LOCUST VALLEY CENTRAL SCHOOL DISTRICT
(516) 277-5065 FAX (516) 277-5098

REGISTRATION INFORMATION FOR PARENTS

The following documents must be provided at time of registration.

BIRTH DATE AND NAME VERIFICATION

- Birth certificate, baptismal certificate, passport, adoption record, previous school record or legal/custody/guardianship papers.

ALL PARENTS/GUARDIANS must complete Form A, **AFFIDAVIT OF RESIDENCY,** and have the Form notarized before submission.

In addition to Form A, the following must be submitted:

- **HOMEOWNERS** must submit proof of ownership (original deed, mortgage statement or recent tax bill) **and** a recent utility bill.
- **RENTERS** must present original lease or rental agreement. In the absence of a lease or formal written rental agreement an **AFFIDAVIT OF LANDLORD-Form B** must be submitted. In addition, a recent utility bill must be provided.
- **RESIDENTS WHO NEITHER OWN THEIR HOME NOR PAY RENT** and reside with a homeowner or a renter, but do not pay rent, must submit a signed written statement from the owner or renter which confirms residence with that individual. The homeowner or renter must complete an **AFFIDAVIT OF OWNER/RESIDENT FOR THE NON-RENTAL RESIDENT-Form D** and submit it with proof of ownership or a written lease agreement. In addition, a recent utility bill must be provided.

Please note that this list is non-exhaustive and that the District will consider additional documentation to confirm residency.

FOR STUDENTS WHO LIVE WITH SOMEONE OTHER THAN A PARENT OR LEGAL GUARDIAN, the child's Parent must complete a **PARENT AFFIDAVIT FOR THE NON-JUDICIAL CUSTODIAN-Form E** and the individual with whom the student resides must complete **AFFIDAVIT OF NON-JUDICIAL CUSTODIAN-Form F**.

PHYSICAL EXAMINATION/ IMMUNIZATIONS

- Must be documented by your health care provider, health department or from an official copy of the immunization record. All immunizations must specify the exact date each immunization was administered. Your child will not be permitted to attend school without the necessary verification of immunizations.
- **Homeless students** are not required to present proof of immunity or immunization in order to be admitted to school. Under the Federal Law, The McKinney-Vento Act, homeless children and youth are to have equal access to a free, appropriate, public education. Such students are entitled to enrollment in school even if they lack the documents normally needed, including proof of immunization.

LOCUST VALLEY CENTRAL SCHOOL DISTRICT

(516) 277-5000 FAX (516) 277-5098

Registration Checklist

____ Personal Record Form (required)

____ Affidavit of Residency-Form A (notarized & required)

____ Applicable Affidavit for renters or other (notarized & required)

____ Home Language Questionnaire (required)

____ Residency Questionnaire (required)

____ Special Ed Questionnaire (required)

____ White Medical Card (required)

____ Health History Form (required)

____ Birth certificate, baptismal certificate or passport (required)

____ Parental Residency Statement (required)

LOCUST VALLEY CENTRAL SCHOOL DISTRICT

LOCUST VALLEY, NEW YORK 11560

PERSONAL RECORD FORM

REGISTRATION DATE: ____________________

BIRTH DATE & NAME VERIFIED BY:
___ Birth Certificate
___ Baptism Certificate
___ Passport
___ Adoption Record
___ Previous School Record

___ Bayville Primary School
___ Bayville Intermediate School
___ Ann M. MacArthur Primary School
___ Locust Valley Intermediate School
___ Locust Valley Middle/High School

SCHOOL YEAR ____________________
GRADE ENTERING ____________________
COHORT YEAR ____________________
DATE ENTERED 9TH GRADE ____________________

CHILD'S LAST NAME | CHILD'S FIRST NAME | M/F | BIRTH DATE | BIRTH PLACE

STREET ADDRESS | CITY | STATE/ZIP CODE | HOME PHONE

NAME OF PREVIOUS SCHOOL | STREET ADDRESS | CITY | STATE/ZIP CODE

HAVE YOU EVER ATTENDED OR RECEIVED SERVICES THROUGH THE LOCUST VALLEY CSD? ______YES ______NO

PARENT/GUARDIAN INFORMATION

FATHER'S FULL NAME | ADDRESS (If different than above) | HOME PHONE | BUSINESS PHONE | CELL PHONE
EMAIL ____________________

