



Valley Stream UFSD Thirteen Business Office

585 N. Corona Avenue • Valley Stream, New York • 11580 •

Constance D. Evelyn, Ed.D.
SUPERINTENDENT OF SCHOOLS
516-568-6100

Newville Roberts
RESIDENCY OFFICER
516-872-5694

REGISTRATION INSTRUCTIONS

Welcome! When a child's parent(s), person(s) in parental relation to the child, or the child, as appropriate, requests enrollment in the District, the child shall be enrolled and begin attendance on the next school day, or as soon as practicable, unless a determination has been made that the child is not entitled to attend the District schools.

Determinations as to whether a child is entitled to attend District schools shall be made by the District on the basis of the documentation and statements provided to the District, in accordance with applicable law and District policy. A meeting with the child's parent(s), person(s) in parental relation to the child, or the child, as appropriate may be held to determine whether the child is entitled to attend the schools of the District.

The District reserves the right to question whether a child is entitled to attend school in the District at any time. If the District makes a determination that a child is not entitled to attend its schools, the child's parent(s), person(s) in parental relation to the child, or the child, as appropriate, will be so notified, and the child will be excluded from attendance in District schools, unless such exclusion is otherwise prohibited.

Below please find a list of all forms and supporting documents to be submitted to demonstrate your child's eligibility to attend District schools. If you are unable to produce the documents listed below, please make an appointment with our registrar by calling 516-872-5694.

Registrants are required to submit sufficient documentation and/or information to establish residency.

BRING THE FOLLOWING DOCUMENTS TO REGISTRATION:

- I. **PROOF OF DISTRICT RESIDENCY**
- II. **REGISTRATION PACKET (Form "A")**
- III. **Form A – Should be notarized ***

❖ **IF YOU OWN A HOME**, submit: **

- **ORIGINAL** house deed; and
- **Current** mortgage statement or current real estate tax bill; and
- **ONE** of the following **ORIGINAL documents**: Electric/gas bill, water bill, cable/satellite bill, telephone bill, homeowner's insurance policy, car insurance policy, or voter registration card; and
- **Owner's Affidavit Form "B-1"**. (Form B-1 should be notarized.) **

❖ **IF YOU ARE RENTING OR LEASING** an apartment or home, submit: **

- Lease or Rental Agreement; and
- **Non-Owner's/Renter's Affidavit Form "C"** (Form "C" should be notarized; and
- **TWO** of the following **ORIGINAL documents**: Electric/gas bill, water bill, cable/satellite bill, telephone bill, car insurance policy, or voter registration card; and
- Your landlord should also complete the **Landlord Affidavit (B-2 sworn)** and submit required proof of ownership as listed in item #2, above. While we request that you submit the Landlord Affidavit, you may instead submit the **Landlord Statement (B-2 unsworn)**.

** If you have difficulty obtaining the requested notarization, please contact the District's registration office at 516-872-5694 for assistance.

REGISTRATION INSTRUCTIONS, continued

If you are unable to provide the documentation set forth above, you may submit other forms of documentation and/or information establishing your residency in the District including, but not limited to, the following: Paystub; income tax form; utility or other bills; membership document (e.g. library card) based upon residency; voter registration document(s); official driver's license, learner's permit or non-driver identification; 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); evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers; a statement by a third party relating to your physical presence in the District (you may request "Form F – Third Party Statement" from the Registration Office); or other forms of documentation and/or information establishing your physical presence in the District.

