

FOUNDATION  
for SUCCESS

## FRANKLIN SQUARE UNION FREE SCHOOL DISTRICT

DISTRICT OFFICES: Washington Street School  
760 Washington Street, Franklin Square, NY 11010-3898

FAX: (516) 505-6972

Jared T. Bloom, Ph.D.  
Superintendent of Schools  
(516) 505-6975



Dear Parent or Guardian:

Welcome to Franklin Square! We are pleased that you have expressed an interest in registering your child for our schools. As you work with our Central Registrar, please know that we are anxious to complete the necessary paperwork as soon as possible. If you'll pay careful attention to these requirements, I am certain we will be able to successfully register your child quickly. To register, the first step is to complete the online registration located on our website under District/Central Registration Information. Once completed, you can call the Central Registration Office at 481-4100 ext. 3311 for an appointment.

Enclosed with this letter is a registration packet for you to complete. Included in this packet is a "Physician's Medical Form" which you may bring at the time of registration. Please note that the physical exam must be dated from September 2021 or any date thereafter. Your child will be excluded from all physical activity until the "Physician's Medical Form" is completed and returned to the Central Registration Office. The School Medical Doctor will examine any child who is not seen by his/her own physician. Also included in the packet is a "Record of Immunization" form for your physician to complete. Please bring this form with you to the registration. Your child may not begin school until a completed "Record of Immunization" form is presented to the Registrar.

In order to register your child for school, please be sure to provide the following:

1. **Original birth certificate**
2. Proof of immunization with **physician's original signature**  
(See attached sheet indicating New York State required immunizations.)
3. Proof of residency (original documents). **Current documentation must be provided.**

**Students will not be registered unless proofs of residence are submitted.** Since the cost to educate a child in this District is approximately \$16,451 per year, we must be certain that every child is a legal resident. The District requires proofs of residence in order to protect the taxpayers from the costs of educating non-resident students. We recognize that presenting these proofs may be somewhat bothersome, but we hope you understand the requirement is for your benefit as a new member of this community.

**Warning:** This District will take legal action to collect tuition charges if the student is illegally registered. Any person or persons, in addition to parents or guardians, who provide false evidence of residence will also be prosecuted. The District may investigate a student's residence by visits and other means.

**You must submit one proof from each category:  
(PLEASE SUBMIT ORIGINAL DOCUMENTS)**

**CHILD'S BIRTH – PART A**

Birth Certificate (original)

**PARENT/GUARDIAN'S IDENTITY – PART B**

- Driver's License
- Photo Identification Card
- Visa
- Valid Passport
- Other Photo Identification Issued by a Government Agency

**PROOF OF RESIDENCY – PART C**

Deed (original)

If you are a renter, you must provide one of the following:

- Lease  
Include a copy of Landlord Deed or Mortgage Statement
- Notarized Affidavits from Owner and Parent/Guardian  
Include a copy of Landlord Deed, Tax Bill or Mortgage Statement

**PROOF OF RESIDENCY – PART D**

Current Documentation Must Be Provided

- Nassau County Tax Bill
- Mortgage Statement/Mortgage Commitment
- Payroll Check
- Utility Bill  Fuel Bill  DDS ID
- Any Utility Hook-up Agreement

**PROOF OF PARENTAL RELATIONSHIP AND FAMILY INFORMATION – PART E**

- Birth Certificate or Adoption Order
- Court Order Establishing Custody
- Foster Parent Placement Order (DDS-2999)
- Guardianship documents or Court Order

Should you have any questions, please contact the Registrar.

Again, I welcome you to our schools. We are very proud of all that this District represents and look forward to making you and your child a part of our educational community.

Sincerely,



Jared T. Bloom  
Superintendent of Schools

Type or Print

PUPIL'S NAME (LAST) (FIRST) (MIDDLE INITIAL)

ELEMENTARY SCHOOL FRANKLIN SQUARE SCHOOL DISTRICT

HOME ADDRESS

TELEPHONE 1. (City) (State) (Zip) 2. (Home #) (Cell #) 3.

DATE OF BIRTH: (MONTH) (DAY) (YEAR) MALE FEMALE

BIRTHPLACE (VILLAGE, TOWN OR CITY) (STATE) (COUNTY)

FAMILY INFORMATION

MOTHER BIRTHPLACE U.S. CITIZEN

FATHER BIRTHPLACE U.S. CITIZEN

Mother's Email: Father's Email:

PUPIL LIVING WITH (NAME of Parent/Guardian) (RELATIONSHIP)

Other Children in Family including Foster, etc. (give name and birth date)

- 1. D.O.B. 3. D.O.B. 2. D.O.B. 4. D.O.B.

UNUSUAL HOME CONDITIONS AFFECTING PUPIL

i.e., Death, Divorce, Separation, Step Parent, Parental Handicaps (deaf, blind, etc.), One Parent Home, etc.