MOTHER'S FULL NAME (inc. maiden name) | ADDRESS (If different than above) | HOME PHONE | BUSINESS PHONE | CELL PHONE
EMAIL ____________________

GUARDIAN'S FULL NAME (M OR F) | ADDRESS (If different than above) | HOME PHONE | BUSINESS PHONE | CELL PHONE
EMAIL ____________________

FIRST AND LAST NAME OF **CHILD'S** SIBLINGS	M/F	DOB	PUBLIC OR PRIVATE SCHOOL ATTENDING	GRADE

B.E.D.S. INFORMATION: (PLEASE CHECK ONE OR MORE)

___ American Indian/Alaska Native/South and Central American Indian
___ Black/African American
___ Asian
___ White
___ Pacific Islander/Native Hawaiian

PLEASE CHECK ONE
HISPANIC ☐ YES ☐ NO

COUNTRY OF ORIGIN ____________________
DATE ENTERED USA ____________________
US STATE ENTERED ____________________
HOUSEHOLD LANGUAGE____________________
HOMELESS CHILD ____________________
STUDENT'S DOMINANT LANGUAGE
____

MOVE IN DATE ____________________
___OWN YOUR HOME
___RENT IN DISTRICT

RESIDENCE VERIFIED BY:
___ Current Tax Bill
___ Current Utility Bill (Cablevision, LIPA or Home Telephone)
___ Deed
___ Lease/Rental Agreement
___ Mortgage Statement
___ Affidavit of Landlord
___ Affidavit of Residency for Renter
___ Affidavit of Non Rental Resident
___ Letter from Non Rental Resident

HOUSEHOLD MAILING ADDRESS (IF DIFFERENT FROM STUDENT ADDRESS)

____
STREET ADDRESS

____
POST OFFICE/ZIP CODE

PLEASE SEE BACK OF FORM

PARENTAL RESIDENCY STATEMENT

I HEREBY CERTIFY THAT I AM THE PARENT OF ______________________________

CHILD'S NAME

AND RESIDE AT ______________________________

STREET ADDRESS CITY STATE/ZIP

IN THE LOCUST VALLEY CENTRAL SCHOOL DISTRICT.

____

Signature of Parent or Guardian

____

Date

____

Signature of School Registrar

RESIDENCE FOR THE PURPOSE OF SCHOOL ATTENDANCE REQUIRES THAT THE STUDENT LIVE AND SLEEP IN THE RESIDENCE DESCRIBED ABOVE.

STUDENTS RESIDING OUTSIDE OF THE SCHOOL BOUNDARIES MAY NOT ATTEND THE SCHOOLS OF THE DISTRICT WITHOUT WRITTEN AUTHORIZATION OF THE SUPERINTENDENT OF SCHOOLS OR HIS/HER DESIGNEE. AUTHORIZATION WILL NOT BE GRANTED WITHOUT BOARD OF EDUCATION APPROVAL.

LOCUST VALLEY CENTRAL SCHOOL DISTRICT
(516) 277-5000 FAX (516) 277-5098

AFFIDAVIT OF RESIDENCY

FORM A

Homeowners: Must submit proof of ownership (original deed, mortgage statement or recent tax bill **and** a recent Utility Bill

Renters: You must submit an Affidavit of Landlord) and a recent Utility Bill or Other Mail and/or original lease or rental agreement

Other: If you are residing with either the homeowner or a renter, but do not pay rent, you must submit a signed written statement indicating that and the owner or renter that you are residing with must complete Form D and submit with proof of ownerships or lease agreement. You must also submit a recent utility bill.

STATE OF NEW YORK)
) ss:
COUNTY OF NASSAU)

I (We), ______________________________ and ______________________________,
Print Mother's or Guardians First & Last Name   Print Father's or Guardians First & Last Name

Home ( ) ____________________   Home ( ) ____________________

Work ( ) ____________________   Work ( ) ____________________

Cellular ( ) ____________________   Cellular ( ) ____________________

being duly sworn, depose(s) and say(s):

I (We) am (are) the parent(s) or legal guardians of the child(ren) named directly below:

First & Last Name of Child	Date of Birth	School Attending	Grade Entering

I (We) reside at: ____(ADDRESS)

Describe exact nature of the space (basement apartment, second floor apartment, number of rooms, etc.)

____

I (We) began residing at this address on ______________________(DATE).

