



Central Administrative Offices
77 Landau Avenue, Floral Park, NY 11001-3603

Thomas P. Dolan, Ed. D.
Interim Superintendent of Schools

Scott Greene
Administrative Assistant to the Superintendent
(516) 488-9823
Email: sgreene@sewanhaskaschools.org

Dear Parents/Guardians:

The forms and checklist provided herein are designed to assist you in the registration process. Students are eligible to attend the school zoned for his/her residence. Eligibility for attendance is governed by Board Policy and Administrative Regulation 5118 "Resident Students" and/or 5118.5 "Homeless Students." Copies of these Board Policies are available on the District website.

In order to determine what services you or your child may be able to receive under the McKinney-Vento Homeless Assistance Act, please complete the attached HOUSING QUESTIONNAIRE. If the student is NOT living in permanent housing, a school official will meet with you to inform you of the educational and related opportunities available to you and your child and assist you with registering your child, as your child may qualify for homeless status. The District's Homeless Liaison is Regina Agrusa. Ms. Agrusa's contact information is 488-9851.

Also included is the New York State Migrant Education Program Parent Survey Form. We are required by the Every Student Succeeds Act (ESSA) to survey parents/guardians.

PARENTS OF HOMELESS STUDENTS STOP HERE: Please return the HOUSING QUESTIONNAIRE to the registrar.

ALL OTHER STUDENTS: Please complete the attached registration form and/or any supporting documents in their entirety. Failure to present sufficient evidence establishing residence within the District will result in an Administrative Review by a Board of Education designee for residency determinations, pursuant to 100.2 of the Commissioner's Regulations and Board Administrative Regulation 5118 "Resident Students." The model forms and checklist attached hereto will help the parent(s), guardian(s) or person in parental relationship to establish sufficient proof of residency and help avoid any denial and/or interruption in educational services being provided to the child/ward. An appeal process will be provided from any adverse determination which results in your child/ward's denial of any enrollment and/or continued enrollment.

Please be advised that as part of the Registration Packet, on the District Website, the Application for Free and Reduced-Price School Meals/Milk for the 2024-2025 school year will be available in August 2024. Copies will be available in the Registrar's Office.

If you have further questions regarding these documents, you may call my office at (516) 488-9823 or the Registrar at your child's home-zoned school:

Elmont Memorial HS, 555 Ridge Road, Elmont, NY 11003
Attention: Ms. Domenica Lombardi, Registrar
(516) 488-9252
dlombardi@sewanhaskaschools.org

New Hyde Park Memorial HS, 500 Leonard Blvd, NHP, NY 11040
Attention: Ms. Josephine Licata, Registrar
(516) 488-9500 ext. 9592
jlicata@sewanhaskaschools.org

Floral Park Memorial HS, 210 Locust St., Floral Park, NY 11001
Attention: Ms. Patricia Mirabile, Registrar
(516) 488-9300 Ext. 9359
pmirabile@sewanhaskaschools.org

Sewanhaka High School, 500 Tulip Avenue, Floral Park, NY 11001
Attention: Ms. Mela Correale, Registrar
(516) 488-9657
mcorreale@sewanhaskaschools.org

H. Frank Carey HS, 230 Poppy Ave., Franklin Square, NY 11010
Attention: Ms. Edda Martelli, Registrar
(516) 539-9464
emartelli@sewanhaskaschools.org

Sincerely,

[Handwritten signature of Scott Greene]

Scott Greene
Administrative Assistant to the Superintendent

SG/rg

HOUSING QUESTIONNAIRE

Name of LEA: SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT

Name of School: _____

Name of Student: _____

Last First Middle

Gender: Male Female Date of Birth: ____/____/____ Grade: ____ ID#: ____
Month Day Year (7-12) (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 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.

SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT REGISTRATION FORM

INSTRUCTIONS:

1. All Applicants **MUST** complete Sections 1 through 8 of the registration form, sign the bottom of page 2 and have the document notarized. Attach copy of birth certificate, baptismal certificate or other proof of date of birth. (See page 2, Section 2 "Verification of Age" for a list of other acceptable documents).
2. **DIVORCED OR SEPARATED PARENTS** **with** current Custody Order submit a copy of the Court Order or divorce papers: **without** a Custody Order, **must** complete Affidavits Forms C and Form D. Form D is for the non-custodial parent. **Form D will not be required prior to admission in cases where the non-custodial parent is uncooperative, cannot be located, is out of the country or is unavailable for other valid reasons.**
3. **FOSTER PARENTS** complete Sections 1 through 8 of the registration form and submit a copy of BSW-241 or DSS-2999 form. The DSS social worker (legal guardian) should also **SIGN THE APPLICATION.**
4. **LEGAL GUARDIANS OR LEGAL CUSTODIANS** complete Sections 1 through 8 of the registration form and attach a certified copy of the Court Order.
5. **PERSON IN PARENTAL RELATIONSHIP (PERSONS OTHER THAN CHILD'S PARENTS WITHOUT A COURT ORDER)**, complete Sections 1 through 8 of the registration form and **must** complete Affidavits Forms C and D. **Form D will not be required prior to admission in cases where the parent(s) are uncooperative, cannot be located, are out of the country, or unavailable for other valid reason.**

RESIDENCY INFORMATION:

HOMEOWNERS:

Must provide proof of ownership such as a recent mortgage statement, tax bill or deed **AND** a utility bill or some other documentation establishing physical presence, including but not limited to the types of documentation listed in Section 1 "Verification of Residency" (see below). No additional documentation is required.

RENTERS:

Complete Form A and submit a copy of a recent utility bill **AND** residential lease or other documentation establishing physical presence, including but not limited to the types of documents listed in Section 1 "Verification of Residency" (see below). Have the owner/landlord complete Form B. (You may instead submit an affidavit from a third party relating to your physical presence in the District Form E).

OTHER REQUIREMENTS:

1. Immunization records - Pursuant to Board Policy and Administrative Regulation 5123.3, Principals will permit students to attend school up to 14 calendar days while the parent/guardian obtains the necessary documents. No child may be allowed to attend for more than 30 days without the required certificate or acceptable evidence of immunization.
2. **Photo ID from Parent/Guardian/Person in Parental Relationship**
3. School records - transcript, report card, IEP (if applicable) school record request form completed and signed.

1. VERIFICATION OF RESIDENCY

The District will consider other documentation and/or information establishing physical presence in the District including, but not limited to, the following:

- Pay stub with home address in the District;
- Income tax form;
- Utility or other bills;
- Membership documents (e.g., library cards) based upon residency;
- Voter registration document(s);
- Official driver's license, learner's permit or non-driver identification with home address in the District;
- State or other government-issued identification;
- Documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement); or
- Evidence of custody of the child including, but not limited to judicial custody orders or guardianship papers.

2. VERIFICATION OF AGE

A certified birth certificate or record of baptism (including a certified transcript of a foreign birth certificate or record of baptism) giving the date of birth will be used to determine a child's age. If either of these documents is available no other form of evidence may be used to determine a child's age. If these documents are not available, a passport may be used to determine a child's age. If none of these documents are available, the District may consider other documentary evidence in existence, two years or more, except an affidavit of age. Such other evidence may include but not be limited to, the following:

- Driver's license;
- State or other government issued identification;
- School photo identification with date of birth;
- Consulate identification card;
- Hospital or health record;
- Military dependent;
- Identification card;
- Documents issued by federal, state, or local agencies (e.g), local social service;
- Federal Office of Refugee Retirement);
- Court orders or other court-issued documents;
- Native American tribal document or records from non-profit international aid agency and voluntary agencies.

Individuals who cannot provide any of the above documents may provide other acceptable documents including but not limited to these items listed in Board Policy 5118 Resident Students and/or a notarized explanation as to why the document is currently unavailable.