PROOF OF BIRTH ENTRANCE DATE

SCHOOL LAST ATTENDED Preference for Pre-K (NOT Guaranteed) ENTERING GRADE AM or PM

ETHNICITY (Choose One): Hispanic/Latino Non Hispanic/Latino

RACE: (Choose one or more) White Black or African American Asian Native Hawaiian or Other Pacific Islander American Indian or Alaska Native

COUNTRY OF ORIGIN: DATE ENTERED U.S.

YEARS IN U.S. SCHOOLS

HOMELESS: Yes No

LIVING ARRANGEMENT: Shelter Relatives Hotel Other

OCCUPATION BUSINESS ADDRESS BUSINESS TELEPHONE

LANGUAGES SPOKEN IN HOME

Adults (other than parents) living in home Relationship to Student

- 1. 2.

DATE REGISTERED Entered on E-School

WITHDRAWAL DATA:

DATE: REASON:

FRANKLIN SQUARE SCHOOL DISTRICT  
PROOF OF RESIDENCY

STUDENTS WILL BE REGISTERED AND ADMITTED TO SCHOOL UPON THE DISTRICT'S RECEIPT OF PROOF OF THE CHILD'S BIRTH, PROOF OF THE PARENTS' IDENTITY, AND PROOF OF RESIDENCY.  
The District's Registrar will determine any need for additional proofs.

The Franklin Square School District must determine that every child is a **LEGAL** resident. The District requires proofs from the following categories in order to protect the taxpayers from the costs of educating illegal registrants.

**WARNING:** The District will take legal action against anyone who participates in falsely providing information to register a child illegally. The District will investigate all residency claims that are suspect by visits or other means.

***YOU MUST SUBMIT ONE PROOF FROM EACH CATEGORY  
(PLEASE SUBMIT ORIGINAL DOCUMENTS)***

**CHILD'S BIRTH:**

\_\_\_\_ Birth Certificate (original)

**PARENT/GUARDIAN'S IDENTITY:**

\_\_\_\_ Driver's License  
\_\_\_\_ DMV Photo Identification Card  
\_\_\_\_ Visa  
\_\_\_\_ Valid Passport  
\_\_\_\_ Other Photo Identification Issued by Government Agency

**PROOF OF RESIDENCY:**

If you are the Homeowner you **must** provide one of the following:  
\_\_\_\_ Deed (original)

**PROOF OF RESIDENCY:**

*Current Documentation Must Be Provided*

\_\_\_\_ Nassau County Tax Bill  
\_\_\_\_ Mortgage Statement/Mortgage Commitment  
\_\_\_\_ Payroll Check  
\_\_\_\_ Utility Bill \_\_\_\_\_ Fuel Bill \_\_\_\_\_ DDS ID  
\_\_\_\_ Any Utility Hook-up Agreement  
\_\_\_\_ Letter from Buyer's Attorney  
\_\_\_\_ Voter Registration Card

If you are a Renter you **must** provide one of the following:

\_\_\_\_ Lease (Include a copy of Landlord Deed, Tax Bill or Mortgage Statement)  
\_\_\_\_ Notarized Affidavits from Owner and Parent/Guardian  
\_\_\_\_ (Include a copy of Landlord Deed, Tax Bill or Mortgage Statement)

**PROOF OF PARENTIAL RELATIONSHIPS AND FAMILY INFORMATION:**

\_\_\_\_ Birth Certification or Adoption Order  
\_\_\_\_ Court Order establishing custody  
\_\_\_\_ Foster Parent Placement Order (DSS-2999)  
\_\_\_\_ Guardianship documents or Court Order

I submit that the above documents have been presented and represent true information.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Revised 9/2020

**FRANKLIN SQUARE SCHOOL DISTRICT**

**PARENT/GUARDIAN AFFIDAVIT IN LIEU OF LEASE**

1. I/We \_\_\_\_\_

and my/our child(ren) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

are residing at the residence of:

\_\_\_\_\_  
Name of Owner/Landlord

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

\_\_\_\_\_  
Town County Zip

2. I/We understand that this statement is being made under the penalties of perjury in order that the above name(s) child(ren) may be admitted to the Franklin Square School District. I/We further understand that if the child(ren) is/are found not be a legitimate resident that I/we will be legally responsible for and will be billed for the school district's annual tuition rate of approximately **\$16,451** per year, per child retroactive to the first day of admission. I/We also realize that theft of governmental services is a crime punishable under the State Penal Law and that a false statement made in connection with this application may make me/us liable to criminal prosecution. I/We have been informed that the school district will make unannounced home visits for purposes of residency and information verification.

