HICKSVILLE PUBLIC SCHOOLS
Office of the Registrar Administration Building
200 Division Ave. Hicksville, NY 11801
(516) 733-2160

NEW ENTRANT APPLICATION PROCESS

Required Forms for Registration:

- Housing Questionnaire
- Migrant Education Program Form
- New Entrant Application
- Screening Program Form
- Health History Form
- Immunization Form
- Prior Special Education Services Form
- Home Language Form
- Census Form
- Affidavit
- Transfer of records
- Health Appraisal Form

Instructions:

1. Print legibly to complete all forms.
2. Collect the required documentation. Required documentation is listed on the following page.
3. Call the Registrar for an appointment at 516-733-2168.
4. Packet will be reviewed by Registrar.

NOTE TO SCHOOL / LEAS: Please assist students and families filling out this form. Do not simply include this form in the registration packet because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

ENROLLMENT FORM – RESIDENCY QUESIONNAIRE

Name of LEA: _____

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 permanet 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 ay other necessary documents or immunizations.

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

Hicksville Public Schools
Special Education Department

Marianne Litzman
Superintendent of Schools

Claire Hocchieser
Director of Special Education

The Migrant Education Program (MEP) provides supplemental education and support services to eligible children through national funding. The purpose of the program is to ensure that all migrant students reach the academic standards and graduate with a high school diploma (or complete GED/HSE).

WORK SURVEY

Thank you for answering the following questions. If your child is eligible for the Migrant Education Program, they may receive additional educational support. This information is **strictly confidential**.

Student's Name: _____ Parent's Name: _____

Address: _____ City: _____ Telephone: (___) _____

Date: _____ Parent Signature: _____

1. Within the last 3 years, have your children moved for any reason? **YES** ___ **NO** ___
2. Has anyone in your household moved from one school district to another within the United States to look for seasonal or temporary work in agriculture? **YES** ____ **NO** ___

   If you answered **NO** to either of these questions, please stop. STOP

If you answered **YES**, please continue.

3. When was the last time you or anyone in your household has moved to look for, or work in an agricultural activity within the United States? Month _____+___ Year _____
4. Please check any of the agricultural activities listed below that you have looked for or worked in:

____ Plant or harvest vegetables or fruits
____ Canning vegetables or fruits
____ Detassel Corn
____ Sod farm
____ Tobacco Farm
____ Planting pruning or cutting trees
____ Poultry and/or Egg Farm
____ Dairy Farm
____ Duck, Turkey, Chicken Pork or Beef processing plant
____ Flora Culture/Gladiola Farm
____ Aquaculture/Fish Hatcheries
____ Greenhouse or Plant Nursery

Please list the names of all of the children in the household under 22 years of age.

Child's Name	Date of Birth (DOB)
1.	
2.	
3.	
4.	
5.	
6.	

200 Division Avenue, Hicksville New York 11801
PH: (516)733-2160 FAX: (516) 733-6683

HICKSVILLE PUBLIC SCHOOLS
STUDENT RACIAL AND ETHNIC IDENTIFICATION

All students between 5 and 21 years of age have the right to a free and public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition or immigration status.

Name of School:

Student Name: Last, First, Middle:

Grade Level:

School District Student Identification Number:

Date of Birth (Month/Day/Year):
/ /

DIRECTIONS TO PARENT/GUARDIAN
PLEASE ANSWER ALL QUESTIONS (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 of 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 and South America (including Central America), and who maintains tribal affiliation or community attachment.
   - ☐ **ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the 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 peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
   - ☐ **BLACK OR AFRICAN AMERICAN:** 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.

Signature of Parent/Guardian/Other

Date

Relationship to Student (please check one box below)

☐ Mother ☐ Father ☐ Guardian ☐ Other (Specify):_____

See reverse for important message to Parents/Guardians and confidentiality Procedures and Regulations.