This is my (our) actual and only permanent residence. My (Our) child(ren) live(s) with me (us) and this address is his/her (their) actual and only permanent residence.

I (We) understand that this statement is being made UNDER THE PENALTIES OF PERJURY in order that my (our) child(ren) may be admitted to the schools of the Locust Valley Central School District as a legal district resident. I (We) further understand that if my (our) child(ren) is (are) found not to be a legitimate resident(s) of the LVCSD, I (we) will be LEGALLY RESPONSIBLE FOR and WILL BE BILLED the school district's annual tuition rate per year, per child, retroactive to the first day of admission. I (We) 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 affidavit will make me (us) liable to criminal prosecution. I (We) have been informed that the school district will make unannounced home visits for the purpose of residency verification.

(Complete Reverse Side)

My (Our) current living arrangement is governed by: (Check appropriate box)

- ☐ Homeowner
- ☐ Lease or rental agreement. Date of expiration____________________
- ☐ Other ____
  Please specify

My (Our) previous address was: ____

____

IMPORTANT: If you have a different parental relationship for one or more children on page 1, copy this page and complete separately for each child(ren) for whom you check on box below.

For ________________________________ (STUDENT NAME) we are the: (Check one)

_____ Person in parental relationship (**Must submit Affidavits forms E & F**)
_____ Foster parent(s) (**Must submit documentation of Foster care placement**)

If the student is living with someone other than parent or legally appointed guardian, give 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 # (   )__________ __

THE FOLLOWING QUESTIONS MUST BE ANSWERED WHEN THIS AFFIDAVIT IS FILED BY PERSONS OTHER THAN THE STUDENT'S NATURAL PARENTS:

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 (Circle One)
c) Is this a temporary relationship? Yes – No (Circle One)
d) Is this a permanent relationship? Yes – No (Circle One

e) How often will the natural parents see the child ______________________________

f) What percentage of financial support will be made by the natural parents? ____________________

g) What percentage of financial support will be made by you? ______________________________

____
Signature of Mother or Legal Guardian

Sworn to before me

This ________ day of _____________, 200__

____
NOTARY PUBLIC

____
Signature of Father or Legal Guardian

Sworn to before me

This ________ day of _____________, 200__

____
NOTARY PUBLIC

LOCUST VALLEY CENTRAL SCHOOL DISTRICT

(516) 277-5000 FAX (516) 277-5098

AFFIDAVIT OF LANDLORD

FORM B

Attach a copy of Deed OR a recent Mortgage Statement OR a recent Tax Bill for proof of ownership

STATE OF NEW YORK)
) SS:
COUNTY OF ______________

I, ____being duly sworn, depose and say:
PRINT NAME OF LEGAL OWNER/LANDLORD

I am the legal owner/landlord of____
STREET ADDRESS

____
TOWN STATE ZIP

The terms and conditions of said tenancy are as follows:
(Specify lease, rental agreement or other agreement, and the date of expiration, if any)

____

To the best of my knowledge the above mentioned property is the current residence of:

____________________________________ **and** ____
PRINT MOTHER'S/GUARDIAN'S FIRST & LAST NAME **PRINT FATHER'S/GUARDIAN'S FIRST & LAST NAME**

List the name(s) of any child(ren) and other persons residing at this address:

1. ____________________________ **4.** ______________________________

2. ____________________________ **5.** ______________________________

3. ____________________________ **6.** ______________________________

I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, so that the above mentioned child(ren) may be admitted to the schools of the Locust Valley Central School District as a legal district resident.

____
PRINT NAME OF LEGAL OWNER/LANDLORD

____
SIGNATURE OF LEGAL OWNER/LANDLORD

Sworn to before me this

________ day of _________ 200___

____
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.

LOCUST VALLEY CENTRAL SCHOOL DISTRICT

(516) 277-5000 FAX (516) 277-5098

AFFIDAVIT OF OWNER / RESIDENT FOR THE NON-RENTAL RESIDENT

FORM D

Attach a copy of a recent Mortgage Statement OR a recent Tax Bill
AND
A recent Utility Bill (Cablevision, Home Telephone Bill of LIPA)

STATE OF NEW YORK)
) SS:
COUNTY OF ______________

I, ____being duly sworn, depose and say:
OWNER/RESIDENT RESIDING IN LVCSD

I currently reside at:

____
STREET ADDRESS

____
TOWN STATE ZIP

The following persons reside with me. Please print their first and last names below:

1. ____________________________ **4.** ____________________________

2. ____________________________ **5.** ____________________________

3. ____________________________ **6.** ____________________________

I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, so that the above mentioned child(ren) may be admitted to the schools of the Locust Valley Central School District as a legal district resident.

