

# Jericho Union Free School District

99 Cedar Swamp Road, Jericho, NY 11753

According to United States law, students with a non-United States passport only and with a visa classification of:

**B1, B2, or B1/B2: CANNOT be admitted to the Jericho Schools**

**F1: WILL NOT be admitted to the Jericho Schools**

*(The Jericho Schools do NOT accept tuition students or issue I-20 forms.)*

Student Name: \_\_\_\_\_ School Assigned/Grade: \_\_\_\_\_/\_\_\_\_\_  
Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Best Contact Phone: \_\_\_\_\_

Welcome to the Jericho Schools!

**Please note that we can only register your children once your children are living full time and sleeping at a house or apartment inside our district boundaries.**

*If you are requesting transportation only to a private or non-public school, you must still register with the school district. Please see directions on the next page.*

First, **all forms and documents in the box below are required for registration.** Please print, fill in, and sign all forms. Please only submit your application after you have filled in and signed all forms and collected all documents listed in the box below:

- Residency Questionnaire (in English, Chinese or Spanish)\*
- Registration Application\*
- Release of School Records
- Home Language Questionnaire
- Student Health History (completed by parent)\*
- NYS School Health Examination Form (must be completed by a NYS doctor)\*
- Immunization ("needles") record (must be completed by a NYS doctor)\*
- Dental Health Certificate (recommended but not required)
- Original student birth certificate OR Passport OR Baptismal Certificate\*
- Parent photo ID (ex. passport, license, etc.)\*
- Recent utility bill (ex. cable, electric, gas, oil, cell phone, etc.) OR Start of Service letter from electric company OR Pay stub with parent name and address shown\*
- Recent report card, transcript, or grades from student's current school (if available)
- IEP or 504 and/or ESL plans or records (if applicable)

Second, please find the situation that applies to you and complete indicated forms and gather required documents:

<b>Own house:</b> <input type="checkbox"/> Deed OR Mortgage Statement OR Tax Bill* <input type="checkbox"/> Form A*	<b>Renting apartment at Eagle Rock or Westwood Village:</b> <input type="checkbox"/> Lease* <input type="checkbox"/> Form A*
<b>Renting a private house (or part of private house):</b> <input type="checkbox"/> Lease* <input type="checkbox"/> Form A* <input type="checkbox"/> <u>Notarized</u> Form B, completed by landlord <input type="checkbox"/> Deed OR Mortgage Statement OR Tax Bill from landlord*	<b>Living with family member without a lease:</b> <input type="checkbox"/> Form A* <input type="checkbox"/> <u>Notarized</u> Form C, completed by family member <input type="checkbox"/> Deed OR Mortgage Statement OR Tax Bill from family member*
<b>Homeless or in temporary housing:</b> <input type="checkbox"/> Letter from DSS (if available)* <input type="checkbox"/> Form A*	<b>Any other situation:</b> Please contact us for assistance at 516-203-3600.

Next, if any of the following special situations apply to you, please complete the indicated forms and gather the required documents:

<b>Are divorced:</b> <input type="checkbox"/> Court-approved custody papers*	<b>Are legal guardian (please note that guardians must be approved by the courts):</b> <input type="checkbox"/> <u>Notarized</u> Guardian Affidavit* <input type="checkbox"/> Court-approved guardianship papers*
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Finally, once **registration application forms are filled out completely and signed**, please contact the appropriate building to schedule an appointment:

High School	516-203-3600	Dr. Joe Prisinzano
Middle School	516-203-3600	Dr. Joe Prisinzano
Cantiague Elementary	516-203-3600 x7250	Dr. Joseph Sapienza
Jackson Elementary	516-203-3600 x6240	Dr. Alex Rivera
Seaman Elementary	516-203-3600 x5280	Mrs. Joanna Kletter

**\* Transportation Application to Private or Non-Public School**

Only if your child is attending a non-public school (and NOT the Jericho Schools) and only if this is the first year you are requesting transportation within 15 miles, please complete all forms on the previous page denoted with an asterisk (\*) and the Transportation Application to a Private or Non-Public Schools form at the end of this document.

Please note that the Transportation Application to a Private or Non-Public Schools must be completed within 30 days of moving into your residence.

In future years, you must only complete the Application for Transportation. However, it must be received by April 1 each year.