HICKSVILLE PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL EDUCATION AND PUPIL PERSONNEL SERVICES
REGISTRTION OFFICE
200 Division Avenue
Hicksville, New York 11801
Telephone (516) 733-2168 Fax (516) 733-6683

PARENTAL REQUEST FOR TRANSFER OF RECORDS FORM

PARENT/GUARDIAN PRINT LEGIBLY AND PROVIDE SIGNATURE TO AUTHORIZE RELEASE OF SCHOOL RECORDS:

DATE OF REQUEST: _____ **DATE FIRST ENTERED HICKSVILLE:** _____

STUDENT: _____ **DOB:** _____ **GRADE:** _____

FORMER SCHOOL: _____

FORMER SCHOOL PHONE NUMBER: _____ **FAX NUMBER:** _____

FORMER HOME ADDRESS: _____

PARENTAL NAME AND SIGNATURE: _____

FORMER DISTRICT PLEASE SEND ALL PERTINENT EDUCATIONAL RECORDS TO:

__ Burns Avenue School, 40 Burns Avenue, Hicksville, NY 11801; Phone (516) 733-2311 Fax 733-6694

__ Dutch Lane School, 50 Stewart Avenue, NY 11801; Phone (516) 733-2361 Fax 733-3520

__ East Street School, 50 East Street, Hicksville, NY 11801; Phone (516) 733-2321 Fax 733-3533

__ Fork Lane School, 4 Fork Lane, Hicksville, NY 11801; Phone (516) 733-2341 Fax 733-3521

__ Lee Avenue School, 1 Seventh Street, Hicksville, NY 11801; Phone (516) 733-2351 Fax 733-3522

__ Old Country Road School, 49 Rhodes Lane, Hicksville, NY 11801; Phone (516) 733-2301 Fax 733-3523

__ Woodland School, 85 Ketcham Road, Hicksville, NY 11801; Phone (516) 733-2331 Fax 733-3524

__ Middle School, 215 Jerusalem Avenue, Hicksville, NY 11801; Phone (516) 733-2272 Fax 733-6528
ATTENTION GUIDANCE DEPARTMENT

__ High School, 180 Division Avenue, Hicksville, NY 11801; Phone (516) 733-2221 Fax 733-1194
ATTENTION GUIDANCE DEPARTMENT

PLEASE SEND ALL SPECIAL EDUCATION IEP'S or 504 PLAN AS APPLICABLE TO BE SENT TO:

__ Committee on Special Education, Hicksville Public Schools, 200 Division Avenue, Hicksville, NY 11801, Phone (516) 733-2160; Fax (516) 733-6683

HICKSVILLE PUBLIC SCHOOLS
Screening Program Registration Form

Child's Name: _____ DOB: _____

Address: _____ Telephone No. _____

Parent/Guardian Name: _____

Entering Grade Level: _____ Native Language spoke in the Home _____

Number of Children in Family: _____ Position in Family _____

List Other Children in Family from One Day to 18 Years of Age

Name	Date of Birth	School Attending

Is child presently taking any medication? _____ Please list medication: _____

1. Has your child ever been hospitalized? _____ Date: _____
   If so, reason:
   Any other serious illness or injury?
2. Please list any allergies:
3. Please list any speech problems:
4. Please list any special problems:
5. Has your child been screened or evaluated for Special Education?
   If "yes", what school district?
6. Has your child ever received Special Education services in another district? _____
   If "yes", from : _____ to _____ What school district? _____
7. Nature of services: _____ Resource Room Program
   _____ Special Class
   _____ Speech and Language Services
   _____ Other; please specify:

Additional Comments: _____

I understand that all reports and testing results will be treated confidentially.

Parent/Guardian Signature: _____ Date: _____

HICKSVILLE PUBLIC SCHOOLS
Health Services

Dear Parent/Guardian:

Please complete this health history form and return it with your signature.

Student's Name: _____ Sex: _____

DOB: _____ Place of Birth: _____

Address: _____ Phone Number: _____

Mother: _____ Father _____ Guardian: _____

Family Physician: _____

Address: _____ Phone Number: _____

IF PARENT/GUARDIAN NOT AVAILABLE IN CASE OF EMERGENCY CALL:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

HEALTH HISTORY

Please explain any significant illness, operation or injuries:

_____

_____

_____

Does your child have any of the following: (Please explain any yes answer(s) below)

1.	**Asthma**	Yes___ No___	7.	**Chronic Illness**	Yes___ No___
2.	**Allergies**	Yes___ No___	8.	**Ear/Hearing Problem**	Yes___ No___
3.	**Diabetes**	Yes___ No___	9.	**Eye/Vision Problem**	Yes___ No___
4.	**Heart Condition**	Yes___ No___	10.	**Eyeglasses/Contacts**	Yes___ No___
5.	**Seizures/Epilepsy**	Yes___ No___	11.	**Takes Medication Daily**	Yes___ No___
6.	**Orthopedic Condition**	Yes___ No___	12.	**Skin/Rash Condition**	Yes___ No___

Explanation of "Yes" answers:

_____

_____

_____

Any items in bold (numbered items 1-7) that have a "Yes" answer, please fill out the back of this form.

