **Affidavit Form "C," PLUS** two additional proofs of residency from item 4. Your landlord **MUST** complete **Form "B"** and submit required proofs of ownership, as listed in item #3 above.
16. **YOU MUST COMPLETE CUSTODIAL AFFIDAVIT FORM "D."**
17. Children in Foster Care must submit a copy of form DSS 2999 or BSW 241 at the time of registration.
18. Your child's last report card.
19. Proof of health insurance coverage.
20. **ALL** residency affidavits **MUST** be notarized.
21. Parent, guardian or custodian **MUST** produce a **VALID** photo ID.
22. It is not necessary to bring your child to registration. If possible, please have the children stay at home.

ALL REGISTRATION PACKETS MUST INCLUDE COMPLETED FORMS "A" AND "B."

We thank you for your cooperation in making the registration a smooth process for all involved.

VALLEY STREAM UFSD THIRTEEN
Registration Information
FORM A

<u>Office Use Only</u>			
School _____	ID# _____	RM# _____	Dem. _____

WARNING: ANY PERSON OR PERSONS, WHO PROVIDE WILLFULLY FALSE INFORMATION REGARDING RESIDENCE, WILL BE SUBJECT TO CRIMINAL PENALTIES. A FALSE STATEMENT REGARDING RESIDENCE OR ENTITLEMENT TO A TUITION FREE EDUCATION FROM THE DISTRICT IS PUNISHABLE AS A CLASS A MISDEMEANOR. IN ADDITION, IF IT IS DETERMINED THAT A REGISTRANT'S CHILD RESIDES OUTSIDE OF THE DISTRICT, THE DISTRICT MAY TAKE LEGAL ACTION TO COLLECT TUITION CHARGES IF THE STUDENT IS NOT LEGALLY ENTITLED TO RECEIVE A TUITION FREE EDUCATION FROM THE DISTRICT. THE DISTRICT RESERVES THE RIGHT TO INVESTIGATE ANY STUDENT'S RESIDENCY BY ANY LEGAL MEANS AVAILABLE. INCLUDING BUT NOT LIMITED TO PUBLIC RECORDS, SITE VISITS AND OTHER LAWFUL METHODS OF INVESTIGATION.

Pupil's Name _____ Male ___ Female ___

Date of Birth _____ Age ___ Grade ___ US Citizen Yes ___ No ___

Country Of Birth _____ City _____ State _____

Date Of US Entry _____ Years in US Schools _____ Language Spoken _____

Other Languages Spoken at Home _____

Ethnicity: White ___ Black ___ Hispanic ___ Native American/Alaskan ___ Asian/Pacific Islander ___

Present Address _____

_____ Home Phone Number _____ Cell Phone _____

Own _____ Rent _____ Homeless Yes ___ No ___

Previous Address _____

Last School Attended _____ Grade _____

Address of Previous School _____

Special Education (Please Check) Yes ___ No ___

(IF YES, PLEASE PROVIDE A COPY OF THE CURRENT IEP (INDIVIDUAL EDUCATION PROGRAM))

Child resides with : both parents () mother only () father only () guardian () foster parent () custodial agreement on record ()

PARENTS Status: () Married () Divorced () Separated () Never Married

Mother's Name _____ **Date of Birth** _____ **Ethnicity** _____

Address _____

Home Phone _____ Cell Phone _____ Social Security # _____

Employer's Name _____ Business Phone _____

(Turn Over)

**RENTER'S/NON-OWNER'S AFFIDAVIT
FORM C**

STUDENT'S NAME (PRINT, LAST NAME FIRST)

_____, Social Security # _____, being duly sworn, deposes and says:
Renter/Non-Owner's Name

1) I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that _____ (Name of Child/Ward) may be admitted to the schools of the Valley Stream Union Free School District 13 as a District resident. I further understand that if my child/ward is found not to be a legitimate resident of Valley Stream Union Free School District 13, that **I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE. , PER CHILD, RETRO ACTIVE TO 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 the purposes of residency verification.