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## RESIDENCY QUESTIONNAIRE

Name of LEA: Jericho Union Free School District

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_  
Street Address Town Zip Code

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  Non-Binary

Best Contact Phone: \_\_\_\_\_

The answer you give below will help the district determine what services you or your child may be eligible 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 do not have the documents normally required, 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
  - In a hotel/motel
  - 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 car, park, bus, train, or campsite
  - Other temporary living situation (Please describe): \_\_\_\_\_
- \_\_\_\_\_
- In permanent housing (ex. in a house you own, in an apartment you rent with a lease, etc.)

\_\_\_\_\_  
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**. The district's LEA liaison is required to assist the student in obtaining any necessary documents, including immunization or school records after the student has been enrolled.

**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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## CUESTIONARIO DE RESIDENCIA

Nombre del Distrito Escolar: Jericho Union Free School District

Nombre de la Escuela: \_\_\_\_\_ Grado: \_\_\_\_\_

Nombre del Estudiante: \_\_\_\_\_

Apellido

Primer Nombre

Segundo Nombre

Dirección:

Número

Calle

Ciudad

Código Postal

Fecha de Nacimiento: \_\_\_\_/\_\_\_\_/\_\_\_\_

Género:  Hombre  Mujer  No Binario

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.**

¿Donde 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**. El enlace del distrito debe ayudar al estudiante conseguir los documentos necesarios, como documentos de inmunización o documentos escolares después de que el estudiante sea matriculado.

**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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## REGISTRATION APPLICATION

School Year Applying:  Current  Next

School Assigned/Grade: \_\_\_\_\_/\_\_\_\_\_

### Student Information

Student Last Name First Name Middle Name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female  Non-Binary

Student Home Phone Student Cell Phone Student Email Address

Mother's Name Father's Name Guardian Name(s) (if not residing with parent)

Street Address City/Town Zip Code

### Siblings

Name	Sex	Birthdate	Grade	Present School

### Home Information

Does parent:  Own the house  
 Rent an apartment or part of a home (lease expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_)  
 Other (please explain): \_\_\_\_\_

Move in date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Student Demographic Information**

Is the student Hispanic or Latino?  Yes  No

Please select from the following groups (check **all** groups that apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian, or Other Pacific Islander
- White

Date student first entered 9th grade (high school students only): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Student Birth Information**

Born in the USA:  Yes  No

Birth Place: \_\_\_\_\_

City/Town	State/Province	Country
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Complete only if Student was NOT born in the United States:

_____/_____/_____ Date of Entry to US	_____/_____/_____ Date First attended US Schools	_____ Number of years in US schools
Since the student first entered the US, has he/she ever attended a school outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please provide dates: From: ____/____ To: ____/____ From: ____/____ To: ____/____		

**English Learner Information**

Primary Language Spoken at Home: \_\_\_\_\_

If the student's 1st language is NOT English, has he/she ever been in an ESL or LEP Program?  Yes  No

If YES, how many years have they been in the program: \_\_\_\_\_ Date started: \_\_\_\_/\_\_\_\_ Ended: \_\_\_\_/\_\_\_\_

**Student Educational Background**

Last School Attended by Student:

District Name	School Name	Guidance Counselor's Name
School Street Address	City/Town	Zip Code
		Phone Number

Has the student ever attended a school in the Jericho UFSD before?  Yes  No

If Yes, School Attended: \_\_\_\_\_ Grade(s): \_\_\_\_\_ Guidance Counselor: \_\_\_\_\_

### Parent / Guardian Contact Information

Parent / Guardian Marital Status:

Married     Divorced (documentation required)     Separated     Single     Widow

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Full Name of  Mother  Guardian      Date of Birth      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Full Name of  Father  Guardian      Date of Birth

\_\_\_\_\_  
E-mail address      E-mail address

\_\_\_\_\_  
Home Address (if different than student)      Home Address (if different than student)

\_\_\_\_\_  
Home Phone (if different than student)      Home Phone (if different than student)

\_\_\_\_\_  
Cell Phone      Work Phone      Cell Phone      Work Phone

\_\_\_\_\_  
Place of Business      Place of Business

\_\_\_\_\_  
Work Address      Work Address

Custody:     Yes     No      Custody:     Yes     No

Lives with:     Yes     No      Lives with:     Yes     No

### Emergency Contact Information (if Parent/Guardian cannot be reached)

\_\_\_\_\_  
Contact Full Name      Relationship to Student      Contact Full Name      Relationship to Student