____
PRINT NAME(S) OF LEGAL OWNER/RESIDENT

____
SIGNATURE OF LEGAL OWNER/RESIDENT

Sworn to before me this

________ day of _________ 200___

____
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.

(SEE REVERSE SIDE FOR NON-RENTER ITEMS TO BE SUBMITTED)

Non-Renter to provide Locust Valley Central School District with the following:

1. **Affidavit of Owner / Resident for the Non-Rental Resident.**
2. **A recent utility bill (Cablevision, Home Telephone Bill or LIPA) indicating the name of the non-renter.**
3. **A hand written, dated and signed letter stating that you are residing with the Owner / Resident of LVCSD. Please indicate first and last names of all other persons living with you including spouse and children at said address.**

LOCUST VALLEY CENTRAL SCHOOL DISTRICT

(516) 277-5000 FAX (516) 277-5098

PARENTAL RESIDENCY STATEMENT

To Parents/Guardians Registering Students To Attend The Locust Valley Central School District
The Locust Valley Central School District affirms that its primary responsibility is to provide the best possible educational opportunities for those children who are legal district residents.

Residency.
According to the State Education Department residency means domicile, which requires one's physical presence and the intention to remain there permanently. Generally a student's legal school district residence is presumed to be that of his or her parent(s) or legal guardian.

Guardianship.
When an application is made for a student to attend school in the Locust Valley School District by a resident of the district who is not the student's natural or adopted parent or legal guardian, the non-judicial custodial guardian must have the full responsibility for the care and custody of the child to the exclusion of all other persons in order for the student to be considered a resident of the district. Parents may not assign guardianship for the sole purpose of a student(s) to attend school in the Locust Valley School District.

More Than One Residence.
The payment of school taxes does not necessarily make a person a legal resident. Parents with multiple residences may only have one legal residence, which is where they maintain their permanent domicile.

Tuition.
Students who are determined not to be legal residents of the school district shall be removed pursuant to Board Policy and State Education Law. The parent(s) or legal guardian shall be responsible for the full tuition costs for the time that the student(s) were found to be illegally attending school at the Locust Valley Central School District. The 2022/2023 tuition rates for non-resident students are $28,590 for grades K - 6 and $35,690 for grades 7 – 12.

Proof Of Residency.
Students will not be registered to attend Locust Valley Schools until acceptable proof of residency is provided to the district. Please see the attached sheet of acceptable documentation for proof of residency.

Acknowledgement.
I acknowledge that I have read and understand the above statements. I further understand that I will be legally responsible for and will be billed the school district's rate of tuition if my child/ward is found not to be a legitimate resident of the district. I also realize that the theft of governmental services is a criminal offense under 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 district may make unannounced home visits for purposes of residency verification.

____
PRINT NAME(S) OF STUDENT(S)

____
PRINT ADDRESS OF PERMANENT CURRENT RESIDENCE

________________________ ________________
SIGNATURES OF PARENT/GUARDIANS DATE

Locust Valley Central School District

ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of LEA: ______________________________

Name of School: ______________________________

Name of Student: ______________________________
Last First Middle

Gender: ☐ Male ☐ Female

Date of Birth: ______ /_____ /_____ (*Month Day Year*)

Grade: ____ (*preschool-12*)

ID#: __________ (*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 the student is **NOT** living in permanent housing, **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.

LOCUST VALLEY CENTRAL SCHOOL DISTRICT
New Locust Valley Resident Registration
Prior Special Education Services

Student's Name____DOB_____________________
Current Address____Phone____________________
Last School Attended____District___________________
Address____Phone____________________
Last Grade Completed_______________Teacher or Counselor's Name____________________________

Did student receive any special education services ☐ No ☐ Yes (indicate below):
Did student receive a 504 Accommodation Plan ☐ No ☐ Yes

If you respond "Yes" to the above, please complete:

Type of Special Education Program Attended:

☐ Special Education Class ☐ Resource Room
☐ Integrated Special Education Class ☐ Related Services Only
☐ BOCES Special Education: School Name____
☐ Other (Specify type of Program or name of school_____________________________________

