



PLAINEDGE PUBLIC SCHOOLS

DISTRICT ADMINISTRATION BUILDING
241 WYNGATE DRIVE, N. MASSAPEQUA, NY 11758
(516) 992-7455 FAX (516) 992-7446

Edward A. Salina, Jr., Ed.D.
Superintendent of Schools

Dear Parents/Guardians:

Welcome to the Plainedge Public Schools. This booklet is designed to help you understand and complete the registration process. In this booklet, you should be able to find all the information that you need to complete this process in a quick and efficient manner.

Registration may take place on any day that the school district is open; please call the Registrar at 516-992-7420 to arrange an appointment. When you come in, please be sure to have all the documentation with you as requested in this booklet. All information must be complete; unfortunately, we will not be able to register your child(ren) if any of the documentation is missing.

We trust that your experience here in Plainedge will be most positive and enjoyable for you and your family. If we can do anything to make your transition easier, please do not hesitate to contact any member of our administration.

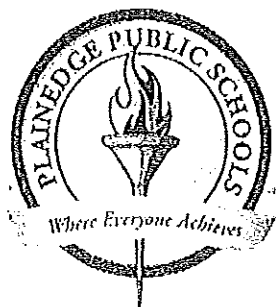
Sincerely,

A handwritten signature in cursive script, appearing to read "E. Salina, Jr.", is written over the word "Sincerely,".

Edward A. Salina, Jr., Ed.D.
Superintendent of Schools

EAS:ck

Welcome To
The
PLAINEDGE PUBLIC SCHOOLS
NORTH MASSAPEQUA, NEW YORK



REGISTRATION INFORMATION
AND
APPLICATIONS



PLAINEDGE PUBLIC SCHOOLS
241 WYNGATE DRIVE
NO. MASSAPEQUA, NY 11758

RESIDENCY & ADMISSION OF STUDENTS

The Plainedge School District is committed to providing the highest quality education for the students in our community. Therefore, the district has adopted strict admissions policies.

Parents/legal guardians wishing to register their children in the Plainedge Schools must present verification of their residency in the district. Upon registration, the following documents are required:

IF YOU OWN YOUR HOME:

- Copy of current property tax bill/receipt
- Current mortgage statement
- Two utility bills
- Affidavit – Form A (attached) completed, signed by the homeowner, and notarized

IF YOU RENT, LEASE, OR ARE NOT THE OWNER OF YOUR HOME:

- Copy of house/apartment lease or rental agreement
- Copy of owner/landlord's current property tax bill/receipt
- Two utility bills or bank statement
- Affidavit – Form B (attached) completed, signed by the owner/landlord, and notarized
- Affidavit – Form C (attached) completed, signed by the renter/non-owner, and notarized

In addition to these documents, please note you will also be required to show the following documents:

- Valid driver's license
- An embossed birth certificate of the child
- Proof of mandatory immunization which include:
 - ✓ 3 doses of DPT
 - ✓ 3 doses of Polio
 - ✓ 2 doses of MMR
 - ✓ 3 doses of Hepatitis B
 - ✓ 1 dose of Tdap (*Born on or after 1/1/94 and enrolling in 6th grade*)
 - ✓ 1 dose of Varicella (*Born on or after 1/1/98 or born on or after 1/1/94 and enrolling in 6th grade*)

Thank you for your cooperation in this regard.

PLAINEDGE UNION FREE SCHOOL DISTRICT REGISTRATION FORM

(Please print in ink)

School _____ Date of Registration _____

Child's Name _____ Entering Grade _____

Street Address _____
Last First Middle City _____ State _____ Zip Code _____

Home Telephone _____ Gender: M _____ F _____ Age _____

Date of Birth: Month _____ Day _____ Year _____ Birthplace _____
City, State

Ethnicity: (Choose one, optional)

<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Other		

Do you believe you are homeless? Yes _____ No _____

Do you believe you are an unaccompanied youth? Yes _____ No _____

Parental Status: Married _____ Separated _____ Divorced _____ Remarried _____

Father's Name _____ Living _____ Deceased _____

Address (If Different from Child) _____ Telephone _____

Cell No. _____

Employer Name _____ Work Telephone _____

Employer Address _____ Occupation _____

E-mail address _____

Mother's Name _____ Living _____ Deceased _____

Address (If Different from Child) _____ Telephone _____

Cell No. _____

Employer Name _____ Work Telephone _____

Employer Address _____ Occupation _____

E-mail address _____

Child Resides With: (Choose one)

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother only	<input type="checkbox"/> Father only
<input type="checkbox"/> Other: Please explain _____		

Guardian or Foster Parent:

Name _____ Relationship _____

Address _____ Telephone _____ Cell _____

What document are you providing establishing guardianship? _____

Emergency Contacts

Please identify persons, other than the parents/guardians, who can be notified in case of an emergency or illness. The persons listed below will only be contacted when neither parent/guardian can be reached. Only those persons listed below will be able to sign your child out of school.