\_\_\_\_\_  
Home Phone      Home Phone

\_\_\_\_\_  
Cell Phone      Work Phone      Cell Phone      Work Phone

**Affirmation**

I understand that this statement is being made **UNDER THE PENALTIES OF PERJURY**, in order that the above named student may be admitted to the Jericho School District as a legal district resident. I further understand that, if my child is found not to be a legitimate resident of the Jericho School District, **I WILL BE HELD LEGALLY RESPONSIBLE and WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE PER CHILD, RETROACTIVE to the first day of admission. I further understand that my child will then be removed immediately from the Jericho Schools.** I understand and consent that the school district may make unannounced home visits for purpose of residency verification. I realize that theft of governmental services is a crime under the State Penal Law and that a false statement made in connection with this application is punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

*Note: All data submitted via the registration process is subject to verification by the district.*

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## RELEASE OF SCHOOL RECORDS

To: \_\_\_\_\_  
Name of Prior School

\_\_\_\_\_  
Prior School Address

Re: \_\_\_\_\_  
Student Name

I, \_\_\_\_\_, the undersigned parent or legal guardian of the student above grant permission  
Parent/Guardian Name

to the above agency to release to:

**Jericho Union Free School District**  
**99 Cedar Swamp Road**  
**Jericho, NY 11753**

Attn: \_\_\_\_\_  
Name of Appropriate Individual

Records requested:

- ❖ General school records
- ❖ Transcript of grades
- ❖ Other standardized test scores
  
- ❖ Records of Committee for Special Education, 504, etc.
- ❖ Psychological evaluations, academic evaluations, and any other pertinent information
  
- ❖ Health records

Middle & High School Students only:

- ❖ Regents/Competency Test results
- ❖ Copies of laboratory reports for New York State Regents science courses

Release is to be made for REGISTRATION and PLACEMENT.

\_\_\_\_\_  
Parent / Guardian Signature



Lisette 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.		
<b>STUDENT NAME:</b>		
<i>First</i>	<i>Middle</i>	<i>Last</i>
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
		<input type="checkbox"/> Male
<i>Month</i>	<i>Day</i>	<i>Year</i>
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
<i>Last Name</i>	<i>First Name</i>	<i>Relation to Student</i>

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	_____
	<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*



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## HEALTH HISTORY (to be completed by Parent/Guardian)

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Name (First, Middle, Last) \_\_\_\_\_

Address (Street, Town, NY, Zip Code) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female  Non-Binary

Parent/Guardian Name(s) & Phone Number(s) \_\_\_\_\_

Emergency Contact Name(s) & Phone Number(s) \_\_\_\_\_

Has your child ever had any of the following? (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Allergies     | <input type="checkbox"/> Hearing Loss         | <input type="checkbox"/> Rheumatic Fever        |
| <input type="checkbox"/> Anemia        | <input type="checkbox"/> Heart Disease Murmur | <input type="checkbox"/> Seizures               |
| <input type="checkbox"/> Asthma        | <input type="checkbox"/> High Blood Pressure  | <input type="checkbox"/> Stomach Pain           |
| <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Jaundice             | <input type="checkbox"/> Tuberculosis           |
| <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Joint Problem        | <input type="checkbox"/> Wears glasses/contacts |
| <input type="checkbox"/> Eye Problem   | <input type="checkbox"/> Kidney Disease       | <input type="checkbox"/> Other chronic disease  |
| <input type="checkbox"/> Headaches     | <input type="checkbox"/> Prolonged Bleeding   | (explain below)                                 |

Please give dates and explanations for any conditions checked above: \_\_\_\_\_

Current medications: \_\_\_\_\_

Since your child's last physical examination, has your child had any of the following? (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Treatment in hospital / emergency room / urgent care | <input type="checkbox"/> Feeling of faintness, dizziness, or fatigue after exertion |
| <input type="checkbox"/> Injury requiring medical attention                   | <input type="checkbox"/> Any head injury with or without loss of consciousness      |
| <input type="checkbox"/> Surgical procedure / bone fracture                   | <input type="checkbox"/> Any reason child could not participate in any sport        |
| <input type="checkbox"/> Illness lasting more than 5 days                     | <input type="checkbox"/> Any excused absences from Physical Education               |

Please give dates and explanations for any conditions checked above: \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM  
TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR  
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE**

**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: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

**HEALTH HISTORY**

<b>Allergies</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
<b>Asthma</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
<b>Seizures</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached Date of last seizure:
<b>Diabetes</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

