In an effort to provide a smooth transition into the District for you and your child, and to conform with New York State Law and District policy, the following documents are required for registration:

- **Picture I.D.** (driver’s license, passport, employee I.D. for verification purposes)
- **Child’s original birth certificate**
- **Proof of legal guardianship or the appropriate foster care form DSS2999**
- **Proof of current residency (see below) no more than 45-60 days old**
- **Child’s up-to-date immunization records signed/stamped by physician**
- **Completed physical by doctor/clinic signed/stamped(must have BMI,LEAD,PPD)**
- **Dental Certificate**
- **Report Card or Transcript**

These documents must be presented at the times of registration or the registration will not be accepted. **NO EXCEPTIONS!!!**

The following items are acceptable proofs of residency in the Freeport School District:

**Deed or Current Lease Notarized plus a minimum of three (3) of the following:**
(Dated within the last 45-60 days: proofs must be from different agencies or establishments)

- Freeport Water Bill
- Freeport Electric Bill
- LIPA/Keyspan Gas Bill
- Telephone Bill
- Foster care Agency Letter
- Credit Card Statement
- N.Y. Driver’s License
- Auto Ins. Bill
- Mortgage Statement
- Mailed Post Office Change of Address
- D.S.S. Correspondence
- Social Security Correspondence
- Unemployment Correspondence
- Pay Stub w/ current address
- Mailed Bank Statement
- Cablevision or Satellite Bill
- Federal/State Mail w/ current address
- Home/Tenant/Life Health Ins. Bills

Proof of residency addressed to a P.O. Box number is **NOT** acceptable. **If the deed or lease is not in your name, you must REQUEST blank affidavits from CRVO and present notarized affidavits and a minimum of (3) three of the items listed above no more than 45-60 days old.**

**IT IS IMPORTANT TO NOTE THAT THE DISTRICT MAKES A STRONG EFFORT TO ENSURE THAT ALL REGISTRANTS ARE LEGAL RESIDENTS OF FREEPORT. IN CASE OF FRAUD IN ESTABLISHING RESIDENCY, THE DISTRICT MAKES EVERY EFFORT TO RECOVER TUITION COSTS THROUGH COURT ACTION.**

Registration takes place at the Central Registry Verification Office (CRVO) Located at the west end of the Caroline G. Atkinson School, 59 West Seaman Avenue. Office hours are Monday-Thursday from 8:15 a.m. – 3:00 p.m. and Friday 8:15 a.m. – 2:00 p.m.

If you need further information, please call (516)867-5254.

Summer Hours are **8:15 a.m.- 2:00 p.m. Monday- Thursday , Fridays 8:15 a.m. -1:00 p.m.**
FREEPORT PUBLIC SCHOOLS
CENTRAL REGISTRY VERIFICATION OFFICE

Please read the following and sign below before registering your child.

Students not residing within the Freeport Public School District boundary are not entitled to any educational services.

Permission is granted by my signature to Freeport Schools to investigate any information provided on this form and to make home visits in order to verify residency. Any person or persons, in addition to parents or legal guardians who provide false information for the purpose of attending Freeport Public Schools will be prosecuted to the fullest extent of the law. The making of a knowingly false statement on any registration form constitutes a “Class A” misdemeanor.

NOTICE

PENAL LAW SECTION 210.05: A person guilty of perjury in the third degree when he swears falsely. Perjury in the third degree is a Class A misdemeanor. A Class A misdemeanor is punishable by up to six months in prison or a fine up to $1000. All misdemeanor convictions carry a $60 surcharge in addition to any other penalty or fine imposed.

The District reserves the right to take legal action to collect tuition charges which may exceed $10,000 if the student is illegally registered. Residency information is investigated randomly on a regular basis.

(Circle One) Parent or Legal Guardian

______________________________
Signature

______________________________
Date
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.

---

**Home Language Questionnaire (HLQ)**

Please write clearly when completing this section.

### STUDENT NAME:

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

### DATE OF BIRTH:

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

**GENDER:**

- Male
- Female

### PARENT/PERSO IN PARENTAL RELATION INFO:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relation to Student</th>
</tr>
</thead>
</table>

---

### Language Background

(Please check all that apply.)