	<u>Name</u>	<u>Telephone #</u>	<u>Relationship to Child</u>
1 st Contact	_____	_____	_____
2 nd Contact	_____	_____	_____
3 rd Contact	_____	_____	_____
Physician's Name	_____	Telephone _____	

Name of Last School Attended _____

Address _____

<u>Siblings</u>	<u>Name</u>	<u>Date of Birth</u>	<u>Current School</u>	<u>Grade</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Both parents have authorization to sign child out of school: Yes _____ No _____
(If you are the court assigned custodial parent or guardian of a child, we must have a copy of the entire court ordered custody agreement establishing that fact.)

I hereby certify that I am the legal parent/guardian of _____
and the information given in this application is correct.

Signature _____ Date _____

FOR OFFICE USE ONLY

Parent Identification - License _____ Passport _____ Other _____ If applicable, Custody Papers _____

Residency - Tax Bill _____ Utility Bills _____ Other _____ Affidavit A or B and C _____

Student - Birth Certificate _____ Physical/immunizations _____ School Records _____ Transportation _____

Dated/Entered to PS _____

Student # _____

MEDICAL HISTORY
(To be completed by parent)

Student's Name: _____ School/Grade: _____

Has your child ever had any of the following?

	Yes	No		Yes	No
Anemia	___	___	High Blood Pressure	___	___
Asthma	___	___	Headaches	___	___
Cancer	___	___	Kidney Disease	___	___
Chronic Cough	___	___	Lyme Disease	___	___
Chronic Fatigue	___	___	Muscular Weakness	___	___
Diabetes	___	___	Prolonged Bleeding	___	___
Hearing Loss	___	___	Rheumatic Fever	___	___
Heart Condition	___	___	Seizures	___	___
Heart Murmur	___	___	Tuberculosis	___	___
Seasonal Allergies	___	___	Crohn's Disease/IBS	___	___

Please explain any "yes" answers: _____

Has your child ever been hospitalized? _____ Had surgery? _____

Please explain (include child's age at the time): _____

Does your child have any allergies? _____ To what? _____

Does your child take any medication? _____ Why? _____

What medication? _____ What time of day? _____

Does your child wear glasses/contact lenses? _____ For blackboard or reading? _____

Is there anything else we should know about your child's medical history? _____

Parent/Guardian's Signature: _____ Date: _____

Page 1 of 2
Student # _____

Plainedge Public Schools
Physical Examination Form

School: _____
Grade: _____
Teacher: _____

Student's Name: _____ Sex: _____ Date of Birth: _____
Address: _____ Phone: _____

This certifies that the above named student was examined and found to be in good health and able to participate in all athletic programs.

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____ Scoliosis: _____

Urinalysis: _____ TB: _____ Lead: _____ Vision: _____ Hearing: _____

Medical History: _____

Allergies: _____

Positive Physical Findings: _____

Recommendations and/or Exceptions: _____

Medications: _____

Immunizations:

DPT/DT/DTap			
Tdap			
Polio			
Measles			
Mumps			
Rubella			
MMR			
Hep. B			
HIB			
Varivax			
Meningitis			
Hep. A			
HPV			

**For Interscholastic Athletic Activities
(Grades 7 through 12 only)**

The above named student is physically qualified to participate in all of the following interscholastic athletic activities during the school year:

Yes _____ No _____

Baseball	Cross Country	Lacrosse	Tennis *
Basketball	Football	Soccer	Track & Field
Bowling *	Golf *	Softball	Volleyball
Cheerleading *	Hockey *	Swimming *	Wrestling

* High School

Exemptions:

Physician's Comments: _____

Date of Exam: _____

Physician's Stamp:

Physician's Signature: _____

Physician's Phone No.: _____



Home Language Questionnaire (HLQ)

Dear Parent or Guardian,
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads, and writes English. Your assistance in answering these questions is greatly appreciated.
Thank You