Date: _____ Parent/Guardian Signature: _____

*****PLEASE NOTE****

Medical forms must have an original doctor's signature as well as the doctor's office stamp. If your Doctor wants to use his form, it must have an original signature and the Doctor's office stamp on it.

LIST OF COMMUNITY RESOURCES FOR MEDICAL CARE:

1. Westbury/New Cassel Community Health Center
   682 Union Ave.
   Westbury, NY
   571-9500

2. Dr. Karl Freidman, M.D.
   Split Rock Medical Building
   66 Split Rock Road
   Syosset, NY 11791
   921-3131

3. Doctors Immediate Care
   1610 Old Country Road
   Westbury, NY
   228-4900

4. Pediatric Ambulatory Care Center
   Nassau University Medical Center
   Hempstead Tpke.
   East Meadow, NY 11554
   572-6367

Hicksville Public Schools
Special Education Department

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Claire Hocchieser
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WORK SURVEY

Thank you for answering the following questions. If your child is eligible for the Migrant Education Program, they may receive additional educational support. This information is **strictly confidential**.

Student's Name: _____ Parent's Name: _____

Address: _____ City: _____ Telephone: (___) _____

Date: _____ Parent Signature: _____

1. Within the last 3 years, have your children moved for any reason? **YES** ___ **NO** ___
2. Has anyone in your household moved from one school district to another within the United States to look for seasonal or temporary work in agriculture? **YES** ____ **NO** ___

   If you answered **NO** to either of these questions, please stop. STOP

If you answered **YES**, please continue.

3. When was the last time you or anyone in your household has moved to look for, or work in an agricultural activity within the United States? Month _____+___ Year _____
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____ Sod farm
____ Tobacco Farm
____ Planting pruning or cutting trees
____ Poultry and/or Egg Farm
____ Dairy Farm
____ Duck, Turkey, Chicken Pork or Beef processing plant
____ Flora Culture/Gladiola Farm
____ Aquaculture/Fish Hatcheries
____ Greenhouse or Plant Nursery

Please list the names of all of the children in the household under 22 years of age.

Child's Name	Date of Birth (DOB)
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HICKSVILLE PUBLIC SCHOOLS
Office of the Registrar
NEW ENTRANT REGISTRATION REQUIRED DOCUMENTATION

Parental Photo ID ___

Proof of Birth (1 Original Form)
___Original Birth Certificate or ___ Baptismal Certificate or ___ Passport

Proofs of Parental Relationship:
___ Birth Certificate ___ Baptismal Certificate ___ Court Guardianship Papers___Court Custody Papers___Divorce Decree___Adoption Papers
___ Affidavits of Residential Custodial and Non-Resident Custodial Parents
___ Affidavits of Emancipation

Immunizations:
3 or 4 IPV (polio) doses, if the 3rd dose was received at 4 years or older, Grades 5, 11 & 12, 3 doses
Five DPT/DTap or Four with One given after age 4 years, 3 doses for grades 6-12
Two MMR Grades K-12. First vaccine must be after one year of age
One Varicella in grades 5, 11 & 12; Two Varicella in grades K-4; 6-10
Three Hepatitis B Grades K-12
One Tdap Grades 6-12
One Meningococcal Grade 7; 2 doses or 1 dose if the dose was received at 16 years of age or older (Grade 12)

Proof of Prior Schooling:
___Transfer Card/Request ___ Report Card(s) ___ Special Education Records (as appropriate)