Related Services Provided in Most Recent Placement: Check all that apply

☐ Speech/Language ☐ Counseling ☐ Occupational Therapy ☐ Other
☐ Physical Therapy ☐ Hearing Services ☐ Vision Services

Classification (if known)
☐ Don't know ☐ Learning Disability ☐ Intellectual Disability ☐ Speech or Language Impairment
☐ Emotional Disability ☐ Other Health Impairment ☐ Multiple Disabilities
☐ Autism ☐ Deafness ☐ Orthopedic Impairment ☐ Hearing Impairment
☐ Deafness-Blindness ☐ Visual Impairment ☐ Traumatic Brain Injury

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

Name of CSE Chairperson/Special Education Director____
Address of CSE Office____

Release of Records/Information to the Locust Valley Central 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 Locust Valley Central 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 I may review all records. I also consent to having school district personnel who will be working 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/Person in Parental Relationship Date

For Office Use Only: Please forward copies of all evaluations and records to:
Locust Valley Central School District
Office of Committee on Special Education
Administration Building
Horse Hollow Road
Locust Valley, New York 11560

Telephone No. (516) 277-5050
Fax No. (516) 277-5098

STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Elisa Alvarez, Associate 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 Person in Parental Relation:
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.

STUDENT NAME:

First *Middle* *Last*

DATE OF BIRTH:

Month *Day* *Year*

GENDER:

❑ Male
❑ Female

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name *First Name* *Relation to*

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?	❑ Parent 1 _____ specify ❑ Guardian(s) _____ specify	❑ Parent 2 _____ specify	
4. What language(s) does your child understand?	❑ English	❑ Other	_____ specify
5. What language(s) does your child speak?	❑ English	❑ Other _____ specify	❑ Does not speak
6. What language(s) does your child read?	❑ English	❑ Other _____ specify	❑ Does not read
7. What language(s) does your child write?	❑ English	❑ Other _____ specify	❑ Does not write

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

SCHOOL DISTRICT INFORMATION:	**STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:**
District Name (Number) & School: *Address:*	

ENGLISH

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? ____________________

____________________ Month: Day: Year:

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

Relationship to student: ❑ **Parent** ❑ **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:

LOCUST VALLEY CENTRAL SCHOOL DISTRICT

STUDENT HEALTH HISTORY UPDATE

Name:	DOB: Age: Grade:	Gender: ☐ M ☐ F
Parent/Guardian: (person completing this form)	Home Phone: Cell Phone:	Date:

Has your child ever:	**YES**	**NO**	**If Yes, please explain and include date:**
Had an ongoing medical condition	☐	☐	
Seen a medical specialist	☐	☐	
Had allergies:	☐	☐	☐food ☐environmental ☐insect ☐medication ☐other
Been hospitalization	☐	☐	
Had an operation	☐	☐	
Had an injury requiring an Emergency Room visit	☐	☐	
Missed 5 days of school in a row due to illness/injury	☐	☐	
Had a bone/muscle injury	☐	☐	
Passed out, had a concussion or serious head injury	☐	☐	
Had a convulsion/seizure	☐	☐	
Had a vision problem or condition	☐	☐	☐ glasses ☐ contacts
Had a hearing problem or condition	☐	☐	☐ hearing aid ☐ cochlear implant
Worn dental bridge, braces or mouthpiece	☐	☐	
Have any family members under the age of 50 ever:	**YES**	**NO**	**If Yes, please specify:**
Had a heart attack	☐	☐	
Had other serious health problems	☐	☐	

CHECK ALL THAT APPLY TO YOUR CHILD:

☐ ADHD
☐ Asthma/trouble breathing
☐ Autism/Asperger
☐ Dental Injuries
☐ Diabetes
☐ Ear Infections

☐ GI Conditions (ulcer, reflux, IBS)
☐ Headaches/migraines
☐ Heart Conditions
☐ High Blood Pressure
☐ Mental Health Condition
(depression, eating disorder, anxiety, OCD, ODD, etc.)