CHECKLIST

Have you...	Yes	No	NOT APPLICABLE
Completed Sections 1 through 8 of the Registration Form? (Please answer every question. If not applicable, please check where appropriate).			
If you own your property, attached a copy of a recent mortgage statement, deed or tax bill AND utility bill or other available document? (See Instructions Page 1, Section 1 "Verification of Residency," for list of other available documents).			
If you rent or share housing, completed and have NOTARIZED Form A (Renter's/Non-Owner's Statement) & Form B (Owner's/Landlord's Statement), if applicable? If unable to provide a copy of Form B (Owner's/Landlord's Statement), the District will accept an affidavit by a third party relating to your physical presence in the District (Form E).			
If you rent or share housing, attached a copy of a utility bill AND residential lease or other available document? (See Instructions Page 1, Section 1 "Verification of Residency" for list of other available documents).			
Completed and had NOTARIZED Form C (Custodial Parent/Guardian or Person in Parental Relationship Affidavit) and Form D (Parent's Affidavit)? A Parental Affidavit (Form D) will not be required prior to admission in cases where the Parent(s) are uncooperative, cannot be located, are out of the country, or unavailable for other valid reasons.			
Obtained necessary SIGNATURES & NOTARIZATIONS , if applicable?			
Included a copy of your child's BIRTH CERTIFICATE, BAPTISMAL CERTIFICATE OR OTHER ACCEPTABLE PROOF OF DATE OF BIRTH ? (See Instructions Page 2, Section 2 "Verification of Age" for list of other available documents).			
PROVIDED IMMUNIZATION RECORDS? Please note that all students will be required to comply with immunization requirements pursuant to Board Policy and Administrative regulation 5123.3 "Student Health Services." Principals will permit students to attend school up to 14 calendar days while the parent/guardian furnishes the necessary documents. No child may be allowed to attend for more than 30 days without the required certificate or acceptable evidence of immunizations.			
Completed Family Educational Rights & Privacy Act Acknowledgement Form?			
Completed Internet & Instructional Technology Form?			
Enclosed a copy of divorce and/or custody decree, if applicable?			
Mailed and/or returned all appropriate documents to the school registrar?			

Is the student classified with a disability?
IEP (Circle) Yes or No
504 (Circle) Yes or No

SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT
A NATIONAL DISTRICT OF EXCELLENCE
ELMONT, FLORAL PARK, H. FRANK CAREY,
NEW HYDE PARK & SEWANHAKA
REGISTRATION FORM

OFFICIAL USE ONLY
Application received
Registrar's Signature

BIRTH CERTIFICATE, BAPTISMAL CERTIFICATE OR OTHER ACCEPTABLE PROOF OF DATE OF BIRTH
MUST BE SUBMITTED WITH THIS REGISTRATION FORM

1. I am requesting permission based upon my legal residence to have the following child admitted to:

(Circle School for which your address is zoned) ELM FPM HFC NHP SHS

Student's Name: (Last, First, Middle) Date of Birth Grade Sex

2. Are you: Parent(s) (If there has been a divorce, refer to instruction sheet)
(Check One) Legal guardian (Court Appointed)
 Person in parental relationship
 Foster parent(s)
 Never married

3. Mother/Guardian/Person in Parental Relationship (Circle One)

Last Name _____ First Name _____ Middle Initial _____
Address _____
Phone Number: Home () _____ Work () _____ Cell () _____
Date of Birth _____ E-Mail _____
Name of Employer _____
Address of Employer _____
Days Worked _____ Hours Worked: From _____ To _____

Father/Guardian/Person in Parental Relationship (Circle One)

Last Name _____ First Name _____ Middle Initial _____
Address _____
Phone Number: Home () _____ Work () _____ Cell () _____
Date of Birth _____ E-Mail _____
Name of Employer _____
Address of Employer _____
Days Worked _____ Hours Worked: From _____ To _____

4. IF THE STUDENT IS LIVING WITH SOMEONE OTHER THAN A PARENT OR LEGALLY APPOINTED GUARDIAN, GIVE THE ADDRESS AND TELEPHONE NUMBER OF ANY LIVING NATURAL PARENTS/GUARDIANS IN SPACES BELOW.

NOT APPLICABLE _____ (Check)

Name _____ Relationship _____
Address _____ Zip _____ Phone # () _____
Name _____ Relationship _____
Address _____ Zip _____ Phone # () _____

5. Student's previous address, if in New York:

Street _____ Town _____ Telephone # _____
Name of Parent/Guardian at that previous address _____

HAS THE STUDENT EVER ATTENDED A SEWANHAKA CHSD SCHOOL? YES _____ NO _____
 IF YES, WHICH SCHOOL _____

List the name, birth date, school and grade of all school age children who live with you:

	<u>Name</u>	<u>Date of Birth</u>	<u>School</u>	<u>Grade</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

6. **THIS SECTION MUST BE COMPLETED BY ALL NEW ENTRANTS** Not applicable _____ (Check)
Has student participated in Interscholastic Athletics: Yes _____ No _____ (Check One)
 If YES, Level: JHS _____ JV _____ V _____ Intramural _____

7. Is the student a **FOSTER CHILD**. YES or NO. (Circle One)
 If YES School District of Origin _____
 Foster parents must have a social worker sign this document. In addition, complete forms BSW-241 or DSS-2999