IV. STUDENT INFORMATION

- ❖ Child's **CERTIFIED** transcript of a birth certificate (including a certified transcript of a foreign birth certificate or record of baptism) giving the date of birth.
IMPORTANT: KINDERGARTEN STUDENTS MUST BE FIVE YEARS OF AGE BY DECEMBER 1ST OF THE SCHOOL YEAR THEY ARE BEING REGISTERED FOR.
- If a certified transcript of birth certificate or record of baptism is not available, you may submit a passport (including a foreign passport).
- If a passport is not available, you may submit other documentary evidence in existence two years or more (except an affidavit of age), including, but not limited to, the following:
 - Official Driver's license;
 - State or government-issued identification;
 - School photo identification with date of birth;
 - Consulate identification card;
 - Hospital or Health Records;
 - Military dependent Identification card;
 - Documents issued by Federal, State, or local agencies (e.g. local social service agency, Federal Office of Refugee Resettlement);
 - Court Orders or other court-ordered documents;
 - Native-American tribal document; or
 - Records from non-profit International aid/volunteer agencies.
- ❖ Proof of Immunization (e.g. the enclosed "Health Examination Record" signed by a Physician; or Certificate of Immunization, signed by a Physician or Health Facility. Yellow Immunization Record Cards are not acceptable).
- ❖ Academic Records (e.g. the student's last report card; transfer form from sending school; I.E.P.
- ❖ Proof of health insurance coverage.

V. PARENT/GUARDIAN INFORMATION

- ❖ Parent(s) or person(s) in parental relation to the child should produce **VALID PHOTO I.D.**
- ❖ **IF NOT THE NATURAL PARENT**, submit one of the following documents: judicial custody order, guardianship papers, adoption papers, foster care placement papers (e.g. form DS-2999), court orders or other court-issued documents or other document issued by Federal, State or local agency demonstrating parental relation (e.g. local service agency, Federal Office of Refugee Resettlement).
- ❖ **IF THE ABOVE DOCUMENTS ARE NOT AVAILABLE** and/or proof of parental relationship has not been submitted (e.g. by submitting a birth certificate or judicial order demonstrating parental relationship), submit Custodial Affidavit Form "D" or Parent Affidavit Form "E", as appropriate. If you have difficulty obtaining the requested notarization, please contact the District's registration office at 516-872-5694 for assistance.



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REGISTRATION PACKET **FORM A**

WARNING

Any person or persons, who willfully provide false information regarding residence, may be subject to criminal penalties. Making a false statement regarding residence or entitlement to a tuition-free education from the District is punishable as a Class "A" Misdemeanor. In addition, if it is determined that a registrant's child resides outside of the District, the District may take legal action to collect tuition charges. Such tuition charges may exceed \$15,000 per year if the student is not legally entitled to receive a tuition-free education from the District. The District reserves the right to investigate any student's residency by any legal means available, including, but not limited to, public records, site visits and other lawful methods of investigation.

Today's Date: _____

Student's Name: _____
Last Name First Name

Birth Date: ___/___/___ Age: _____ Grade: _____ Sex: M / F

Home Phone: _____

Present Address: _____
Address City State Zip Code

Previous Address: _____
Address City State Zip Code

Previous Phone: _____

Primary Language Spoken at Home: _____

What is your relationship to the student? (Please check one):

- Natural Parent
- Legal Guardian (Court-Appointed)
- Foster Parents
- Person in Parental Relationship

If the child is a foster child, provide Agency name below:



Valley Stream UFSD Thirteen Registration

Marital Status of Parent(s)/Guardian(s) Please check all which apply:

- Married
 Divorced
 Separated
 Widowed
 Never Married

PARENT/GUARDIAN INFORMATION:

Parent/Guardian 1: _____ Date of Birth: _____
 Last First

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer's Name: _____ Business Phone: _____

Parent/Guardian 2: _____ Date of Birth: _____
 Last First

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer's Name: _____ Business Phone: _____

Guardian/Stepparent: _____ Date of Birth: _____
 Last First

Relationship to Student: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer's Name: _____ Business Phone: _____

Names of all Brothers and Sisters, living in the home or not:

LAST NAME / FIRST NAME	DATE OF BIRTH	SCHOOL AND GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Valley Stream UFSD Thirteen Registration

STUDENT INFORMATION

Previous School Attended: _____ Last Day: _____

Previous School Address: _____

Previous School Phone: _____ Fax: _____

Previous School Email Address or Website: _____

Student's Address at time of Attendance: _____

Pre-School Attended: _____

Elementary School Attended: _____ Grades: K 1 2 3 4 5 6

Has your child ever attended any Valley Stream 13 School? YES NO
If "YES", which School(s), and
when (grades/dates)? _____

Is your child receiving any Special Education services? YES NO
(If "YES", please provide a copy of current I.E.P.)