☐ Scoliosis
☐ Single Organ (☐kidney, ☐testicle)
☐ Skin Condition
☐ Speech Condition
☐ Urinary Condition

CURRENT MEDICATIONS	**YES**	**NO**	**Please list name, dose, time(s)**
Given at school	☐	☐	
Taken at home	☐	☐	
ASSISTIVE EQUIPMENT	**YES**	**NO**	**Please check all that apply**
During or outside of school	☐	☐	☐crutches ☐walker ☐wheelchair ☐other:
TREATMENTS	**YES**	**NO**	
During or outside of school	☐	☐	☐insulin/blood glucose monitoring ☐inhaler/nebulizer/peak flow monitoring ☐special diet

Is there any condition that would prevent your child from participating in physical education or sports?
☐ No ☐ Yes: ____________________

Please list any additional concerns: (use back of sheet if necessary) ____________________

____

Parent/Guardian Signature: ____________________ Date: __________

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

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:	Sex: ☐ M ☐ F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies ☐ No ☐ Yes, indicate type	☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached ☐ Food ☐ Insects ☐ Latex ☐ Medication ☐ Environmental

Asthma ☐ No ☐ Yes, indicate type	☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached ☐ Intermittent ☐ Persistent ☐ Other : ____________

Seizures ☐ No ☐ Yes, indicate type	☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached ☐ Type: ____________ Date of last seizure: ____________

Diabetes ☐ No ☐ Yes, indicate type	☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached ☐ Type 1 ☐ Type 2 ☐ HbA1c results: ____________ Date Drawn: ____________

Risk Factors for Diabetes or Pre-Diabetes:

Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

BMI__________kg/m2 **Percentile (Weight Status Category):** ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and>

Hyperlipidemia: ☐ No ☐ Yes **Hypertension:** ☐ No ☐ Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height: **Weight:** **BP:** **Pulse:** **Respirations:**

TESTS	Positive	Negative	Date
PPD/ PRN	☐	☐	
Sickle Cell Screen/PRN	☐	☐	
Lead Level Required Grades Pre- K & K			**Date**
☐ Test Done	☐ Lead Elevated ≥ 10 μg/dL		

Other Pertinent Medical Concerns

One Functioning: ☐ Eye ☐ Kidney ☐ Testicle

☐ Concussion – Last Occurrence: ____________

☐ Mental Health: ____________

☐ Other:

☐ **System Review and Exam Entirely Normal**

Check Any Assessment Boxes *Outside* Normal Limits And Note Below Under Abnormalities

☐ HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
☐ Dental	☐ Cardiovascular	☐ Back/Spine	☐ Skin	☐ Social Emotional
☐ Neck	☐ Lungs	☐ Genitourinary	☐ Neurological	☐ Musculoskeletal

☐ Assessment/Abnormalities Noted/Recommendations:

Diagnoses/Problems (list)	ICD-10 Code
____________	____________
____________	____________
____________	____________
____________	____________

☐ Additional Information Attached

Name:				DOB:
SCREENINGS				
Vision	**Right**	**Left**	**Referral**	**Notes**
Distance Acuity	20/	20/	☐ Yes ☐ No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color ☐ Pass ☐ Fail				
Hearing	**Right** dB	**Left** dB	**Referral**	
Pure Tone Screening			☐ Yes ☐ No	
Scoliosis Required for boys grade 9	**Negative**	**Positive**	**Referral**	
And girls grades 5 & 7	☐	☐	☐ Yes ☐ No	
Deviation Degree:		Trunk Rotation Angle:		
Recommendations:				

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

☐ **Full Activity** without restrictions including Physical Education and Athletics.

☐ **Restrictions/Adaptations** Use the Interscholastic Sports Categories (below) for Restrictions or modifications

- ☐ **No Contact Sports** **Includes:** baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling
- ☐ **No Non-Contact Sports** **Includes:** archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field
- ☐ **Other Restrictions:**

☐ **Developmental Stage for Athletic Placement Process ONLY**

Grades 7 & 8 to play at high school level **OR** Grades 9-12 to play middle school level sports

Student is at **Tanner Stage:** ☐ I ☐ II ☐ III ☐ IV ☐ V

☐ **Accommodations:** Use additional space below to explain

☐ Brace*/Orthotic	☐ Colostomy Appliance*	☐ Hearing Aids
☐ Insulin Pump/Insulin Sensor*	☐ Medical/Prosthetic Device*	☐ Pacemaker/Defibrillator*
☐ Protective Equipment	☐ Sport Safety Goggles	☐ Other:

*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain: ____________________

MEDICATIONS

☐ **Order Form for Medication(s) Needed at School attached**

List medications taken at home:		

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS Received Today: ☐ Yes ☐ No

HEALTH CARE PROVIDER

Medical Provider Signature:	**Date:**
Provider Name: *(please print)*	Stamp:
Provider Address:	
Phone:	
Fax:	

Please Return This Form To Your Child's School When Entirely Completed.