HOMEOWNER **TOTAL OF THREE ORIGINAL DOCUMENTS**	**NON-HOMEOWNER/RENTER** **TOTAL OF SIX ORIGINAL DOCUMENTS**	**FAMILY LIVING WITH ANOTHER FAMILY** **TOTAL OF SIX ORIGINAL DOCUMENTS**
TWO (2) ORIGINAL PROOFS FROM BELOW: House Title or Deed House Contract Real Estate Closing Statement Recent Mortgage Statement Recent Nassau County School Tax Receipt Recent Nassau County General Tax Receipt Current Home Insurance Declaration Page In addition, **ONE (1)** of the following **RECENT** original proofs in the Homeowner's Name from below: Utility Bills Bank Statements Telephone Bill Cell Phone Bill Cable/Satellite Bill Security System Bill Credit Card Bill	**Notarized Landlord Affidavit** and/or a valid yearly executed Lease from the Homeowner along with : **TWO**(2) Homeowner proofs from below: Deed Recent Mortgage Statement Recent Nassau County School Tax Receipt Recent Nassau County General Tax Receipt Current Home Insurance Declaration Page In addition, **THREE (3)** of the following **RECENT** original proofs in the Renter's Name from below: Utility Bills Bank Statements Telephone Bill Cell Phone Bill Cable/Satellite Bill Security System Bill Credit Card Bill	**Notarized Landlord Affidavit** from the Homeowner along with : **TWO**(2) Homeowner proofs from below: Deed Recent Mortgage Statement Recent Nassau County School Tax Receipt Recent Nassau County General Tax Receipt Current Home Insurance Declaration Page In addition , **THREE (3)** of the following **RECENT** original proofs in the name of the Family living with the homeowner: Utility Bills Bank Statements Telephone Bill Cell Phone Bill Cable/Satellite Bill Security System Bill Credit Card Bill

REVISED (JB) 1/22/19

This is a legal document. The information provided by you will be used by the Board of Education to determine whether a pupil is entitled to a free education in this school district. **Every question must be answered or the Affidavit will not be considered.**

HICKSVILLE PUBLIC SCHOOLS
AFFIDAVIT OF LANDLORD

STATE OF NEW YORK)
COUNTY OF NASSAU) SS:

I,_____, of full age, being duly sworn upon his or her oath, according to law, deposes and says:

1. I am the owner of the property located at_____ in the Hicksville School District

2. _____is a tenant and has been a tenant at the above premises since _____ _____, 20____. A true and complete copy of this tenant's lease, if in written form, is attached hereto. In the event that the tenant does not have a written lease, the pertinent terms of said lease are as follows:

   A. Circle one of the following: month to month / year to year

   B. Rental Amount: $_____per_____.

   C. The names of the permissible tenants are as follows:

   1._____ 4._____

   2._____ 5._____

   3._____ 6._____

3. I am making this affidavit knowing that the Hicksville Board of Education will rely on same in determining whether _____ will be considered a pupil who is entitled to an education free of charge.

4. I ____do_____do not believe that _____has been a tenant at the above premises

1. I understand and agree that if any of the statements made by me are willfully false that I may be subject to potential civil as well as criminal prosecution.

_____
(Landlord)

Sworn and subscribed before
Me this _____day of _____, 20____.

_____
(Notary Public)

Exhibit 1

This is a legal document. The information provided by you will be used by the Board of Education to determine whether a pupil is entitled to a free education in this school district.

HICKSVILLE PUBLIC SCHOOLS
AFFIDAVIT OF HICKSVILLE RESIDENT IN CUSTODIAL RELATIONSHIP

STATE OF NEW YORK)
COUNTY OF NASSAU) SS:

I,_____, of full age, being duly sworn upon his or her oath, according to law, deposes and says:

1. I reside at _____, in the Hicksville School District, in the County of Nassau in the State of New York.

2. I attest that _____, who is _____years old, resides with me on a full time, year round basis at _____, in the Hicksville School District.

3. The above child has resided with me since_____, 20____, and it is my intention that the above child will reside with me until_____.

4. The above child cannot reside with his/her parent/guardian for the following reason(s):
_____
_____

5. I state herein that I will/I will not (circle one) claim the above named child as a dependent for the current tax year.

6a. I support the above named child entirely and without charge.

OR

6b. I receive $_____ toward the support of the above named child per week/month/year (circle one) from _____.

7. I hereby accept full responsibility for ALL aspects of the above child's care including, but not limited to, authorization to consent to any and all educational programs, as well as to consent to, and provide for, any and all health, medical and safety need of the above child.

8. I am making this affidavit knowing that the Hicksville Board of Education will rely on same in determining whether _____ will be considered a pupil who is entitled to an education free of charge.