**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):**  <5<sup>th</sup>  5<sup>th</sup>-49<sup>th</sup>  50<sup>th</sup>-84<sup>th</sup>  85<sup>th</sup>-94<sup>th</sup>  95<sup>th</sup>-98<sup>th</sup>  99<sup>th</sup> and >

**Hyperlipidemia:**  No  Yes  Not Done      **Hypertension:**  No  Yes  Not Done

**PHYSICAL EXAMINATION/ASSESSMENT**

<b>Height:</b>	<b>Weight:</b>	<b>BP:</b>	<b>Pulse:</b>	<b>Respirations:</b>
<b>Laboratory Testing</b>	<b>Positive</b>	<b>Negative</b>	<b>Date</b>	<b>List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)</b>
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Lead Level Required Grades Pre- K &amp; K</b>			<b>Date</b>	
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq 5$ $\mu\text{g/dL}$				
<input type="checkbox"/> <b>System Review and Abnormal Findings Listed Below</b>				
<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:			Diagnoses/Problems (list)	ICD-10 Code*
<input type="checkbox"/> Additional Information Attached			*Required only for students with an IEP receiving Medicaid	

Name:				DOB:	
<b>SCREENINGS</b>					
<b>Vision</b> (w/correction if prescribed)		<b>Right</b>	<b>Left</b>	<b>Referral</b>	<b>Not Done</b>
Distance Acuity		20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Near Vision Acuity		20/	20/		<input type="checkbox"/>
Color Perception Screening		<input type="checkbox"/> Pass <input type="checkbox"/> Fail			<input type="checkbox"/>
Notes					
<b>Hearing</b> Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					<b>Not Done</b>
Pure Tone Screening	<b>Right</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<b>Left</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<b>Referral</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
Notes					
<b>Scoliosis</b> Screen Boys in grade 9, and Girls in grades 5 & 7		<b>Negative</b>	<b>Positive</b>	<b>Referral</b>	<b>Not Done</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
<b>RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK</b>					
<input type="checkbox"/> <b>Student may participate in all activities without restrictions.</b> <input type="checkbox"/> <b>Student is restricted from participation in:</b> <input type="checkbox"/> <b>Contact Sports:</b> Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling. <input type="checkbox"/> <b>Limited Contact Sports:</b> Baseball, Fencing, Softball, and Volleyball. <input type="checkbox"/> <b>Non-Contact Sports:</b> Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field. <input type="checkbox"/> <b>Other Restrictions:</b>					
<b>Developmental Stage for Athletic Placement Process <u>ONLY</u> required</b> for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level <b>OR</b> Grades 9-12 who wish to play at the modified interscholastic sports level. <b>Tanner Stage:</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V      Age of First Menses (if applicable) : _____					
<input type="checkbox"/> <b>Other Accommodations*:</b> (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.					
<b>MEDICATIONS</b>					
<input type="checkbox"/> <b>Order Form for Medication(s) Needed at School Attached</b>					
<b>IMMUNIZATIONS</b>					
<input type="checkbox"/> Record Attached		<input type="checkbox"/> Reported in NYSIIS			
<b>HEALTH CARE PROVIDER</b>					
Medical Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
<b>Please Return This Form To Your Child's School When Completed.</b>					

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## DENTAL CERTIFICATE (to be completed by NYS Dentist)

*The NY State Department of Health recommends students have an annual dental exam. Please have your dentist complete the form and return it to the Health Office.*

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Name (First, Middle, Last) \_\_\_\_\_

Address (Street, Town, NY, Zip Code) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female  Non-Binary

Date of Examination: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please check one: \_\_\_\_\_ No treatment is necessary

\_\_\_\_\_ Treatment is in process

\_\_\_\_\_ Treatment is complete.

\_\_\_\_\_  
Dentist Signature/Stamp

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Dental Office Address

# Jericho Union Free School District

99 Cedar Swamp Road, Jericho, NY 11753

## FORM A : AFFIDAVIT OF RESIDENCY

Homeowners: Must submit:

- This form
- Proof of ownership: original deed, mortgage statement or recently paid tax bill
- One recent utility bill (electric, gas, oil, cable, cell phone, etc.) OR Start of service letter from electric company OR Pay Stub with Jericho address shown

Renters: Must submit:

- This form
- A copy of your original lease or rental agreement
- **Form B** (Affidavit of Landlord; signed and notarized by Landlord)
- A copy of Landlord's deed, mortgage statement or tax bill
- One recent utility bill (electric, gas, oil, cable, cell phone, etc.) OR Start of service letter from electric company OR Pay Stub with Jericho address shown

Other: Must submit:

- This form
- A copy of your original lease or rental agreement
- **Form C** (Affidavit of Property Owner for the Non-Rental Resident; signed and notarized by Homeowner)
- A copy of Homeowner's deed, mortgage statement or tax bill
- One recent utility bill (electric, gas, oil, cable, cell phone, etc.) OR Start of service letter from electric company OR Pay Stub with Jericho address shown

I, \_\_\_\_\_, certify UNDER THE PENALTIES OF PERJURY that:  
Parent/Guardian's Full Name

1. I reside at: \_\_\_\_\_  
Address

I further certify that this is my actual and only permanent residence.

For my residence, I am the: (check appropriate box)

Homeowner

Renter / Tenant / Lessee (Date of lease expiration: \_\_\_\_\_)

Other \_\_\_\_\_

Please specify

2. The children listed below are all of the children under the age of 21 that live with me in my residence as their actual and only permanent residence on a full time basis.

First and Last Name of Child(ren)	Date of Birth

3. I am the (check one):

- Natural parent(s) (if there has been a divorce, you must submit court-approved Custody Order)
- Legal guardian (must submit Guardian Affidavit and court-approved Guardianship Order)
- Person in non-parental relationship (must submit documentation of relationship and Guardian Affidavit)

4. If the student is living with someone other than the parent or legally-appointed guardian, give address and telephone number of any living natural parents/guardians in the spaces below. If not applicable, skip this section.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

- a) Does the student live in your home exclusively?       Yes       No
- b) Is this a temporary relationship?       Yes       No
- c) Is this a permanent relationship?       Yes       No
- d) How often will the natural parents see the child? \_\_\_\_\_
- e) What percentage of financial support will be made by the natural parents? \_\_\_\_\_
- f) What percentage of financial support will be made by you? \_\_\_\_\_

### Affirmation

I understand that this statement is being made **UNDER THE PENALTIES OF PERJURY**, in order that the above named student may be admitted to the Jericho School District as a legal district resident. I further understand that, if my child is found not to be a legitimate resident of the Jericho School District, **I WILL BE HELD LEGALLY RESPONSIBLE and WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE PER CHILD, RETROACTIVE to the first day of admission. I further understand that my child will then be removed immediately from the Jericho Schools.** I understand and consent that the school district may make unannounced home visits for purpose of residency verification. I realize that theft of governmental services is a crime under the State Penal Law and that a false statement made in connection with this application is punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

# Jericho Union Free School District

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## FORM B : AFFIDAVIT OF LANDLORD

*Attach a copy of Deed OR Mortgage Statement or Tax Bill as proof of ownership.*

I, \_\_\_\_\_ being duly sworn, depose and say:  
Landlord/Legal Owner Name

I am the landlord/legal owner of \_\_\_\_\_  
Street Address Town State Zip

My tenants, \_\_\_\_\_, are domiciled at the above address.  
Name(s) of Parents/Guardians

The tenants are governed by a(n) (check one):  lease  rental agreement or  other agreement.

The dates of said tenancy are from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_

The following names include ALL children under the age of 21 living at the above address:

First and Last Name of Child(ren)	Date of Birth

I understand that this statement is being made UNDER THE PENALTIES OF PERJURY so that the above mentioned child(ren) may be admitted to the Jericho UFSD as legal district residents. **ANY FALSE STATEMENT MADE IN THIS APPLICATION IS PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.**

\_\_\_\_\_  
Print Name of Landlord/Legal Owner

\_\_\_\_\_  
Signature of Landlord/Legal Owner

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

# Jericho Union Free School District

99 Cedar Swamp Road, Jericho, NY 11753

## FORM C : AFFIDAVIT OF PROPERTY OWNER FOR THE NON-RENTAL RESIDENT

*Attach a copy of Deed OR Mortgage Statement or Tax Bill as proof of ownership.*

I, \_\_\_\_\_ being duly sworn, depose and say:  
Property Owner / Relative Name

I am the legal owner of \_\_\_\_\_  
Street Address Town State Zip

My tenants, \_\_\_\_\_, are domiciled at the above address with me.  
Name(s) of Parent(s) / Guardian(s)

The dates of said tenancy are from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_