8. **THE FOLLOWING QUESTIONS MUST BE ANSWERED WHEN AN APPLICATION FOR ADMISSION IS FILED BY PERSONS OTHER THAN A NATURAL PARENT.** Not applicable _____ (Check)

- a) Why is the child not living with his/her natural or adoptive parent? _____

- b) Does the student live in your home exclusively? Yes _____ No _____ (Check One)
- c) Is this a temporary or permanent relationship? _____
- d) How often will the natural parents see the child? _____
- e) What percentage of financial support will be made by the natural parents? _____
- f) What percentage of financial support will be made by you? _____

Under **PENALTIES OF PERJURY**, the statements contained in this application are true and are made to induce the Sewanhaka Central High School District to admit the above-named student as a resident of the District. I understand that the student's admission to the District are subject to verification by the School District and that false statements could subject me to transportation and/or tuition charges during the period of the student's attendance (approximately \$14,407 annually). I also understand that it is my responsibility to notify the school of any change in the student's living arrangements and/or any other circumstances affecting this application. **ANY FALSE STATEMENT MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.**

Date

Date

PRINT Name of Mother/Guardian/Person in Parental Relationship

PRINT Name of Father/Guardian/Person in Parental Relationship

Signature of Mother/Guardian/Person in Parental Relationship
Sworn to before me this _____ day of _____

Signature of Father/Guardian/Person in Parental Relationship
Sworn to before me this _____ day of _____

Notary Public

Notary Public

RENTER'S/NON-OWNER'S AFFIDAVIT

STUDENT'S NAME (Print last name, first name)

_____, being duly sworn, deposes and says:
(NAME OF PARENT/GUARDIAN/CUSTODIAL PARENT)

- 1. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that my Child/Ward may be admitted to the schools of the Sewanhaka Central High School District as a district resident. I further understand that if my Child/Ward is found not to be a legitimate resident of the Sewanhaka Central High School District, that I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE OF APPROXIMATELY \$14,407 PER YEAR, PER CHILD, RETROACTIVE to the first day of admission. I have been informed that the school district will make unannounced home visits for purposes of residency verification.
2. I am the PARENT/GUARDIAN/CUSTODIAL 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

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

(LIST EACH AND EVERY OTHER PERSON LIVING AT THE ABOVE ADDRESS)

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

(LIST EACH AND EVERY PERSON WHO LIVED AT THE ABOVE ADDRESS)

I began living at _____ on _____
(CURRENT ADDRESS) (DATE)

My living arrangement is governed by (CHECK APPROPRIATE BOX):

- a formal lease other

The terms and conditions of my tenancy/occupancy are as follows (specify rent, etc.):

MONTHLY RENT:
DURATION OF TENANCY:

Sworn to before me
This _____ day of _____, 20_____

PRINT NAME

NOTARY PUBLIC

SIGNATURE OF RENTER/NON-OWNER

ANY FALSE STATEMENT MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

OWNER'S/LANDLORD'S AFFIDAVIT
(This form may be submitted sworn or unsworn)

STUDENT'S NAME (Print last name, first name)

(NAME OF LANDLORD, RELATIVE, OTHER)

1. I understand that this statement is made in order that the above-mentioned Child/Ward may be admitted to the schools of the Sewanhaka Central High School District as a district resident.

I am the legal owner or leaseholder authorized to rent the property at: _____

I am the relative/other than landlord/providing a room/apartment. I live at: _____
_____, which is located within the boundaries of the Sewanhaka Central High School District.

The terms and conditions of said tenancy/occupancy are as follows: (Specify rent, space occupied, etc.)

2. To the best of my knowledge the above-mentioned property is the current residence of _____
_____ and the child/ward named above.

(NAME OF PARENT/GUARDIAN)

3. The following names include all school age children seeking to enroll:

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

This statement is submitted unsworn.

This statement is sworn to under penalty of perjury.