9. I understand and agree that if any of the statements made by me are willfully false that I may be subject to potential civil as well as criminal prosecution.

Sworn and subscribed before
me this _____day of _____, 20____.

_____
(Hicksville Resident in Custodial Relationship)

_____
(Notary Public)

Exhibit 4

Este es un documento legal. La información proveída por Ud. será utilizada por la Junta de Educación para determinar si un/a alumno/a tiene derecho a una educación gratis en este distrito escolar. Cada pregunta debe ser contestada o sino este Afidávit no se tomará en consideración.

HICKSVILLE PUBLIC SCHOOLS
AFFIDAVIT DE RESIDENTE DE HICKSVILLE CON RELACION CUSTODIAL

ESTADO DE NUEVA YORK)
CONDADO DE NASSAU) SS:

Yo, _____, mayor de edad, bajo juramento de acuerdo con la ley, depone y declara:

1. Yo vivo en _____, en el Distrito Escolar de Hicksville, en el Condado de Nassau en el Estado de Nueva York.

2. Atesto que _____, que tiene _____ años de edad, y reside conmigo a diario, durante todo el año en _____ en el Distrito Escolar de Hicksville.

3. El niño/a mencionado/a anteriormente ha residido conmigo desde _____ de 20__, y es mi intención que dicho niño/a resida conmigo hasta _____.

4. El niño/a mencionado/a anteriormente no puede residir con su padre/madre/guardián debido a la(s) razón(es) siguiente(s):

_____

_____

5. Atesto aquí que declararé/no declararé (marque uno) al niño/a mencionado/a anteriormente como dependiente en el año fiscal corriente.

6a. Mantengo al niño/a mencionado/a anteriormente completamente y sin cargos.

O BIEN

6b. Recibo $_____ para la manutención del niño/a mencionado/a anteriormente por semana/mes/año (marque uno).

7. Yo por la presente acepto responsabilidad completa por TODOS los aspectos del cuidado de mi hijo/a incluyendo, pero sin limitarse a, autorización para consentir todo y cualquier programa educativo, al igual que consentir, y proveer para todo y cualquier necesidad de salud, médica y de seguridad de mi hijo/a.

8. Estoy haciendo este Affidávit sabiendo que la Junta de Educación de Hicksville va a depender del mismo para determinar si _____ será considerado/a un/a alumno/a con derecho a educación gratuita.

9. Entiendo y estoy de acuerdo que si cualquiera de las declaraciones hechas por mí son deliberadamente falsas, yo podría estar sometido posiblemente a cargos criminales y civiles

_____
(Residente de Hicksville con relación custodial)

Jurado y suscrito ante mí
Este _____ día de _____, 20____.

_____
(Notario Público)

This is a legal document. The information provided by you will be used by the Board of Education to determine whether a pupil is entitled to a free education in this school district.

HICKSVILLE PUBLIC SCHOOLS
AFFIDAVIT OF NON-RESIDENT CUSTODIAL PARENT OR LEGAL GUARDIAN

STATE OF NEW YORK)
COUNTY OF NASSAU) SS:

I, _____, of full age, being duly sworn upon his or her oath, according to law, deposes and says:

1. I reside at _____, in the town (city) of _____, in the State of _____.

2. I am the legal custodian/guardian of _____, who is _____ years old, and who resides with _____, on a full time, year round basis at _____, in the Hicksville School District.
(A COPY OF THE DULY EXECUTED CUSTODY/GUARDIANSHIP PAPERS MAY BE ATTACHED).

3. My child has resided with the above person since _____, 20____, and it is my intention that my child will reside with the above person until _____.

4. My child cannot reside with me for the following reason(s):_____
_____
_____

5. I state herein that I will/will not(circle one) claim the above named child as a dependent for the current tax year.

6a. _____, entirely supports my above named child without charge
OR
6b. I provide $_____toward the support of my above named child per week/month/year (circle one)

7. I hereby authorize _____, to have full responsibility for ALL aspects of my child's care including, but not limited to, authorization to consent to any and all educational programs, as well as to consent to, and provide for, any and all health, medical and safety needs of my child.

8. I am making this affidavit knowing that the Hicksville Board of Education will rely on same in determining whether _____ will be considered a pupil who is entitled to an education free of charge.

