

PUTNAM VALLEY CENTRAL SCHOOL DISTRICT
171 Oscawana Lake Road
Putnam Valley, NY 10579

Student Registration Procedure

Welcome to the Putnam Valley Central School District. All students in **grades K-12 must enroll with the District Registrar located in the District office. Please make an appointment by calling (845) 528-8130 Ext. 1317.** (For all Preschool Special Education, ages 3-5, please call the Special Education Office at (845) 528-8130 Ext. 1317.)

***Please note, as a parent you have the right to refer your child for a special education evaluation if you believe they may have an educational disability. For additional information, please contact the CSE chairperson at 845-528-8130, extension 1315.**

A packet of information is attached for you to complete, but you will need to provide the information listed below to begin the registration process. All residency documents are subject to verification.

You MUST bring the following documents with you:

- Original documentation for proof of age
(i.e. Birth certificate, baptismal certificate, passport)
- Completed Immunization Record and Physical, **signed/stamped by physician**
(Physical MUST be conducted no more than 12 months prior to student's entrance into school)
- Your child's educational records, as applicable
(i.e. report card, IEP, Section 504 plan, ELL services)
- Divorce/Separation and/or Custody papers (if applicable)
- Guardianship papers (if applicable)
- Care/Control papers (if applicable)
- Foster Child Data sheet (if applicable)
- Order of Emancipation or Affidavit of Emancipation (if applicable)

(continued on next page)

You MUST demonstrate proof of residency by providing the following documents:

- Statement of Legal Residency affidavit (notarized)
- AND**
- Residency Questionnaire

As well as the following original documents reflecting the address:

For Homeowners: You must present three (3) documents, as follows:

Original deed, Property or School tax bill, mortgage statement

AND

Two (2) of the following current documents (dated within the last month) in the Homeowner's name:

Property Insurance Certificate

Utility bill (These include gas, electric, oil, telephone, and cable/satellite. You may choose two)

Note: Documents with only a P.O. Box address will not be accepted.

For Renters: You must present three (3) documents, as follows:

A valid and fully executed lease for the rental unit, which includes the landlord's address and telephone number and the rental property address.

OR

A Completed, Signed and Notarized Affidavit of Property Owner/Landlord

AND

Two (2) of the following current documents (dated within the last month) in the Renter's name:

Utility bill (These include gas, electric, oil, telephone, and cable/satellite, you may choose two)

Property Insurance Certificate

Section 8 or Municipal Housing Statement

If utilities are included, ask about other acceptable proofs of residency.

Note: Documents with only a P.O. Box address will not be accepted.

PUTNAM VALLEY CENTRAL SCHOOL DISTRICT

Registration Form

I. STUDENT INFORMATION

Please complete this entire section about the student. Be prepared to provide birth verification and proof of residency at the time of enrollment.

***Property owners must provide an original Property/School tax bill, mortgage statement, or homeowners insurance policy PLUS any two of the following recent original bills: Gas/Electric bill, Oil bill, Telephone bill, Cable/Satellite bill.**

***Renters must provide an original Lease or Notarized Landlord Affidavit (from school) PLUS any two of the following recent original bills: Gas/Electric bill, Oil bill, Telephone bill, Cable/Satellite bill.**

Last Name: _____ First: _____ Middle: _____ Gender: _____

Home Address: _____

Home Phone: _____ Date of Birth: _____ Birth Place: _____

Previous School: _____ Grade: _____ School Address: _____

*****For certain Federal and State programs, the district must report student ethnicity and race. Please check the appropriate designation for your child.

1. What is the student's ethnicity? _____ Hispanic or Latino _____ Not Hispanic or Latino

2. What is the student's race? (check all that apply)

_____ African American or Black _____ Asian _____ Native Hawaiian or Pacific Islander _____ American Indian or Alaska Native _____ White

II. CONTACT INFORMATION

Please complete this entire section. **You must provide information for three contacts.** For additional contacts use a blank page.