2) I _____, AM THE (PARENT/GUARDIAN/CUSTODIAL PARENT/STEP-PARENT) of the above named Child/Ward. I reside at **(state address and specify the exact nature of the space: basement apartment, second floor apartment, number of rooms, etc.)** _____

with my Child/Ward and **(LIST EACH AND EVERY OTHER PERSON LIVING AT THE ABOVE ADDRESS**

- | | |
|----------|----------|
| 1) _____ | 5) _____ |
| 2) _____ | 6) _____ |
| 3) _____ | 7) _____ |
| 4) _____ | 8) _____ |

This is my actual and only permanent residence. My Child/Ward lives with me and said address is his/her actual and only permanent residence.

3) My last address was _____ where I lived with **(LIST EACH AND EVERY PERSON WHO LIVED AT THE ABOVE ADDRESS):**

- | | |
|----------|----------|
| 1) _____ | 4) _____ |
| 2) _____ | 5) _____ |
| 3) _____ | 6) _____ |

**CUSTODIAL AFFIDAVIT
FORM D**

STUDENT'S NAME (PRINT LAST NAME FIRST)

WARNING: ANY PERSON OR PERSONS, WHO PROVIDE WILLFULLY FALSE INFORMATION REGARDING RESIDENCE, WILL BE SUBJECT TO CRIMINAL PENALTIES. A FALSE STATEMENT REGARDING RESIDENCE OR ENTITLEMENT TO A TUITION FREE EDUCATION FROM THE DISTRICT IS PUNISHABLE AS A CLASS A MISDEMEANOR. IN ADDITION, IT IS DETERMINED THAT A REGISTRANT'S CHILD RESIDES OUTSIDE OF THE DISTRICT, THE DISTRICT MAY TAKE LEGAL ACTION TO COLLECT TUITION CHARGES IF THE STUDENT IS NOT LEGALLY ENTITLED TO RECEIVE A TUITION FREE EDUCATION FROM THE DISTRICT. THE DISTRICT RESERVES THE RIGHT TO INVESTIGATE ANY STUDENT'S RESIDENCY BY ANY LEGAL MEANS AVAILABLE, INCLUDING BUT NOT LIMITED TO PUBLIC RECORDS, SITE VISITS AND OTHER LAWFUL METHODS OF INVESTIGATION.

1. _____(NAME OF CUSTODIAN), _____(SS#).,
BEING DULY SWORN, DEPOSES AND SAYS:

2. I LIVE AT _____
_____(FULL NAME OF CHILD) IS
MY _____(CHILD'S RELATIONSHIP TO CUSTODIAN)AND HE/SHE HAS
BEEN LIVING WITH ME SINCE _____(DATE).

3. _____(NAME OF CHILD) INTENDS TO RESIDE WITH ME FOR
_____(LENGTH OF TIME).

4. THIS LIVING ARRANGEMENT IS _____ PERMANENT _____ TEMPORARY
IF TEMPORARY, THE ARRANGEMENT WILL BE TERMINATED ON _____
PLEASE EXPLAIN:

5. DESCRIBE THE REASON(S) AND PURPOSE FOR SURRENDERING THE CARE, CUSTODY
AND CONTROL OF THE CHILD TO YOU.

6. FORMER ADDRESS(ES) WHERE CHILD HAS LIVED:

STREET CITY STATE DATES WITH WHOM

7. _____(NAME OF CHILD) DOES NOT LIVE AT ANY OTHER ADDRESS.