1. What language(s) is(are) spoken in the student’s home or residence?
   - English
   - Other
   - Specify

2. What was the first language your child learned?
   - English
   - Other
   - Specify

3. What is the Home Language of each parent/guardian?
   - Mother
     - Specify
   - Father
     - Specify
   - Guardian(s)
     - Specify

4. What language(s) does your child understand?
   - English
   - Other
   - Specify

5. What language(s) does your child speak?
   - English
   - Other
   - Specify
   - Does not speak

6. What language(s) does your child read?
   - English
   - Other
   - Specify
   - Does not read

7. What language(s) does your child write?
   - English
   - Other
   - Specify
   - Does not write

---

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

### SCHOOL DISTRICT INFORMATION:

| District Name (Number) & School | Address |

### STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
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

   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:  ☐ No  ☐ Yes

   **DATE OF INDIVIDUAL INTERVIEW:__________________________

   MO  DAY  YR.

   OUTCOME OF
   INDIVIDUAL:
   ☐ ADMINISTER NYSITELL
   ☐ ENGLISH PROFICIENT
   ☐ REFER TO LANGUAGE PROFICIENCY TEAM

   INTERVIEW:

   DATE OF NYSITELL ADMINISTRATION:__________________________

   MO  DAY  YR.

   PROFICIENCY LEVEL
   ACHIEVED ON
   NYSITELL:
   ☐ ENTERING  ☐ EMERGING  ☐ TRANSITIONING  ☐ EXPANDING  ☐ COMMANDING

   FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:
The Freeport Public School District is required to collect and report the ethnic identity of students in the Freeport Public School District in accordance with the federal categories and definitions. We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions below. Put a check in the box for the category or categories which best describe your child. All information 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 on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

Name: _________________________________________
Grade: ___ Student ID Number: ______________________
Date of Birth: _________________________________

DIRECTIONS TO PARENT/GUARDIAN: PLEASE ANSWER QUESTIONS (1) AND (2).

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

<table>
<thead>
<tr>
<th>1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] YES, Hispanic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Select one or more races from the following five racial groups:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] 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.</td>
</tr>
<tr>
<td>[ ] 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.</td>
</tr>
<tr>
<td>[ ] NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</td>
</tr>
<tr>
<td>[ ] BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.</td>
</tr>
<tr>
<td>[ ] WHITE: A person with origins in the original peoples of Europe, North Africa, or the Middle East.</td>
</tr>
</tbody>
</table>

__________________________  __________________________
Signature of Parent/Guardian/Other                     Date

Relationship to Student (please check one box below):

[ ] Mother        [ ] Father        [ ] Guardian        [ ] Other (Specify): __________________________
Health History
To be filled out by child’s parent/guardian and returned to the school nurse

Date: ____________________

Student’s Name: ______________________________________________________________

Sex:      M____   F____

Address: ______________________________________________________________

Telephone: _______________

Date and Place of Birth: __________

*Father: ______________________  Bus. Phone: ________________________  Cell#: _________________________

*Mother: _____________________  Bus. Phone: _______________________  Cell#: _________________________

If parent is not available in an emergency, call: ____________________________________________________________

Physician to be called in an emergency: _______________________________________________________________

HISTORY

Check if YES

___Anemia             ___Mumps               ___Whooping Cough       ___Chicken Pox

___Nephritis          ___Asthma              ___Diabetes            ___Pneumonia

___Allergies          ___Epilepsy             ___Rheumatic Fever     ___Frequent colds & sore throats

___Rubella            ___Scarlet Fever        ___Operations          ___Heart Disease

___Tuberculosis       ___Serious injuries    ___Measles             ___Contact w/ TBC

Any serious illness other than the above? _____   If yes, what is it? __________________________________________

________________________________________

Does this child have a congenital (birth) defect? _____  If yes, what is it? ______________________________________

________________________________________

Is there a physical limitation the school should know about? __________________________________________________

Does your child receive any medication other than vitamins? __________________________________________________

Does your child have any special problems? (e.g., eating, sleeping, dressing, toilet difficulties or specific fears)

What name do you use at home for this child? _______________________________________________________________

Language spoken at home: ___ English  ____Spanish   ____Other

Is there any other information you can give which would be helpful to the teacher? ______________________________

What name do you use at home for this child? _______________________________________________________________

___Immunizations complete

Nurse’s Signature ____________________________________________  Parent’s Signature ____________________________

- Parent is defined to include any person who has legal parental control of the child including, but without
  limitations, an adoptive parent, a spouse of a natural parent, a legal guardian, foster parent, a governmental
  agency having custody and parental control of the child, a court or grantee of parental control of affidavits.