Sworn to before me
this _____ day of _____, 20____

PRINT NAME

NOTARY PUBLIC

SIGNATURE OF OWNER/LANDLORD/OTHER

ANY FALSE STATEMENT MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

CUSTODIAL PARENT/GUARDIAN or PERSON IN PARENTAL RELATIONSHIP AFFIDAVIT

STUDENT'S NAME (Print last name, first name)

(NAME OF CUSTODIAN(S)), being duly sworn, deposes and says:

1. I live at (FULL ADDRESS OF CUSTODIAN)

2. The above named (child/ward) is my (CHILD'S RELATIONSHIP TO CUSTODIAN) and he/she has lived with me since (DATE)

3. The reason(s) why the (child/ward) is living with me and not the parent(s) are as follows:

4. Who will provide the child with food, clothing and all other necessities?

5. How long do you intend for this living arrangement to continue? (Be specific):

6. Who will be responsible for matters which relate to the child's/ward's education? Be specific, (e.g. signing permission slips, course selection sheets, or attending parent conferences):

7. Describe how you obtained custody and control of the child/ward:

8. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, so that my child/ward may be admitted to the schools of the Sewanhaka Central High School District as a district resident. I further understand if my child/ward is found not to be a legitimate resident of the Sewanhaka Central High School District that I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE OF APPROXIMATELY \$14,407 PER YEAR PER CHILD retroactive to the first day of my child's/ward's admission. I have been informed that the school district will make unannounced home visits for purposes of residency verification.

WHEREFORE, it is respectfully requested that you recognize me as the custodian and caretaker of the aforementioned child/ward and recognize his/her actual and only address to be that of (NAME OF CUSTODIAN)

as the custodian who lives at (ADDRESS OF CUSTODIAN)

Print Name

Print Name

SIGNATURE OF CUSTODIAN

SIGNATURE OF CUSTODIAN

Sworn to before me this day of , 20

Sworn to before me this day of , 20

NOTARY PUBLIC

NOTARY PUBLIC

ANY FALSE STATEMENT MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

PARENT'S AFFIDAVIT
(NON-CUSTODIAL)

STUDENT'S NAME (Print last name, first name)

_____, being duly sworn, deposes and says:
(NAME OF PARENT)

- I am the parent of the above named Child/Ward who resides at _____
(ADDRESS OF PERSON IN CUSTODIAL RELATIONSHIP)
- I reside at _____
(ADDRESS OF PARENT)
- The reason(s) why the Child/Ward is not living with me are the following: _____

- I have asked the custodial parent/guardian named below to assume responsibility for the custody and control of my Child/Ward because: _____

- How long do you intend for this living arrangement to continue (Be specific). _____

- Do you relinquish custody and control of your Child/Ward to the custodian named below including the right to make decisions pertaining to the child's health welfare, and education of the child, and including obligation to financial support?
 YES NO
- I understand that this statement is being made **UNDER THE PENALTIES OF PERJURY**, so that my child may be admitted to the schools of the Sewanhaka Central High School District as a district resident. I further understand if my child is found not to be a legitimate resident of the Sewanhaka District that **I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE OF APPROXIMATELY \$14,407 PER YEAR, PER CHILD**, retroactive to the first day of my child's admission. I have been informed that the school district will make unannounced home visits for purposes of residency verification.

WHEREFORE, it is respectfully requested that you recognize _____
(NAME OF CUSTODIAN)
as the custodian and caretaker of my Child/Ward and recognize his/her actual and only address to be at _____

(ADDRESS OF CUSTODIAN)

Print Name _____

Print Name _____

SIGNATURE OF PARENT _____

SIGNATURE OF PARENT _____

Sworn to before me
this _____ day of _____, 20____

Sworn to before me
this _____ day of _____, 20____

NOTARY PUBLIC _____

NOTARY PUBLIC _____

ANY FALSE STATEMENT MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

THIRD PARTY AFFIDAVIT ATTESTING TO PHYSICAL PRESENCE

STUDENT'S NAME (Print last name, first name)

being duly sworn, deposes and says: (NAME)

I am submitting this affidavit in support of the application to have the following student(s) registered in the Sewanhaka Central High School District:

Full Names:

by (Insert name(s) of person(s) in parental relation)

who resides at

I hereby state that the above-named individuals are physically present at this address and reside there on a full-time basis. I recognize that the Sewanhaka Central High School District will rely upon this representation when considering the request to register and admit the above-named individuals to school.

My statement is based upon the following: (Indicate basis of knowledge of physical presence).

SIGNATURE

DATE

ADDRESS

Sworn to before me this day of , 20

Notary Public

ANY FALSE STATEMENT MADE IN THIS APPLICATION IS PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.



SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT
A National District of Excellence
ELMONT - FLORAL PARK - FRANKLIN SQUARE - NEW HYDE PARK

CENTRAL ADMINISTRATIVE OFFICES
77 Landau Avenue, Floral Park, New York 11001-3603

Dear Parent(s)/Guardian(s):

Attached please find for signature a copy of the District's Internet and Instructional Technology Acceptable Use policy consent form. A copy of the District's Internet Board Policy 6105 and Administrative Regulation 6105 are available on the District's website. Please have your student review the policy and the proper use of the internet through the District's network and computer equipment.

Please be advised that the Family Educational Rights and Privacy Act (FERPA) was enacted as federal law in 1974 to provide parents of a student under age 18, students over 18 years of age, and parents of a dependent student 18 years of age or older with the right to inspect and review any and all records, files, and data directly related to the student. Your rights and the procedure to inspect, review, and request amendment of student records is detailed by FERPA Board Policy 5591 and is also available on the District's website.

Certain information called "directory information" includes the following: student's name, address, telephone number, date and place of birth, major course of study, participation in school activities or sports, weight and height if a member of an athletic team, dates of attendance, degrees and awards received, most recent school attended, grade level, photograph, e-mail address, and enrollment status may be released without specific parental permission. Such "directory information" may be requested by PTA groups, athletic associations, newspapers, etc. Parent(s)/Guardian(s) who do not wish this type of information/photographs about their child to be released may forward a letter to the building principal.

Finally, effective July 1, 2015, schools are required to notify parents/guardians of their rights regarding the referral and evaluation of their child for special education services or programs upon their entry into public school. For more information *A Parent's Guide to Special Education* can be found on the New York State Education Department's (NYSED's) web site (<http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>) or by contacting Regina Agrusa, Assistant Superintendent for Pupil Personnel Services at 516-488-9853.

Please acknowledge receipt of this notice by signing below.

STUDENT'S NAME (please print): _____

YEAR OF GRADUATION: _____

PARENT OR GUARDIAN'S SIGNATURE: _____

DATE: _____

PLEASE NOTE: Emancipated students or students 18 years of age or older should execute this form on their own behalf.

SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT
INTERNET AND INSTRUCTIONAL TECHNOLOGY
ACCEPTABLE USE POLICY (STUDENTS)

CONSENT AND WAIVER FORM

By signing this Consent and Waiver Form the user and his/her parent(s) or guardian(s) agree to abide by the restrictions outlined in the District's Internet Policy and Regulation. A student should discuss these rights and responsibilities with his/her parent(s) or guardian(s).

The specific conditions and services being offered may change from time to time. Further, a user and his/her parent(s) or guardian(s) should be aware that the District does not have control of the information on the Internet, nor can it provide barriers to users accessing the full range of information that is available.

The Internet user is held responsible for his/her actions and activity. Unacceptable uses of the network may result in disciplinary action as well as the suspension or revocation of access privileges, and/or legal action. Users are responsible for safeguarding passwords and will be held accountable for the consequences of intentional disclosure of same.

I understand that the Sewanhaka Central High School District makes no warranties with respect to the Internet service. I further understand that there is no expectation of privacy in any e-mail or any other use of the District's computers.

In consideration for the privilege of using the Sewanhaka Computer Network, on behalf of myself, and my respective relatives, heirs, estates, and assigns, I hereby release and discharge the Sewanhaka Central High School District, and its respective officers, employees and agents, from any and all claims and liabilities arising out of or resulting from any use, operation or inability to use the District's computers. I agree to be responsible for damages caused by any intentional misuse of equipment.

Any questions about the District's Internet Policy and Acceptable Use Policy or this Consent and Waiver Form should be directed to the Assistant Superintendent for Curriculum & Instruction at (516) 488-9800 Ext. 9874.

By signing the Consent and Waiver Form, each student and his/her parent(s) or guardian(s) acknowledge that they have read, discussed and fully understand the Internet and Instructional Technology Acceptable Use Policy and Regulation and agree to abide by its terms. A student's use of the District's computers shall be consistent with the educational purpose of the District.

As parent or guardian, in consideration for my child's use of the District's computers, on behalf of myself and my child, and our respective relatives, heirs, estates and assigns, I hereby release and discharge the Sewanhaka Central High School District and its respective officers, employees and agents, from any and all claims and liabilities arising out of or resulting from my child's use, operation or inability to use the District's equipment. I agree to be responsible for damages caused by any intentional misuse of equipment.

