Port Washington Union Free School District

Daly Pre-Kindergarten
36 Rockwood Ave
Port Washington, NY 11050

HOMEOWNER

To be distributed only to students who are eligible for the Port Washington School District Pre-kindergarten lottery.
Pre-K registration for community based organizations

Universal Pre-K registration pre-appointment checklist for homeowners

You must provide ALL of the following on the day of your appointment:

- Proof of residence (e.g., house deed, Nassau County tax bill or mortgage statement)
- 2 current bills with date, name and address (e.g., PSEG OR National Grid, bank statement, cablevision, credit card statement, telephone/cell phone bill)
- Original (no copies) of student’s proof of date of birth (e.g., birth certificate or passport)
- Photo ID of parent registering student (e.g., license or passport)

Before arrival, you must complete the following in the registration packet:

- Completed student registration form
- Home Language Survey Questionnaire (must be signed)
- Racial & Ethnic ID form (Please, check at least one box in each section)
- Student residency/homeless questionnaire (must be signed)
- Notarized affidavit*
- Notarized disclosure statement*

*Forms must be notarized before your registration appointment.

Any questions... please call the Pre-K Office before your registration appointment.
(516) 767-4950

To be distributed only to students who are eligible for Port Washington School District pre-kindergarten lottery.
PORT WASHINGTON UNION FREE SCHOOL DISTRICT

STUDENT REGISTRATION FORM

A. ENROLLMENT

Schreiber High School  Weber Middle School  Daly Elementary School
Guggenheim Elementary School  South Salem Elementary  Sousa Elementary School
Manorhaven Elementary School  Other (Please specify)  

Student's Name (as appears on birth certificate or other official document):

First  Middle  Last

Student E-Mail Address  Has this student ever attended school in Port Washington?  Yes  Year/Grade  No

What is your place of birth?  Has the student attended another school outside of New York?  If yes,

Name of School:  

Student's Address  

Date of Birth:  Grade:  Gender:

Country/State of Birth:

Home Telephone No:  Cellular phone:

Student's Last Home Address:

Address:

Previous school attended:

Address:

Phone No:

Last Date of attendance:  Last grade in attendance

List names of siblings:

Name  School/Grade  Date of Birth  Residing at Home?


**B. RELATIONSHIP TO STUDENT**

Are you: (check one)  
_____ parent  
_____ legal guardian  
_____ foster parent  
_____ person in parental role. **

**Please explain relationship:**

<table>
<thead>
<tr>
<th>First name /Middle name</th>
<th>Parent/Legal Guardian #1</th>
<th>Parent/Legal Guardian #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Town, State, Zip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-Mail Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Phone Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cellular Phone Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place of Birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photo ID#/Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place of Issuance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Employer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address of Employer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Active Member of the Military  
- Entry Date:  
- Exit Date:

Former Member of the Military  
- Entry Date:  
- Exit Date:

Never Served in the Military

If either parent is not presently living at home or with student, please explain why:

________________________________________________________________________

Do you have any other residences?  
_____ Yes  
_____ No

If yes, where?

________________________________________________________________________

5-17 Revised Student Registration Form
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.

<table>
<thead>
<tr>
<th>STUDENT NAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
</tr>
<tr>
<td>-------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE OF BIRTH:</th>
<th>GENDER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARENT/PERSO IN PARENTAL RELATION INFO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
</tr>
</tbody>
</table>

**HOME LANGUAGE CODE**

**Language Background**

(Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?
   - [ ] English
   - [ ] Other
   - [ ] Specify

2. What was the first language your child learned?
   - [ ] English
   - [ ] Other
   - [ ] Specify

3. What is the Home Language of each parent/guardian?
   - [ ] Mother
     - [ ] Specify
   - [ ] Father
     - [ ] Specify
   - [ ] Guardian(s)
     - [ ] Specify

4. What language(s) does your child understand?
   - [ ] English
   - [ ] Other
   - [ ] Specify

5. What language(s) does your child speak?
   - [ ] English
   - [ ] Other
   - □ Does not speak

6. What language(s) does your child read?
   - [ ] English
   - [ ] Other
   - □ Does not read

7. What language(s) does your child write?
   - [ ] English
   - [ ] Other
   - □ Does not write

---

**SCHOOL DISTRICT INFORMATION:**

<table>
<thead>
<tr>
<th>District Name/Number &amp; School</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:</th>
</tr>
</thead>
</table>
8. Indicate the total number of years that your child has been enrolled in school

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.
   Yes*  No  Not sure
   □  □  □  *If yes, please explain:__________________________

   How severe do you think these difficulties are? □ Minor □ Somewhat severe □ Very severe

10a. Has your child ever been referred for a special education evaluation in the past? □ No □ Yes*  *Please complete 10b below

10b. *If referred for an evaluation, has your child ever received any special education services in the past?
   □ No □ Yes – Type of services received:
   Age at which services received (Please check all that apply):
   □ Birth to 3 years (Early Intervention) □ 3 to 5 years (Special Education) □ 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? □ No □ Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)
   ____________________________________________________________