8. FOOD, CLOTHING, AND ALL OTHER NECESSITIES ARE PROVIDED TO
_____(NAME OF CHILD) BY _____

9. WILL THE CHILD BE SPENDING OVERNIGHT, WEEKENDS, HOLIDAYS, OR VACATIONS
ELSEWHERE? IF SO, PLEASE EXPLAIN: _____

10. DOES EACH PARENT INTEND TO REMAIN AT HIS/HER PRESENT ADDRESS? PLEASE
EXPLAIN: _____

11. WHERE IS EACH PARENT REGISTERED TO VOTE? MOTHER _____
FATHER _____

12. WHAT COURT ORDERS HAVE BEEN MADE WITH RESPECT TO THE CHILD'S
GUARDIANSHIP OR CUSTODY? (ATTACH A COPY OF ALL SUCH ORDERS)

13. IF THE GUARDIAN HAS ANY OTHER CHILDREN, SUPPLY THE FOLLOWING
INFORMATION:

NAME	AGE	ADDRESS	RELATIONSHIP TO GUARDIAN	SCHOOL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. I _____ (NAME OF CUSTODIAN) ASSUME FULL
RESPONSIBILITY FOR ALL MATTERS RELATING TO _____ (NAME OF
CHILD'S) EDUCATION AND MEDICAL CARE.

15. STATEMENT OF OTHER RELEVANT FACTS

**THE QUESTIONS "A" THROUGH "F" MUST BE ANSWERED WHEN APPLICATION FOR
ADMISSION IS FILED BY PERSONS OTHER THAN A NATURAL PARENT.(GUARDIAN)**

- A) WHY IS THE CHILD NOT LIVING WITH HIS/HER NATURAL OR ADOPTIVE
PARENTS? _____
- B) DOES THE STUDENT LIVE IN YOUR HOME EXCLUSIVELY? _____
- C) HOW OFTEN WILL THE PARENTS SEE THE CHILD? _____
- D) WHAT PERCENTAGE OF FINANCIAL SUPPORT WILL BE MADE BY THE NATURAL
PARENTS? _____
- E) WHAT PERCENTAGE OF FINANCIAL SUPPORT WILL BE MADE BY YOU? _____

**THE SCHOOL RETAINS THE RIGHT TO TEMPORARILY DELAY COMPLETION OF THIS REGISTRATION,
PENDING EVALUATION OF THE FACTS PRESENTED IN THIS OR ANY OTHER PORTION OF THIS
APPLICAION.**

**I UNDERSTAND THAT THE INFORMATION IN THIS APPLICAION IS TRUE AND CORRECT. I UNDERSTAND
THAT THE STATEMENTS IN THIS APPLICATION ARE SUBJECT TO VERIFICAION BY THE SCHOOL
DISTRICTAND THAT FALSE STATEMENTS WILL BE SUBJECT TO TUITION. I ALSO UNDERSTAND THAT IT
IS MY RESPONSIBILITY TO NOTIFY THE SCHOOL OF ANY CHANGES, AND/OR CIRCUMSTANCES
AFFECTING THIS APPLICATION.**

**I ALSO UNDERSTAND THAT ANY FALSE STATEMENTS MADE ARE PUNISHABLE AS A CLASS "A"
MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF OF THE STATE OF NEW YORK.**

NON-CUSTODIAL PARENTS SIGNATURE

CUSTODIAN'S SIGNATURE

DATE

DATE

SWORN TO BEFORE ME THIS
____ DAY OF _____, 20__

SWORN TO BEFORE ME THIS
____ DAY OF _____, 20__

NOTARY PUBLIC

NOTARY PUBLIC



VALLEY STREAM UNION FREE SCHOOL DISTRICT

HEALTH RECORD

(This form must be filled out in its entirety)

School: James A. Dever _____ Howell Road _____ Wheeler Avenue _____ Willow Road _____

HISTORY : Date _____

Pupil Name _____ DOB ___/___/___ Grade _____

Address _____ Telephone No. _____ Cell Phone _____

Mothers' Name _____ Father's Name _____

Family Doctor _____ Address _____

Phone No. _____

Has your child had any of the following diseases?

Table with 2 columns: Disease Name, Date. Rows include Asthma/Allergies, Diabetes, Chicken Pox, Ear Condition, Frequent Colds/Sore Throats, German Measles, Heart Disease, Measles, Mumps, Pneumonia, Rheumatic Fever, Scarlet Fever, Seizure Disorder, Tuberculosis, Vision Problems, Whooping Cough.