9. I understand and agree that if any of the statements made by me are willfully false that I may be subject to potential civil as well as criminal prosecution.

Sworn and subscribed before
me this _____day of _____, 20____

_____
(Notary Public)

_____
(Parent/Guardian)

Exhibit 2

Este es un documento legal. La información proveída por Ud. será utilizada por la Junta de Educación para determinar si un/a alumno/a tiene derecho a una educación gratis en este distrito escolar. **Cada pregunta debe ser contestada o sino este Afidávit no se tomará en consideración.**

HICKSVILLE PUBLIC SCHOOLS
AFFIDAVIT DE PADRE/MADRE CONCUSTODIA O GUARDIAN LEGAL NO RESIDENTE

ESTADO DE NUEVA YORK)
CONDADO DE NASSAU) SS:

Yo, _____, mayor de edad, bajo juramento de acuerdo con la ley, depone y declara:

1. Yo vivo en _____, en el pueblo (ciudad) de _____, en el Estado de Nueva York.

2. Soy el padre/.madre con custodia/guardián de mi hijo/a _____, que tiene _____ años de edad, y que reside con _____ en el Distrito Escolar de Hicskville. (UNA COPIA DE LOS DOCUMENTOS DE CUSTODIA/TUTELA LEGAL DEBIDAMENTE EJECUTADOS DEBE INCLUIRSE)

3. Mi hijo/a ha residido con la persona mencionada anteriormente desde _____ de 20___, y es mi intención que mi hijo/a resida con dicha persona hasta _____.

4. Mi hijo/a no puede residir conmigo debido a la(s) razón(es) siguiente(s): _____
_____
_____

5. Atesto aquí que declararé/no declararé (marque uno) al niño/a mencionado/a anteriormente como dependiente en el año fiscal corriente.

6a._____ mantiene completamente al niño/a mencionado/a anteriormente sin cargo.

O BIEN

6b. Proveo $_____ para la manutención de mi hijo/a mencionado/a anteriormente por semana/mes/año (marque uno).

7. Yo por la presente autorizo a _____ a que tenga responsabilidad completa por TODOS los aspectos del cuidado de mi hijo/a incluyendo, pero sin limitarse a, autorización para consentir todo y cualquier programa educativo, al igual que consentir, y proveer para todo y cualquier necesidad de salud, médica y de seguridad de mi hijo/a.

8. Estoy haciendo este Affidávit sabiendo que la Junta de Educación de Hicksville va a depender del mismo para determinar si _____ será considerado/a alumno/a con derecho a educación gratuita.

9. Entiendo y estoy de acuerdo que si cualquiera de las declaraciones hechas por mí son deliberadamente falsas, yo podría estar sometido posiblemente a cargos criminales y civiles

_____
(Padre/Madre/Guardián)

Jurado y suscrito ante mí
Este _____ día de _____, 20____.

_____
(Notario Público)

HICKSVILLE PUBLIC SCHOOLS
NEW ENTRANT APPLICATION
(please print)

Name of Pupil _____ Sex __M __F Date of Birth ___/___/___
Last Name First Name M.I.

Address _____ Telephone No. _____
No. Street Town/State Zip Code

Homeless? ___ YES ___ NO Cell No. _____

Place of Birth _____ Foster Child: _____ YES _____ NO
Town/State/Country

Date of first entry into a U.S. School: _____

PREVIOUS ADDRESSES (LAST 3 YEARS)	DATES FROM / TO	SCHOOL DISTRICT

Last School Attended _____ Grade Completed _____

School Address _____ Retained in Grade(s) _____

Has child attended school in Hicksville before? ____Y ____N If yes, School _____

Father's Name _____ Address _____
(If different than student(s)

Employed by _____ Business Telephone _____ Cell Phone _____ Occupation _____

Mother's Name _____ Address _____
(If different than student(s)

Employed by _____ Business Telephone _____ Cell Phone _____ Occupation _____

Family Physician _____
name address telephone no.

