

Registration Date _____ Enrollment Date _____ Grade Registering _____ Student ID# _____

SHOREHAM-WADING RIVER CENTRAL SCHOOL DISTRICT

250 B Route 25A, Shoreham, New York 11786

631-821-8100 / Fax: 631-929-3001

CENTRAL REGISTRATION FORM

To all Building Principals / Secretaries: Upon receipt of this form please obtain the following additional information for each student listed and retain copies of each for your records

- 1. Birth Certificate
- 2. Immunization Records.

Name _____ Date of Birth _____ Grade _____ Sex _____
SS # _____

Name _____ Date of Birth _____ Grade _____ Sex _____
SS # _____

Name _____ Date of Birth _____ Grade _____ Sex _____
SS # _____

Parents/Guardian _____

Home Address _____
House # and Street _____ Town and Zip Code _____

Home Phone _____ Work # _____

Previous Address _____

Previous Telephone # _____

Previous School District _____

Number of years child has attended school in the United States _____

Signature of Parent/Guardian _____ Date _____

Office Use Only:

The following proof of residence was submitted: _____

Authorized Signature _____ Date _____

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REGISTRATION FORM

Child's Name _____ Birth Date _____ Grade _____

City, State and Country of Birth _____

Nickname or name your child is accustomed to being called _____

Home Address _____ Home Phone _____
House # and Street Town

Marital Status of Parents: () married () separated () divorced () widowed () single

Mother's Name _____ Legal Guardian? Yes N

Occupation _____ Place of Employment _____

Work Number _____ Cell Number _____

E-mail Address (home) _____

Father's Name _____ Legal Guardian? Yes N

Occupation _____ Place of Employment _____

Work Number _____ Cell Number _____

E-mail Address (home) _____

Other Children in Family	Grade	Date of Birth	Age	Sex
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Ethnic Identification: Please answer question (1) and (2). Please read them before you respond.

For question (1) check (√) the box that best describes your child. Check (√) only ONE box.

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

Yes, Hispanic

No, Not Hispanic

2. Select one or more races from the following five racial groups. For question (2) check (√) all groups that apply to your child: Check (√) at least ONE box.

American Indian or Alaska Native: A person having origins in any of the original peoples of North America and who maintains cultural identifications through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.

Asian: A person having origins in any of the original peoples of the Far East, Southwest Asia, or the Indian subcontinent including for example, Cambodia, China India, Japan, Korea, Malaysia, Pakistan, The Philippines Islands, Thailand and Vietnam.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Black: A person having origins in any of the black racial groups of Africa.

White: A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

Languages Spoken at Home _____

Signature of Parent/Guardian

Date

Relationship to Student (please check one box below)

Mother

Father

Guardian

Other (Specify): _____

FAMILY INFORMATION SUPPLEMENT
(Complete this form if parents live apart)

Student Name

School

Date

CUSTODIAL PARENT

NON-CUSTODIAL PARENT

Last Name, First

Last Name, First

Address

Address

City, State, Zip

City, State, Zip

Home Phone Cell/Work Phone

Home Phone Cell/Work Phone

STEPPARENT (if applicable)

LEGAL GUARDIAN (if other)

Last Name, First

Last Name, First

Address

Address

City, State, Zip

City, State, Zip

Home Phone Cell/Work Phone

Home Phone Cell/Work Phone

NOTICE: Parents have the responsibility of presenting a certified copy of any legally binding instrument effecting custody or other parental rights and, without one, the school will assume that both parents may see the child and that each parent has equal access to school records, reports, and conferences.

Signature of Custodial Parent

Date

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SPECIAL EDUCATION SERVICES

IEP Yes No

504 Yes No

Student's Name: _____

Date of Birth: _____ Grade: _____

Previous School District: _____

I understand that this statement is being made under the penalties of perjury, in order that the student, may be admitted to the Shoreham-Wading River Central School District as a district resident. I swear / affirm that these statements are true under the penalties of perjury, and I understand that the filing of a false instrument and the theft of services from a governmental agency such as a school district are crimes punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution.

Parent / Guardian Signature

Date

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ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Female Date of Birth: ____ / ____ / ____ Grade: ____ ID#: _____
Month Day Year (preschool-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 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.

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FORMULARIO DE INSCRIPCIÓN – CUESTIONARIO DE RESIDENCIA

Nombre del Distrito Escolar: _____

Nombre de la Escuela: _____

Nombre del Estudiante: _____

Apellido Primer Nombre Segundo Nombre

Género: Hombre Fecha de Nacimiento: _____ / _____ / _____ Grado: _____ ID#: _____
 Mujer *Mes Día Año* *(jardín de infantes – 12)* *(opcional)*

Dirección: _____ Teléfono: _____

Su respuesta abajo permitirá al distrito escolar definir los servicios que puede aprovechar su hijo/hija según el Acto de McKinney-Vento. Los estudiantes elegibles tienen derecho a la inscripción inmediata en la escuela, aun si ellos no tienen los documentos necesarios tales como: prueba de residencia, documentos escolares, documentos de inmunización, o partida de nacimiento. Los estudiantes elegibles según el Acto de McKinney-Vento tienen además derecho al transporte gratuito y otros servicios que ofrece el distrito escolar.