Date Withdrew______________ F______ R______ D______

2023-2024 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and **return it to the address listed below.** Call **516-277-5539,** if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to: **Locust Valley Central School District**
99 Horse Hollow Road
Locust Valley, NY 11560

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

2. SNAP/TANF/FDPIR Benefits:
If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4 and sign the application.**

Name: ______________________________ CASE #: ______________________________

3. Report all income for ALL Household Members (Skip this step if you completed step 2)

All Household Members (including yourself and all children that have income).
List all Household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions *Amount / How Often*	Child Support, Alimony *Amount / How Often*	Pensions, Retirement Payments *Amount / How Often*	Other Income, Social Security *Amount / How Often*	No Income
	$ ______ / ______	$ ______ / ______	$ ______ / ______	$ ______ / ______	☐
	$ ______ / ______	$ ______ / ______	$ ______ / ______	$ ______ / ______	☐
	$ ______ / ______	$ ______ / ______	$ ______ / ______	$ ______ / ______	☐
	$ ______ / ______	$ ______ / ______	$ ______ / ______	$ ______ / ______	☐
	$ ______ / ______	$ ______ / ______	$ ______ / ______	$ ______ / ______	☐

Total Household Members (Children and Adults) ☐☐

***Last Four Digits of Social Security Number:** XXX-XX-_ _ _ _   I do not have a SS# ☐

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#) or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.
I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: ______________________________ **Date:** ______________
Email Address: ______________________________
Home Phone: ______________ Work Phone: ______________ Home Address: ______________

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.
Ethnicity: ☐Hispanic or Latino ☐Not Hispanic or Latino
Race (Check one or more): ☐American Indian or Alaskan Native ☐Asian ☐Black or African American ☐Native Hawaiian or Other Pacific Island ☐White

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

☐ SNAP/TANF/Foster
☐ Income Household: Total Household Income/How Often: ______________/______________ Household Size: ______________
☐ Free Meals ☐ Reduced Price Meals ☐ Denied/Paid
Signature of Reviewing Official______________________________ **Date Notice Sent:** ______________

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, complete only one application for your household using the instructions below. Sign the application and return the application to **Karen Horoszewski**. If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: 516-277-5539. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

(1) Print the names of the children, including foster children, for whom you are applying on one application.
(2) List their grade and school.
(3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

(1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
(2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

(1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people **in your household**. Use another piece of paper if you need more space.
(2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
(3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
(4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.**
(5) An adult household member must sign the application in PART 4.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

USE OF INFORMATION STATEMENT

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.
We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

DISCRIMINATION COMPLAINTS

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

This institution is an equal opportunity provider.

FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

When filling out the application form, please pay careful attention to these helpful hints.

SNAP/TANF/FDPIR case number: This must be the complete valid case number supplied to you by the agency including all numbers and letters, for example, E123456, or whatever combination is used in your county. Refer to a letter you received from your local Department of Social Services for your case number or contact them for your number.

Foster Child: A child who is living with a family but who is under the legal care of the welfare agency or court may be listed on your family application. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income.

Household: A group of related or non-related people who are living in one house and share income and expenses.

Adult Family Members: All related and non-related people who are 21 years of age and older living in your house.

Financially Independent: A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by the family/household. Separate economic units in the same residence are characterized by prorating expenses and by economic independence from one another.

Current Gross Income: Money earned or received at the present time by each member of your household before deductions. Examples of deductions are federal tax, State tax, and Social Security deductions. If you have more than one job, you must list the income from all jobs. If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources. Only farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months reported from their 1040 Tax Forms.

Examples of gross income are:

- Wages, salaries, tips, commissions, or income from self-employment
- Net farm income – gross sales minus expenses only – not losses
- Pensions, annuities, or other retirement income including Social Security retirement benefits
- Unemployment compensation
- Welfare payments (does not include value of SNAP)
- Public Assistance payments
- Adoption assistance
- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support payments
- Disability benefits, including workman's compensation
- Veteran's subsistence benefits
- Interest or dividend income
- Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- Other cash income

Income Exclusions: The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

If you have any questions or need help in filling out the application form, please contact:

Name: Karen Horoszewski　　Title: School Business Administrator

Telephone Number: 516-277-5029