	PARENT/GUARDIAN	OTHER PARENT/GUARDIAN	EMERGENCY CONTACT (OTHER THAN PARENT)
Contact full name			
Relationship to student			
Lives with student? (Circle one)	Yes / No If no, provide address here. _____ _____	Yes / No If no, provide address here. _____ _____	Please provide address here. _____ _____ _____
Home phone	()	()	()
Work phone	()	()	()
Cell phone	()	()	()
Email address			This information not needed
Employer			This information not needed
Primary language if other than English			

In the case of divorce, separation or guardianship please provide paperwork concerning custody of child(ren).

Custody concerns (circle one): yes or no

III. SIBLING INFORMATION

Complete this section only if applicable.

SIBLING FULL NAME	DATE OF BIRTH	PRESENT SCHOOL	GRADE

The information provided above is true to the best of my knowledge.

Parent/Guardian Signature

Date

PUTNAM VALLEY CENTRAL SCHOOL DISTRICT

171 Oscawana Lake Road
Putnam Valley, NY 10579

ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

In compliance with the McKinney-Vento Homeless Education Assistance Act and New York Education Law, every school district is required by the State Education Department's Title I Office to have all new registrants, and all students who change addresses complete a residency questionnaire.

Name of LEA: Putnam Valley CSD

Name of School: _____

Name of Student: _____

Last First Middle

Gender: Male Date of Birth: ____/____/____ Grade: ____ ID#: _____
 Female 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

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.



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

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

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

Home Language Questionnaire (HLQ)

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

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	_____	<input type="checkbox"/> Father
		<i>specify</i>	<i>specify</i>
	<input type="checkbox"/> Guardian(s)	_____	<i>specify</i>
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not speak
			<i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read
			<i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not write
			<i>specify</i>

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

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School

Address

Home Language Questionnaire (HLQ)—Page Two

Educational History

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

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

Yes* No Not sure *If yes, please explain: _____

How severe do you think these difficulties are? Minor Somewhat severe Very severe

10a. Has your child ever been referred for a special education evaluation in the past? No Yes* *Please complete 10b below

10b. *If referred for an evaluation, has your child ever received any special education services in the past?
 No Yes – Type of services received: _____

Age at which services received (Please check all that apply):
 Birth to 3 years (Early Intervention) 3 to 5 years (Special Education) 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? No Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

12. In what language(s) would you like to receive information from the school? _____

Month: _____ Day: _____ Year: _____

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

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> NO <input type="checkbox"/> YES	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	

**PUTNAM VALLEY CENTRAL SCHOOL DISTRICT
HEALTH CERTIFICATE / APPRAISAL FORM**

Name: _____ Date of Birth: _____
 School: _____ Gender: M F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached
 No immunizations given today
 Immunizations given since last Health Appraisal:

Sickle Cell Screen: Positive Negative Not done Date: _____
 PPD: Positive Negative Not done Date: _____
 Elevated Lead: Yes No Not done Date: _____
 Dental Referral Yes No Not done Date: _____

Significant Medical/Surgical History: See attached _____

Allergies: LIFE THREATENING Food: _____ Insect: _____ Other: _____
 Seasonal Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Date of Exam: _____

Body Mass Index: _____ Weight Status Category (BMI Percentile): <input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th <input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Vision - without glasses/contact lenses	R	L	<i>Referral</i>
	Vision - with glasses/contact lenses	R	L	
	Vision - Near Point	R	L	
	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: Negative Positive: _____

Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Medications (list all): None Additional medications listed on reverse of form

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

If AM dose is missed at home: _____

I assess this student to be self-directed Yes No Student may self carry and self administer medication Yes No

Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:

___ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.
 ___ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

Specify medical accommodations needed for school: _____ None

Known or suspected disability: _____ Please monitor

Restrictions: _____ Please monitor

Protective equipment required: Athletic Cup Sport goggles/impact resistant eyewear Other: _____

OPTIONAL INFORMATION, if known

Specify current diseases: Asthma Diabetes: Type 1 Type 2 Hyperlipidemia Hypertension
 Other: _____

Provider's Signature: _____ Phone: _____ (Stamp below)

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____

Health History Update

STUDENT NAME _____ **GRADE** _____ **DATE OF BIRTH** _____

*TO BE COMPLETED BY PARENT OR GUARDIAN: PLEASE PROVIDE THE FOLLOWING INFORMATION AND APPROXIMATE DATES. USE ADDITIONAL SHEETS IF NECESSARY.