Emergency Contact _____
(Other than parent) name address telephone no.
Relationship_____

Ethnicity:
American Indian or Alaskan Native _____ Asian or Pacific Islander _____ Multiracial _____

Black _____ Primary Language: _____

White _____ Language(s) spoken in Home _____

Hispanic _____ Corresponding Language: _____

LIST NAMES OF OTHER CHILDREN IN FAMILY

NAME	ADDRESS	DATE OF BIRTH	SCHOOL ATTENDING	GRADE

Natural Parent ___ Y ____ N
Custodial Parent ____ Y ____ N
Guardian ____ Y ____ N

_____ _____
Parent / Guardian Signature Date

OFFICE USE ONLY

Census Form Completed: ____ Y ____ N Records Requested _____ Rec'd _____
(date) (date)

Registered by:_____ Date_____ School _____ Grade _____ Transport _____

3/10

Hicksville Public Schools
Administration Building
200 Division Avenue
Hicksville, NY 11801-4800

Phone: 516-733-2101 Fax: 516-733-6683

Dear Parents:

In line with the state Guidelines, Hicksville's Screening program has been designed to obtain preliminary information regarding a child's development in the following areas:

- physical development
- cognitive development
- receptive and expressive language development
- articulation skills
- motor development

On the reverse side of this letter is a Screening Program Registration Form. Please fill out this form at the time of registration. After testing is completed, you will be notified as soon as possible if your child receives a rating that is either very high or very low so that further testing and observation may be initiated with your consent and guidance.

Upon your request, an information booklet will be made available which describes that district's screening program for all new students.

Sincerely,

Hicksville Public Schools
Registration Office

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 ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached

☐ Yes, indicate type ☐ Food ☐ Insects ☐ Latex ☐ Medication ☐ Environmental

Asthma ☐ No ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached

☐ Yes, indicate type ☐ Intermittent ☐ Persistent ☐ Other : _____

Seizures ☐ No ☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached

☐ Yes, indicate type ☐ Type: _____ Date of last seizure: _____

Diabetes ☐ No ☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached

☐ Yes, indicate type ☐ 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:

☐ Additional Information Attached

Diagnoses/Problems (list)	ICD-10 Code

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.

HICKSVILLE PUBLIC SCHOOLS

Certificate of Immunizations

This is to certify that _____ _____
(First Name) (Last Name)

Grade_____ School_____ Date of birth_____

Received the following immunizations (give full date: month, day, and year)

Measles_____ _____ (Disease Date:_____) (Titer Done:_____)

Mumps_____ _____ (Disease Date:_____) (Titer Done:_____)

Rubella_____ _____ (Disease Date:_____) (Titer Done:_____)

MMR_____ _____

Hib:_____ _____

Polio: (IPV, OPV)_____ _____ _____ _____ _____ _____

DPT/D Tap:_____ _____ _____ _____ _____ _____

DT/TD:_____ _____ _____ _____ _____ _____

Tdap:_____ _____ _____

Meningococcal:_____ _____ _____ _____

Hep B:_____ _____ _____ _____

Varicella:_____ _____ (Disease Date:_____)

Lead Screening:_____ _____

PPD:_____ CXR:_____

( ) Religious or Medical Exemption ( ) Serological Report Attached

(Documentation attached)

Physician Stamp: **Date**_____ _____
Physician Signature

Hicksville Public Schools
Prior Special Education Programs/Services

Student's Name _____ DOB: _____

Street Address _____ Phone: _____

School Attended _____ District: _____

Address _____ Phone #: _____

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

Did student receive any special education services? □ No □ Yes (indicate below):

If you responded "YES" to the above, please complete:

Type of Special Education Program Attended:

□ Resource Room □ Special Class □ Consultant Teacher □ Related Services
□ 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
□ Physical Therapy □ Hearing Services □ Vision Services

Classification (if known)

□ Learning Disabled □ Mentally Retarded □ Speech Impaired
□ Emotionally Disturbed □ Other Health Impaired □ Multiply Disabled □ Autistic
□ Deaf □ Orthopedically Impaired □ Hard of Hearing □ Deaf-Blind
□ Visually Impaired □ 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 _____ Phone # _____

Release of Records/Information to the Hicksville Public Schools

I authorize the school and CSE indicated above to release academic, psychological, psychiatric, medical and all other evaluations, IEPs, and records to the Hicksville schools. 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

FOR OFFICE USE ONLY: Please forward copies of all evaluations and records to:

Committee on Special Education
Hicksville School District
200 Division Avenue
Hicksville, NY 11801
(516) 733-2160 Fax: (516) 733-6683