12. In what language(s) would you like to receive information from the school?
   ____________________________________________________________

   Signature of Parent or of Person in Parental Relation
   ___________________________  ___________________________  ___________________________
   Month:  Day:  Year:  Date

   Relationship to student: □ Mother □ Father □ Other: ____________________________

---

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

NAME: ___________________________  POSITION: ___________________________

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

---

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

NAME: ___________________________  POSITION: ___________________________

ORAL INTERVIEW NECESSARY: □ No □ Yes

**DATE OF INDIVIDUAL INTERVIEW:**
   Mo  Day  Yr

OUTCOME OF INDIVIDUAL INTERVIEW:
   □ Administer NYSITELL
   □ English Proficient
   □ Refer to Language Proficiency Team

---

**NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL**

NAME: ___________________________  POSITION: ___________________________

DATE OF NYSITELL ADMINISTRATION:
   Mo  Day  Yr

PROFICIENCY LEVEL ACHIEVED ON NYSITELL:
   □ ENTERING  □ EMERGING  □ TRANSITIONING  □ EXPANDING  □ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:
NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

HOUSING QUESTIONNAIRE

Name of LEA: ____________________________________________

Name of School: ________________________________________

Name of Student: ________________________________________

Last     First     Middle

Gender: □ Male     Date of Birth: ______/_____/______ Grade: ______
                          (Month              ID#: _______________
□ Female              Day            Year) (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 ________________

If ANY box other than “In Permanent Housing” is checked, then the student/family should be immediately referred to the MV Liaison. In such cases, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

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

Rev. 11/15/16
PORT WASHINGTON UNION FREE SCHOOL DISTRICT

OWNER AFFIDAVIT

1. I/we ___________________________________________ am/are the legal owner(s) the following premises: (A copy of deed, mortgage statement or tax bill must be attached.)

Port Washington, New York 11050

Section #________ Lot #________ Block #________

2. To the best of my knowledge, the above mentioned property is the sole and only residence from _______ of:

________________________________________
Name(s) of Parent/Guardian

________________________________________
Name(s) of Child/Children

3. The following names include ALL other persons living at this address and their relationship to child(ren):

1. ___________________________ 5. ___________________________
2. ___________________________ 6. ___________________________
3. ___________________________ 7. ___________________________
4. ___________________________ 8. ___________________________

4. I understand that statements made in this affidavit will be relied upon by the Port Washington Union Free School District. I swear/affirm that these statements are true under the penalties of perjury, and I understand that the filing of a false instrument and the theft of services from a governmental agency such as a school district are crimes punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution.

(Initial here please)

5. I have been informed that the school district may conduct an investigation for purposes of residency verification, which may include home visits.

Date __________________________________ Signature of Owner __________________________

PRINT Name ___________________________________________________

Notary

Registrar’s Initials __________________ Date __________

Deed Presented: Yes No
PORT WASHINGTON UNION FREE SCHOOL DISTRICT

DISCLOSURE STATEMENT

Section 210.25 of the Penal Law of New York State prohibits the making of a false written statement. Therefore, I hereby swear/affirm that the statements contained in this application are true. I also understand that the statements contained herein are subject to verification by the School District, and that false statements could subject me to retroactive tuition and/or transportation charges, where applicable. I also understand that the school district retains the right to temporarily delay completion of this registration pending evaluation of the information presented in any portion of the registration materials.

Parent/Legal Guardian #1

PRINT name

"Sworn to before me this_____day
_______________(month)
___________________(year).

Notary Public"

Parent/Legal Guardian #2

PRINT name

"Sworn to before me this_____day
_______________(month)
___________________(year).

Notary Public"

Registrar's Initials ___________

Date ___________
DIRECTIONS TO PARENT/GUARDIAN
PLEASE ANSWER QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND.

Student Name ________________________________
(First Name) ______________ (Last Name) ______________

PSEN # (to be assigned by school personnel) ______________________________

In compliance with governmental requirements, the Port Washington School District is required to collect and record the ethnic identity of students within our school district in accordance with the federal categories and definitions. We need your help to accomplish this task. Please review the information below and respond to both #1 and #2. The Port Washington School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations (FERPA, 1974). If you do not provide this information, a student records officer from the district will be required to identify the group to which the student appears to belong. Thank you for your cooperation.

1. Is the student Hispanic, Latino or of Spanish origin? Hispanic, Latino or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.
   □ YES, Hispanic □ No, not Hispanic

2. How many races do you identify with? Choose one or more regardless of your ethnicity. For this question, check (✓) all groups that apply to your child. Check (✓) at least one box.
   □ AMERICAN INDIAN or ALASKA NATIVE: A person having origins in any of the original peoples of North America or South America (including Central America) and who maintains cultural identification through tribal affiliation or community attachment.
   □ ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand and Vietnam.
   □ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
   □ BLACK: A person having origins in any of the black racial groups of Africa.
   □ WHITE: A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

Signature of person completing form ________________________________ Date ________________

Relationship to student (please check one box below):
□ Mother □ Father □ Guardian □ Other (Specify) ________________________________