NO YES DATES DESCRIPTION

	NO	YES	DATES	DESCRIPTION
ALLERGIES				
ALLERGIES: FOOD				
ALLERGIES: MEDICATION				
ALLERGIES: INSECT STINGS				
ALLERGIES: ENVIRONMENT (HAY FEVER)				
ALLERGIES: OTHER				
ASTHMA				
EPI-PEN OR INHALER PRESCRIBED?				
INTERNAL				
BLADDER/KIDNEY INJURY OR PROBLEM				
SPLEEN INJURY				
STOMACH ULCER				
TESTICULAR PROBLEMS				
FAINTING				
FAINTING SPELLS				
FAINTING DURING EXERCISE				
LOSS OF CONSCIOUSNESS FROM BLOW TO HEAD				
LOSS OF MEMORY FROM BLOW TO HEAD				
CONVULSIONS/SEIZURES				
CARDIO				
HEART MURMUR				
CHEST PAIN				
ELEVATED BLOOD PRESSURE				
OTHER HEART PROBLEM				
MUSCULOSKELETAL				
BACK/NECK/SPINE PAIN OR INJURY				
FRACTURES/DISLOCATIONS				
JOINT SPRAIN/LIGAMENT TEAR				
KNEE INJURY/PAIN				
WEAR BRACE/SPLINT FOR GYM OR SPORTS				
MUSCLE PULLS				
VISION				
EYE PROBLEMS/VISION LOSS				
UNCORRECTABLE LOSS OF VISION IN ONE				
WEAR CORRECTIVE GLASSES/CONTACT LE				
OTHER EYE/VISION PROBLEMS				
HEARING				
EAR PROBLEMS/HEARING LOSS				
HEARING LOSS IN ONE OR BOTH EARS				
USE HEARING ASSISTANCE DEVICE				
ORAL				
HAVE ORTHODONTIC APPLIANCES				
HAVE CAPPED TEETH				

Health History Update

	NO	YES	DATES	DESCRIPTION
DISEASES				
MONONUCLEOSIS				
DIABETES				
VARICELLA (CHICKEN POX)				
RHEUMATIC FEVER				
OTHER DISEASES				
OTHER				
HEADACHES/MIGRAINES				
NOSE BLEEDS (FREQUENT OR SEVERE)				
HAD A SURGICAL PROCEDURE SINCE LAST				
BEEN ILL FOR 5 OR MORE CONSECUTIVE D				
SUDDEN DEATH OF FAMILY MEMBER UNDI				
ONGOING				
TAKING MEDICATION (PLEASE SPECIFY)				
ANY SIGNIFICANT INJURY SINCE LAST YE				
UNDER MEDICAL CARE NOW				

DOES YOUR CHILD HAVE A REGULAR PHYSICIAN? PHYSICIAN PHONE:			PHYSICIAN ADDRESS:
COVERED UNDER HEALTH INSURANCE			CARRIER:
I AGREE TO EMERGENCY MEDICAL TREATMENT AS DEEMED NECESSARY BY THE PHYSICIAN/NURSE DESIGNATED BY SCHOOL AUTHORITIES.	YES	NO	LIMITATIONS (IF ANY):
I GIVE PERMISSION FOR MY CHILD'S CONDITION TO BE SHARED WITH STAFF WHEN NECESSARY IN CASE OF A MEDICAL EMERGENCY.	YES	NO	LIMITATIONS (IF ANY):

EMERGENCY CONTACT: PLEASE CONTACT IN EMERGENCY IF PARENT OR GUARDIAN IS UNAVAILBLE.	
CONTACT #1:	PHONE #: _____
CONTACT #2:	PHONE #: _____

_____ PARENT/GUARDIAN SIGNATURE

_____ PHONE #

_____ PRINT NAME

_____ ALTERNATE PHONE NUMBER

PUTNAM VALLEY CENTRAL SCHOOL DISTRICT
171 Oscawana Lake Road
Putnam Valley, NY 10579

School Admittance/Statement of Legal Residence

Affidavit of Parent/Guardian:

(NOTE: Affidavit must be renewed each time there is a change of address.)