Operations _____ Type of Operations _____ Date _____

Serious Injuries _____ Type of Injury _____ Date _____

Was there an unusual pregnancy and/or delivery with this child? Explain _____

Is your child taking medication on a regular basis? Explain: (Please exclude vitamins.) _____

Please give any other information that you feel the school authorities should know pertaining to the health of your child. _____

Valley Stream Union Free School District Thirteen

CERTIFICATE OF IMMUNIZATION

Child's Name

Date of Birth

1. DPT Vaccine

1. ___/___/___ 2. ___/___/___ 3. ___/___/___ 4. ___/___/___ 5. ___/___/___ 6. ___/___/___

OR DTaP Vaccine

1. ___/___/___ 2. ___/___/___ 3. ___/___/___ 4. ___/___/___ 5. ___/___/___

TD

1. ___/___/___ 2. ___/___/___ 3. ___/___/___ 4. ___/___/___ 5. ___/___/___

td 1. ___/___/___ 2. ___/___/___ 3. ___/___/___

2. Polio (OPV)

1. ___/___/___ 2. ___/___/___ 3. ___/___/___ 4. ___/___/___ 5. ___/___/___

Or IPV or e-IPV 1. ___/___/___ 2. ___/___/___ 3. ___/___/___ 4. ___/___/___

3. MMR Vaccine

1. ___/___/___ 2. ___/___/___

or

Measles 1. ___/___/___ 2. ___/___/___

Mumps 1. ___/___/___

Rubella 1. ___/___/___

4. Hepatitis B

1. ___/___/___ 2. ___/___/___ 3. ___/___/___

5. Varicella Vaccine

___/___/___

or Disease

or Antibody Titer level ___/___/___ Results: _____

6. HIB Vaccine

1. ___/___/___ 2. ___/___/___ 3. ___/___/___ 4. ___/___/___

7. Lead Test ___/___/___ Result _____

8. Mantoux Test ___/___/___ Result _____ or Tine Test ___/___/___ Results _____

9. Hepatitis A 1. ___/___/___ 2. ___/___/___

10. Prevnar Vaccine 1. ___/___/___ 2. ___/___/___ 3. ___/___/___ 4. ___/___/___

Signature of Physician and/or Health Facility

Date: _____

Print Name & Address

Stamp

** Please Attach Letters for Medical Exemption **



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

English. Your assistance in answering these questions is greatly appreciated.

Thank You

TO BE COMPLETED BY SCHOOL PERSONNEL			
DISTRICT	<i>Please print or type clearly</i>		
SCHOOL	GRADE		
STUDENT NAME			
DATE OF BIRTH	Month:	Day:	Year
STUDENT IDENTIFICATION NUMBER			
COUNTRY OF BIRTH / ANCESTRY			
NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S.			
NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION			
DETERMINATION:	~ Possible LEP ~ English Proficient		

(~ boxes that apply)

- What language(s) is spoken in the student's home or residence? ~ **English** ~ **Other** *specify*
- What language(s) are spoken most of the time to the student, in the home or residence? ~ **English** ~ **Other** *specify*
- What language(s) does the student understand? ~ **English** ~ **Other** *specify*
- What language(s) does the student speak? ~ **English** ~ **Other** *specify*
- What language(s) does the student read? ~ **English** ~ **Other** ~ **Does Not Read** *specify*
- What language(s) does the student write? ~ **English** ~ **Other** ~ **Does Not Write** *specify*
- In your opinion, how well does the student understand, speak, read and write English?

	<i>Very well</i>	<i>Only a little</i>	<i>Not at all</i>
Understands English	~	~	~
Speaks English	~	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	~	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	~	<input type="checkbox"/>	<input type="checkbox"/>

Month: Day: Year:

Signature of Parent/Guardian/Other

Date