Is English your child's second language? YES NO
If "YES", what is your child's primary language? _____

Is your child presently in an 'English as a Second Language' (ESL)
or 'English as a New Language' (ENL) program? YES NO

Is the student listed as an exemption on anyone's state or federal income tax return? YES NO

Is the student covered under any medical, dental, automobile, sickness, accident,
health, or any other insurance? YES NO
(If "YES", indicate the name of the individual(s) the student is covered under):

Name: _____ Date of Birth: _____

Address: _____

Name of Insurance Company: _____



Valley Stream UFSD Thirteen Registration

FORM A STUDENT RESIDENCY QUESTIONNAIRE

Name of School: _____

Name of Student: _____
Last First Middle

Sex: M / F Birth Date: ____/____/____ Age: _____

.....
This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 1 1435. The answer to this residency information helps determine the services the student may be eligible to receive.

Does the child lack a fixed, regular and adequate nighttime residence? YES NO

If you answered "YES" to the above question, please complete the remainder of the form. If you answered "NO", you may stop here.

.....
Where is the student presently living? (Check one box)

- In a motel, hotel, trailer park, campground due to lack of alternate adequate living accommodations.
- In an emergency or transitional shelter.
- With more than one family in a house or apartment due to loss of housing or economic hardship.
- Moving from place to place.
- In a place not designed for ordinary sleeping accommodations such as a car park, or campsite, abandoned building, bus or train station.

.....
Name of Parent(s) / Legal Guardian(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

I understand that any false statements made herein may be punishable pursuant to the Penal Law of the State of New York and may be referred to the Office of the District Attorney.

Signature of Parent / Legal Guardian: _____ Date: _____



Valley Stream UFSD Thirteen Registration

NOTE

The following statement, signature requirement and notarization requirement applies to all sections of Form A.

No applications will be accepted without the required signatures.

The statements in this application are true. I understand that the statements in this application are subject to verification by the school and the District and that any false statements could subject me to transportation and/or tuition charges where applicable. I also understand that it is my responsibility to notify the school of any changes, and/or circumstances affecting this application.

I understand that making any false statements herein may be punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York and may be referred to the Office of the District Attorney.

I, _____, do hereby swear (or affirm) that all information I provided in Form A is true and accurate.

SIGNATURE

DATE

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

NOTARY PUBLIC



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Dear Parent/Guardian:

Valley Stream Union Free School District Thirteen has adopted a policy which requires the collection and recording of the ethnic identity of the students in VS13 in accordance with Federal categories and definitions.

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.
- Study the movements of students in different ethnic groups as they move from school to school.
- Analyze differences in academic performance, attendance and completion of school.

We need your assistance in order to accomplish this task. 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, a student records officer from the school or District will be required to identify the group to which the student appears to be, identifies with, or is regarded in the community as belonging.

Thank you for your cooperation.



Valley Stream UFSD Thirteen Registration

Student's Name: _____
Last, First, Middle Initial

Date of Birth: ____/____/____ Grade: _____ Sex: MALE FEMALE
Day Month Year Current

DIRECTIONS TO PARENT/GUARDIAN

*PLEASE ANSWER QUESTIONS (1) AND (2).
PLEASE READ THEM ALL CAREFULLY BEFORE YOU RESPOND.*

For Question (1): Place one check mark in the box that best describes your child:

- 1) Is the student of Hispanic or Latino origin? Definition: 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) Select one or more races from the five following racial groups. Check all groups that apply to your child. At least ONE box must be checked:

AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition, e.g. Cherokee, Mohawk, Inuit.

ASIAN: A person having origins in any of the original people of the Far East, Southeast Asia, or Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original people 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 people of Europe, North Africa, or the Middle East.