1. I (**circle one**) temporarily/permanently reside at _____, which is my legal residence and which is located in the Putnam Valley Central School District.
2. I am the (**circle one**) parent/guardian of (child's full name-**Please Print**) _____ who (**circle one**) temporarily/permanently resides at the address mentioned in paragraph one above.
3. I will immediately notify the Putnam Valley Central School District if I should change residence.
4. I understand that a student admitted under falsified information is illegally enrolled and will be dismissed from the Putnam Valley Central School District. Moreover, the District reserves the right to seek reimbursement for the costs of educating students accepted into the District's schools based upon falsified information.
5. I understand that Putnam Valley Central School District Policy defines a resident student only as a student who resides with his/her parent or guardian within the Putnam Valley Central School District.

Certification of Residence Owner/Lessor:

I certify that I am the (**circle one**) Owner/Lessor of the premises identified in paragraph one above of the Affidavit of Parent/Guardian and that the above-named parent/guardian and child (**circle one**) temporarily/permanently reside at that address. I understand that I am under obligation to inform the Putnam Valley Central School District of any change of residence of the child or parent. (If a lease is available, attach copy)

Date: _____ Address: _____

Apartment Number: _____ City: _____ Zip Code: _____

Telephone: Home: _____ Work: _____ Cell: _____

Name (Please Print): _____ Signature: _____

UNDER PENALTY OF LAW I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT.

PLEASE NOTARIZE

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public: _____

Parent/Guardian Name
(Please Print): _____

Parent/Guardian Signature: _____

Principal/Designee Signature: _____

Note: The above information is subject to verification through investigation.

PUTNAM VALLEY CENTRAL SCHOOL DISTRICT

171 Oscawana Lake Road

Putnam Valley, NY 10579

Affidavit of Property Owner/Landlord

STATE OF NEW YORK)

COUNTY OF PUTNAM)

_____, being duly sworn deposes and says I am the owner and

(Name of Property Owner/Landlord)

landlord of the premises known and designated as _____,

(Address)

New York. These premises constitute a (multiple dwelling, single dwelling) residence.

_____, is a tenant occupying these premises; occupying same

(Name of parent/guardian)

under (oral) (written) rental agreement commencing on the _____ Day of _____ 20__.

_____ occupies said residence with _____ who is a

(Name of Student)

minor and plans to attend School in Putnam Valley. **Utilities Included in Lease?** ___ (y/n)

This affidavit is made in order to induce the Putnam Valley Central School District to accept

_____ in the District based upon the residency as stated herein.

(Name of Student)

I CERTIFY that the information provided on this form is true and correct and that the statements made herein are being made under the penalties of perjury, knowing that the Putnam Valley Central School District will rely upon them in determining whether the above-named child(ren) will be admitted to its school system. I understand that in the event the information contained in this affidavit is determined to be inaccurate or false, in whole or in part, the District may commence legal proceedings against me personally to collect the costs of educating such child(ren) and/or seek criminal action against me for falsifying business records and/or filing a false instrument.¹

Signature of Property Owner/Landlord

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

Notary Public

NOTE: THE DISTRICT RESERVES THE RIGHT TO CONTACT THE APPROPRIATE MUNICIPALITY TO VERIFY THAT THE USE OF THE PREMISES IS IN COMPLIANCE WITH LOCAL LAWS AND CODES. ¹Penal Law §175.05 (Falsifying Business Records in the Second Degree)- Class A Misdemeanor. Penal Law §175.20 (Tampering with Public Records in the Second Degree)- Class A Misdemeanor. Penal Law §175.25 (Tampering with Public Records in the First Degree)- Class D Felony. Penal Law §175.30 (Offering a False Instrument for Filing in the Second Degree)- Class A Misdemeanor. Penal Law §175.35 (Offering a False Instrument for Filing in the First Degree)- Class E Felony.