Student's Signature: _____

School: _____

Grade: _____

Parent/Guardian's Signature: _____

Date: _____



Lissette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

*Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	_____	<input type="checkbox"/> Father
		<i>specify</i>	<i>specify</i>
	<input type="checkbox"/> Guardian(s)	_____	
		<i>specify</i>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<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:

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School

Address

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes* No Not sure

 *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:

PARENT/GUARDIAN STUDENT ETHNIC AND RACE IDENTIFICATION

To the Parent/Guardian: The Sewanhaka Central High School District is required to collect and record the ethnic identify of students in the district in accordance with federal categories and definitions. *Children may not be refused admission to a public school because of race, color, creed, national origin, gender, gender identify, pregnancy, immigration/citizenship status, disability, sexual orientation, religion, or ethnicity.* The information will be used to:

- Report information to the State and federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions listed below. The 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. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

Student Name (last name, first name, middle initial)

_____/_____/_____
Date of Birth (month/day/year)

Name of School

Grade Level

PARENT OR GUARDIAN: PLEASE COMPLETE THIS SECTION.

Please answer **both** questions 1 and 2. Please read them before you respond.

1. **Is the student Hispanic, Latino, or of Spanish origin?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Dominican, Mexican, Puerto Rican, Central or South America, or other Spanish culture or origin, regardless of race.

- YES, Hispanic
 NO, not Hispanic

2. **Select one or more races from the following five racial groups.**

- AMERICAN INDIAN OR ALASKAN NATIVE:** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains 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 Sub-continent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLAND:** A person having origins in any of the original peoples of Hawaii, Guam 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 or Parent/Guardian/Other

Date

Relationship to student (please check one box below):

- Mother Father Guardian Other (Specify): _____

The Family Educational Rights and Privacy Act (FERPA) was enacted as federal law in 1974 to provide parents of a student under age 18, students over 18 years of age ("eligible students"), and parents of a dependent student 18 years of age or older with the right to inspect and review any and all records, files, and data directly related to the student. Your rights and the procedure to inspect, review, and request amendment of student records is detailed by Board Policy 5591 and is available on the District's website.



Have you moved in the last 3 years? "Yes"
Do you work as a FISHERMAN or on a FARM? "Yes"
Is anyone in your family under 22 YEARS OLD? "Yes"

YES? We may be able to help!

**LONG ISLAND — METRO
MIGRANT EDUCATION PROGRAM**

School enrollment, tutoring, free lunch eligibility, ESL and Life Skills classes for farmworker youth, and other educational services.

CALL US!

**LONG ISLAND OFFICE:
1 - 631 - 548 - 7700**

If you answer YES to all three questions, please provide contact information below

Parent/Guardian/Eligible Person's Name: _____

Home address: _____

Telephone number: (____)-____-____ Best Time to be reached _____ AM/PM

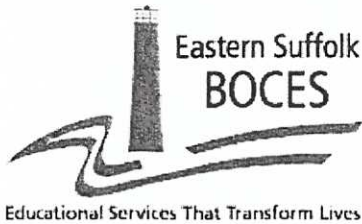
Previous Address: _____

Student name: _____ Age _____ Grade _____

Student name: _____ Age _____ Grade _____

To submit this referral please contact *Julia Schnurman* - ESBOCES - (631) 548-7700

Or fax to (631) 369-4126: email - migrateducation@esboces.org



¿Ha cambiado de dirección durante los últimos 3 AÑOS? “Sí”

¿Trabaja como PESCADOR o en la AGRICULTURA? “Sí”

¿Algún miembro de su familia es menor de 22 AÑOS? “Sí”

¿SÍ? ¡Nosotros te podríamos AYUDAR!

**EL PROGRAMA DE SERVICIOS DE APOYO, TUTORÍA
Y SOPORTE EDUCATIVO PARA MIGRANTES**

**Ayuda a inscribir a sus hijos en la escuela, tutorías, elegibilidad
de almuerzo gratuito, clases de inglés para los trabajadores
agrícolas jóvenes, y otros servicios educativos.**

¡LLAMENOS!

OFICINA DE LONG ISLAND

1 - 631 - 548 - 7700

Si usted contestó SI a todos por favor complete la siguiente información

Nombre del Padre, Encargado o Trabajador: _____

Dirección Física: _____

Teléfono: (____) - _____ - _____ Mejor tiempo para ser contactado _____ AM/PM

Dirección anterior: _____

Nombre del estudiante: _____ Edad _____ Grado _____

Nombre del estudiante: _____ Edad _____ Grado _____

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