Signature of Parent/Guardian/Other

Relationship to Student: Mother Father Guardian Other (specify) _____



Valley Stream UFSD Thirteen Registration

Notification to Parents/Guardians

The District provides special education services and programs to students with disabilities pursuant to applicable federal and state laws. Any parent or person in parental relation who suspects that his/her child has a disability may refer the child for an evaluation by the District's Committee on Special Education (CSE) for eligibility for special education services and programs. More detailed information on this process is available in *A Parent's Guide to Special Education*, which is published on the New York State Education Department's website in English and Spanish.

English Handbook:

<http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>

Spanish Handbook:

<http://www.p12.nysed.gov/specialed/publications/policy/spanishparentguide.htm>

Parents or persons in parental relation can contact the District's Committee on Special Education (CSE) Office at 516-568-6260 for more information.



Valley Stream UFSD Thirteen Registration

Prior Special Education Services

Student's Name: _____ Date of Birth: _____

Current Address: _____ Phone Number: _____

Last School Attended: _____ District: _____

School Address: _____ School Phone: _____

Teacher/Counselor's Name: _____ Grade Completed: _____

Did Student receive any special education services? (Check one) NO YES

If you responded "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 / name of school): _____

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

- Speech/Language Counseling Occupational Therapy
- Physical Therapy Hearing Services Vision Services

Classification: (if known)

- Don't know Learning Disabled Multiply Disabled Deaf
- Emotional Disturbance Other Health Impaired Hard of Hearing
- Deaf-Blind Orthopedically Impaired Speech Impaired
- Visually Impaired Traumatic Brain Injury Autistic

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: _____ Phone: _____

RELEASE OF RECORDS/INFORMATION TO VALLEY STREAM UNION-FREE SCHOOL DISTRICT THIRTEEN

I authorize the school and CSE indicated above to release academic, psychological, psychiatric, medical, and all other evaluations, IEPs, and records to Valley Stream UFSD Thirteen. 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 work with my child (principal, psychologist, social worker, regular or special education teachers, related service providers, guidance counselor and/or CSE Chairperson) speak with individuals from the school and CSE office indicated above. I am aware my consent is voluntary and can be withdrawn at any time.

Signature of Parent/Person in Parental Relationship

Date

Please forward copies of all evaluations and records to:

Valley Stream UFSD Thirteen
Committee on Special Education
Willow Road School
880 Catalpa Drive
Franklin Square, NY 11010



Valley Stream UFSD Thirteen Registration

I, _____ do hereby swear (or affirm) that all
Owner's Name

information I provided in Form B-1 is true and accurate.

Signature of Owner

SWORN TO BEFORE ME THIS _____ DAY OF

_____, 20_____.

NOTARY PUBLIC



Valley Stream UFSD Thirteen Registration

I, _____ do hereby swear (or affirm) that all
Owner's Name

information I provided in Form B-2 is true and accurate.

Signature of Owner / Landlord

SWORN TO BEFORE ME THIS _____ DAY OF
_____, 20_____.

NOTARY PUBLIC



Valley Stream UFSD Thirteen Registration

This is my actual and only permanent residence. My child/ward lives with me at said address and said address is his/her actual and only permanent residence.

My last address was _____.

My last telephone number was _____.

I began residency at my current address which is _____
_____ on _____ (date).

My living arrangement is governed by (check one):

- A formal lease (attach copy of lease and owner's affidavit, Form B)
- Oral Agreement
- Other (attach rental agreement)

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

Signature of Renter / Non-Owner

SWORN TO BEFORE ME THIS _____ DAY OF

_____, 20_____.

NOTARY PUBLIC

I understand that making any false statements herein is punishable as a 'Class A' Misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York and may be referred to the Office of the District Attorney.