The following names include ALL children under the age of 21 living in my residence with me at the above address:

First and Last Name of Child(ren)	Date of Birth

I understand that this statement is being made UNDER THE PENALTIES OF PERJURY so that the above mentioned child(ren) may be admitted to the Jericho UFSD as legal district residents. **ANY FALSE STATEMENT MADE IN THIS APPLICATION IS PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.**

\_\_\_\_\_  
Print Name of Property Owner / Relative

\_\_\_\_\_  
Signature of Property Owner / Relative

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

# Jericho Union Free School District

99 Cedar Swamp Road, Jericho, NY 11753

## GUARDIAN AFFIDAVIT

*This form must be completed for students living in the Jericho UFSD who do NOT live with either of their natural parents by the adult (over 18 years of age) with whom the student is living. Court approved Guardianship papers must accompany this form.*

1. I, \_\_\_\_\_, am the \_\_\_\_\_ of  
Guardian name Relationship to child

\_\_\_\_\_  
Name of child

2. I reside at: \_\_\_\_\_  
Street Address Town State Zip

3. Please state why the child(ren) is (are) living with you.

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4. Explain the duration of the living arrangement (permanent OR to be terminated upon a specific date, action or event).

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5. Describe any other location(s) where the child lives. Indicate the length of time the child is at the other address and provide an explanation. If the child does not live at any other address, please indicate.

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**GUARDIAN AFFIDAVIT**

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6. Please indicate who is to be notified for any issues pertaining to the child's health, welfare, and education.  
Provide relationship(s), name(s), address(es) and phone number(s).

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7. Describe who will assume full responsibility for all matters relating to the child's health, welfare, and education.  
Provide relationship(s), name(s), address(es) and phone number(s).

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**Affirmation**

I understand that this statement is being made **UNDER THE PENALTIES OF PERJURY**, in order that the above named student may be admitted to the Jericho School District as a legal district resident. I further understand that, if the child is found not to be a legitimate resident of the Jericho School District, **I WILL BE HELD LEGALLY RESPONSIBLE and WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE PER CHILD, RETROACTIVE to the first day of admission. I further understand that my child will then be removed immediately from the Jericho Schools.** I understand and consent that the school district may make unannounced home visits for purpose of residency verification. I realize that theft of governmental services is a crime under the State Penal Law and that a false statement made in connection with this application is punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

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Print Name of Guardian

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Signature of Guardian

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

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NOTARY PUBLIC

# Jericho Union Free School District

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## TRANSPORTATION APPLICATION TO PRIVATE OR NON-PUBLIC SCHOOLS

In accordance with the Education Law of the State of New York, Section 3635, applications that do not follow the guidelines below for transportation to non-public schools will not be approved.

- Only fill out this form if you desire for your children to NOT attend the Jericho Schools, but instead attend a private or non-public school within 15 miles.
- This form is to be returned to the Jericho UFSD Transportation Office.
- First time applicants ONLY: Students must be registered with the school district by completing the Registration Application packet. Then, this form must be submitted **within 30 days of moving into your residence**.
- Repeat applicants ONLY: This form must be filled out each year and received **by April 1 prior to the next school year** (ex. 4/1/2022 for 2022-23 school year, 4/1/2023 for 2023-24 school year).

Non-public school buses are shared by the three elementary schools, middle school and high school and scheduled in the most direct and economical manner. Transportation will **not** be provided on the following days (unless Jericho UFSD is in session): Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day and day after, Christmas Day, New Year's Day, Martin Luther King Day, President's Day and Memorial Day.

I request transportation for the student listed below:

Student Name \_\_\_\_\_  Male  Female  Non-Binary Birth Date \_\_\_/\_\_\_/\_\_\_

Street Address \_\_\_\_\_ Nearest Cross Street \_\_\_\_\_

Town/State/Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_ Cell Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone No. \_\_\_\_\_

School Name \_\_\_\_\_ School Phone No. \_\_\_\_\_

Street Address \_\_\_\_\_ Principal \_\_\_\_\_

Town/State/Zip Code \_\_\_\_\_ Grade Entering \_\_\_\_\_

School Hours/Additional Dismissal Info (ex. half-days) \_\_\_\_\_

School of Last Attendance \_\_\_\_\_ Town/State/Zip Code \_\_\_\_\_

Will late bus service will be needed?  Yes  No (Jericho requires 5 students to utilize service daily to schedule.)

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_/\_\_\_/\_\_\_  
Date