¿Dónde está el estudiante viviendo actualmente? (Por favor marque una caja.)

- En un refugio
- Con otra familia o otra persona debido a la pérdida del hogar o a dificultades económicas
- En un hotel/motel
- En un carro, parque, autobús, tren, o camping
- Otra vivienda temporal (Por favor describa): _____
- En un hogar permanente

Nombre de Padre, Guardián, o
Estudiante (para jóvenes sin acompañamiento)

Firma de Padre, Guardián, o
Estudiante (para jóvenes sin acompañamiento)

Fecha
Si el estudiante **NO** vive en un hogar permanente, **no se requieren prueba de domicilio** u otros documentos normalmente requeridos para inscripción y **el estudiante debe ser matriculado inmediatamente**. Después de que el estudiante sea matriculado, el distrito o la escuela debe pedir los documentos escolares, incluyendo los documentos de **inmunización**, al distrito o la escuela anterior. El enlace del distrito debe ayudar al estudiante conseguir cualquier otro **documento necesario o inmunización.**

ATENCIÓN ESCUELAS Y DISTRITOS: Si el estudiante **NO** vive en un hogar permanente, favor de asegurarse que una Formulario de Designación sea completado.

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MEDICAL INFORMATION

Child's Name: _____ Sex: _____ Phone: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Father's Name: _____ Mother's Name: _____

Family Physician: _____ Physician Phone: _____

HAS YOUR CHILD HAD ANY OF THE FOLLOWING DISEASES OR CONDITIONS? (please enter dates)

Chicken Pox _____ Pneumonia _____ Rheumatic Fever _____

Scarlet Fever _____ Tuberculosis _____

Contact with Tuberculosis Yes N Who _____ When _____

Diabetes _____

Asthma _____

Allergies _____ Treatment _____

Food Intolerances _____

Ear Conditions _____

Heart Disease _____

Serious Injury _____

Operations _____

Myringotomy/Ear Tubes - (R) _____ (L) _____ Both _____ still in? Y N

Prolonged Fevers _____

Seizures _____

Other _____

DOES YOUR CHILD HAVE FREQUENT:

Throat Infections _____ Colds _____ Injuries _____

HAS YOUR CHILD HAD ANY OF THE FOLLOWING PROTECTIVE MEASURES? (Dates)

Tuberculin Test _____ Chest X-Ray _____

Is your child taking any type of medications? Y N

If so, list: _____

Date of last physical exam? _____

Date of last eye exam? _____

Does your child wear glasses? Y N For what activities? _____

Ophthalmologist _____

Is there anything concerning the physical or mental health of your child that the school should know in order to provide special care? _____

THE FOLLOWING ITEMS PERTAIN TO PREGNANCY AND DELIVERY:

RH factor or AO blood problems _____ Transfused _____
Full term or premature _____ Birthweight _____
Complications (specify) _____
Delivery: Normal Cesarean Induced Breech
If labor was other than normal, please indicate why _____

FAMILY HISTORY

Is the child adopted? Y N If so, age at adoption: _____ Does the child know? Y N
Is there a history of any of the following in your family? (Indicate relationship)
Diabetes _____ Allergies _____
Neurological Problems _____ Other _____
Do any siblings have school or behavioral problems? Y N
If yes, please describe _____

Printed Name of Parent/Guardian

Signature Name of Parent/Guardian

Date

*****Please note:***

Unless you indicate otherwise, information contained on this form will be shared on a "Need to Know" basis where the safety and welfare of your child is at stake. Only relevant information will be shared, such as allergies and medical issues that could possibly manifest themselves while your child is in the classroom, at a special, or on a field trip. Only teachers and staff that would be in a supervisory capacity over your child would be authorized to receive this information. Also, the date of the first polio vaccination will be supplied confidentially to the New York State Department of Education for the purpose of assigning unique student ID's, which will remain with your children until high school graduation.

IMMUNIZATION

In accordance with New York State Public Health Law, minimum vaccine requirements for incoming kindergartners/new students include:

- 3 doses of diphtheria toxoid (usually administered as DTP, DT, or Td).
- 3 doses of polio vaccine (administered as OPV or IPV).
- 2 doses of measles virus vaccine; the first administered no more than 4 days prior to the child's first birthday, and a 2nd dose administered no less than 28 days after the first dose.
- 1 dose of live rubella virus vaccine administered no more than 4 days prior to the child's first birthday.
- 1 dose of live mumps virus administered no more than 4 days prior to the child's birthday.

***Note:** The measles, mumps and rubella vaccines are usually administered together as a single MMR vaccine. Two MMR vaccines are required for entrance into kindergarten.

***Note:** If the first MMR was given more than 4 days before the child's first birthday, a third MMR must be given or a titre must be drawn to show proof of immunity.

- 3 doses of Hepatitis B vaccine.
- 1 dose of live varicella (chicken pox) vaccine given no earlier than 4 days prior to the child's first birthday, or physician's documentation of disease including date.