TO BE COMPLETED BY SCHOOL PERSONNEL			
DISTRICT			
SCHOOL		GRADE	
STUDENT NAME			
DATE OF BIRTH	Month	Day	Year
STUDENT IDENTIFICATION NUMBER			
COUNTRY OF BIRTH/ANCESTRY			
NUMBER OF YEAR ENROLLED IN SCHOOL OUTSIDE THE U.S.			
NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION			
DETERMINATION	<input type="checkbox"/> Possible LBP <input type="checkbox"/> English Proficient		

(√boxes that apply)

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

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

Signature of Parent/Guardian/Other _____

Date: Month Day Year

Student # _____

AFFIDAVIT - FORM A
Parent/Owner Affidavit

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

_____, Social Security # _____, being duly sworn, deposes and says:
(Parent/Owner's Name)

1. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that
_____ may be admitted to the schools of the Plainedge Union Free School District as a
(First and Last Name of Child)

district resident. Relationship to child _____. (If legal guardian/custodian, attach copy of
(Parent/Guardian/Custodian)
custody papers or court order).

2. I am the legal owner of _____
(Address)

ATTACH THE FOLLOWING - CURRENT PROPERTY TAX BILL/RECEIPT

ATTACH TWO OF THE FOLLOWING - HOMEOWNER'S LIPA BILL; HOMEOWNER'S CABLE BILL; HOMEOWNER'S WATER BILL.

My domicile is: _____
(Address Where I Live)

My child's domicile is: _____
(Address Where My Child Lives)

3. The following names include ALL children under the age of 21 living (domiciled) at this address:

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

Sworn to before me

This _____ day of _____, 20____

SIGNATURE OF HOMEOWNER

NOTARY PUBLIC

Student # _____

AFFIDAVIT - FORM B
Owner's/Lessor's Affidavit

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

_____, Social Security # _____, being duly sworn, deposes and says:
(Owner's/Lessor's Name)

1. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that
_____ may be admitted to the schools of the Plainedge Union Free School District as a
(First and Last Name of Child)
district resident.

2. I am the legal owner of _____
(Address)

and I reside at _____

My tenants _____ and _____ are domiciled

at _____
(Address Where They Live)

ATTACH THE FOLLOWING -- CURRENT PROPERTY TAX BILL/RECEIPT

ATTACH TWO OF THE FOLLOWING -- HOMEOWNER'S LIPA BILL; HOMEOWNER'S CABLE BILL; HOMEOWNER'S WATER BILL

The terms and conditions of said tenancy are as follows: (Rent, expiration date of lease -- Attach copy of Lease)

3. The following names include ALL children under the age of 21 living (domiciled) at this address:

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

Sworn to before me

This _____ day of _____, 20____

SIGNATURE OF OWNER/LESSOR

NOTARY PUBLIC

Student # _____

AFFIDAVIT - FORM C
Renter's/Non-Owner's Affidavit

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

_____, Social Security # _____, being duly sworn, deposes and says:
(Name)

1. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that
_____ may be admitted to the schools of the Plainedge Union Free School District as a
(First and Last Name of Child)

district resident. I am aware that the deliberate falsification of information for school attendance purposes is unlawful. I am also aware of the policy of the Plainedge Public Schools which is that if _____ is found to have
(Name of Child)
established residency in our district by using false or inaccurate information, **THE CHILD WILL BE IMMEDIATELY DISMISSED FROM SCHOOL, AND THE PARENTS OF THE CHILD WILL BE HELD LIABLE FOR ALL COSTS INCURRED WHILE THE STUDENT WAS ENROLLED IN THE PLAINEDGE PUBLIC SCHOOLS.**

2. I am the _____ of _____
(Parent/Guardian/Custodial Parent) (Name of Child)

We reside at _____,
(Street Address) (City, State, Zip Code)

This is my actual and only permanent domicile. _____ lives with me and said address
is his/her actual and only permanent domicile. (Name of Child)

My living arrangement is governed by (check one):

- A formal lease (attach copy of lease and Owner's Affidavit-Form B)
- Other (attach rental agreement and Owner's Affidavit-Form B)

ATTACH TWO OF THE FOLLOWING - RENTER'S LIPA BILL; RENTER'S CABLE BILL; RENTER'S WATER BILL; RENTER'S BANK STATEMENT (ALL MUST INDICATE ADDRESS OF CURRENT DOMICILE).

Sworn to before me

This _____ day of _____, 20____

SIGNATURE OF RENTER

NOTARY PUBLIC