7. _____ does not live at any other address.
Child's Full Name
8. Food, clothing, and all other necessities are provided to _____
Child's Full Name
by _____
Name of Provider
9. Will the child be spending overnight, weekends, holidays or vacations elsewhere? If so, explain:

10. Does each parent intend to remain at his/her present address? YES NO
Please explain: _____
11. Where is each parent registered to vote? Mother _____ Father _____
12. What court orders have been made with respect to the child's guardianship or custody? (Attach a copy of all such orders.)
13. If the guardian has any other children, supply the following information:
- | Name | Age | Address | Relationship to Guardian | School |
|-------|-------|---------|--------------------------|--------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
14. I, _____, assume full responsibility
Name of Custodian
for all matters relating to _____'s education and medical care.
Child's Full Name
15. Statement of other relevant facts (enclose additional sheets of paper as required):

Questions "A" through "F" should be answered when application for admission is filed by persons other than a natural parent/guardian:

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

- B) Does the student live in your home exclusively? _____
- C) How often will the parent(s) see the child? _____
- D) What percentage of financial support will be made by the natural parent(s)? _____
- E) What percentage of financial support will be made by you? _____

The following should be completed if the guardian is someone other than the natural parent claiming custody without a court order:

Does the student receive financial aid or other support from either or both of his/her parents?

YES NO

If "YES", please complete the information below:

FATHER: APPROXIMATE DOLLAR AMOUNT PER YEAR: \$ _____

DATES: FROM _____ TO _____

MOTHER: APPROXIMATE DOLLAR AMOUNT PER YEAR: \$ _____

DATES: FROM _____ TO _____

If parents have not provided support, please provide the information of the person that supplied the financial support:

NAME: _____

ADDRESS: _____

BUSINESS ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

DATE OF BIRTH: ____/____/____

I affirm that the information in this application is true and correct. I understand that the statements in this application are subject to verification by the school District and that false statements may lead to liability for the payment of tuition. I also understand that it is my responsibility to notify the school of any changes, and/or circumstances affecting this application.

I also understand that making any false statements is punishable as a class "A" misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York.

NON-CUSTODIAL PARENT'S SIGNATURE (If applicable)

CUSTODIAN'S SIGNATURE

DATE

DATE

SWORN TO BEFORE ME THIS _____ DAY OF

SWORN TO BEFORE ME THIS _____ DAY OF

_____, 20____.

_____, 20____.

NOTARY PUBLIC

NOTARY PUBLIC



Valley Stream UFSD Thirteen Registration

PARENT AFFIDAVIT FORM E

STUDENT'S NAME (PLEASE PRINT)

Last

First

WARNING

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STATE OF NEW YORK }
 } SS:
COUNTY OF }

I, _____, being duly sworn, deposes and says:
Parent / Guardian

1. With full understanding of the requirements for enrollment, I request that my child,

Name of Student

be admitted to the schools of Valley Stream UFSD Thirteen as a District resident.

2. I, _____, am the Parent/Guardian/Custodial
parent of the above-named child/ward. I reside at _____
_____.

At this time, I lack the necessary personal/identification documentation required by Valley Stream UFSD Thirteen to register my child for school.

Parent/Guardian/Custodial Parent Signature

Residency Office Witness

Date

SWORN TO BEFORE ME THIS _____ DAY OF

_____, 20_____.

NOTARY PUBLIC



Valley Stream UFSD Thirteen Registration

THIRD PARTY STATEMENT FORM F

STUDENT'S NAME (PLEASE PRINT)

Last

First

WARNING

The District reserves the right to investigate any student's residency by any legal means available, including but not limited to public records, site visits and other lawful methods of investigation. Making any false statements herein may subject the person making such statements to penalties as prescribed by law.

1. I, _____, have first-hand knowledge that the individuals listed below reside at _____

Address

2. The basis of my knowledge is (e.g. family friend, relative, etc.):

3. I understand that this document will be submitted to and filed with Valley Stream UFSD Thirteen and that the District will rely upon the contents of this document as factual and true.

4. The information provided in this statement is true.

Name of Parent(s)/Guardian(s) residing at the above address: _____

Name of Student(s) residing at the above address: _____

Name: _____

Address: _____

Telephone: _____

Signature: _____

Date: _____