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

Sworn before me this \_\_\_\_\_ day of  
\_\_\_\_\_ 20 \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

# FRANKLIN SQUARE SCHOOL DISTRICT

## LANDLORD AFFIDAVIT IN LIEU OF LEASE

Please include a copy of Landlord Deed, Tax Bill or Mortgage Statement

1. I/We \_\_\_\_\_ am/are the owner(s)/landlord of the following premises:

\_\_\_\_\_  
Street

\_\_\_\_\_  
Town

\_\_\_\_\_  
County

\_\_\_\_\_  
Zip

2. Name(s) of Parent(s) or Guardian(s) residing full time at above address:

\_\_\_\_\_, \_\_\_\_\_

and child(ren)

\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

3. I/We understand that this statement is being made under the penalties of perjury in order that the above name(s) child(ren) may be admitted to the Franklin Square School District. I/We further understand that if the child(ren) is/are found not be a legitimate resident that I/we will be legally responsible for and will be billed for the school district's annual tuition rate of approximately **\$16,451** per year, per child retroactive to the first day of admission. I/We also realize that theft of governmental services is a crime punishable under the State Penal Law and that a false statement made in connection with this application may make me/us liable to criminal prosecution. I/We have been informed that the school district will make unannounced home visits for purposes of residency and information verification.

\_\_\_\_\_  
Signature of Landlord

\_\_\_\_\_  
Landlord's Name (Print)

\_\_\_\_\_  
Landlord's Address of Residence

\_\_\_\_\_  
Town

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Landlord's Phone Number

Sworn before me this \_\_\_\_\_ day

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

\_\_\_\_\_  
Notary Public

## Record of Immunization

NAME \_\_\_\_\_

Date of Birth \_\_\_\_\_

Hib Vaccine \_\_\_\_\_

Prevnar Vaccine \_\_\_\_\_

DTaP Vaccine \_\_\_\_\_

DT \_\_\_\_\_

Tdap \_\_\_\_\_

Oral Polio Vaccine (OPV) \_\_\_\_\_  
(IPV) \_\_\_\_\_

MMR #1 \_\_\_\_\_ Measles \_\_\_\_\_

MMR #2 \_\_\_\_\_ Mumps \_\_\_\_\_

Rubella \_\_\_\_\_

MCV4 #1 \_\_\_\_\_ #2 \_\_\_\_\_

Hep B: # 1 \_\_\_\_\_ # 2 \_\_\_\_\_ # 3 \_\_\_\_\_

Varicella Vaccine: (1) \_\_\_\_\_ (2) \_\_\_\_\_ Varicella Disease \_\_\_\_\_

TB-Mantoux \_\_\_\_\_ TB PPD \_\_\_\_\_

Lead test date \_\_\_\_\_ Results \_\_\_\_\_

Other \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

# 2021-22 School Year New York State Immunization Requirements for School Entrance/Attendance<sup>1</sup>

**NOTES:**

Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

**Dose requirements MUST be read with the footnotes of this schedule**

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
<b>Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)<sup>2</sup></b>	<b>4 doses</b>	<b>5 doses or 4 doses</b> If the 4th dose was received at 4 years or older or <b>3 doses</b> if 7 years or older and the series was started at 1 year or older		<b>3 doses</b>
<b>Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap)<sup>3</sup></b>		<b>Not applicable</b>		<b>1 dose</b>
<b>Polio vaccine (IPV/OPV)<sup>4</sup></b>	<b>3 doses</b>		<b>4 doses or 3 doses</b> If the 3rd dose was received at 4 years or older	
<b>Measles, Mumps and Rubella vaccine (MMR)<sup>5</sup></b>	<b>1 dose</b>		<b>2 doses</b>	
<b>Hepatitis B vaccine<sup>6</sup></b>	<b>3 doses</b>		<b>3 doses</b> or <b>2 doses</b> of adult hepatitis B vaccine (RecombiVax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years	
<b>Varicella (Chickenpox) vaccine<sup>7</sup></b>	<b>1 dose</b>		<b>2 doses</b>	
<b>Meningococcal conjugate vaccine (MenACWY)<sup>8</sup></b>		<b>Not applicable</b>	<b>Grades 7, 8, 9, 10 and 11: 1 dose</b>	<b>2 doses or 1 dose</b> If the dose was received at 16 years or older
<b>Haemophilus Influenzae type b conjugate vaccine (Hib)<sup>9</sup></b>	<b>1 to 4 doses</b>		<b>Not applicable</b>	
<b>Pneumococcal Conjugate vaccine (PCV)<sup>10</sup></b>	<b>1 to 4 doses</b>		<b>Not applicable</b>	



**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:  M  F DOB: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Exam Date: \_\_\_\_\_

**HEALTH HISTORY**

**Allergies**  No Type: \_\_\_\_\_  
 Yes, indicate type  Medication/Treatment Order Attached  Anaphylaxis Care Plan Attached

**Asthma**  No  Intermittent  Persistent  Other : \_\_\_\_\_  
 Yes, indicate type  Medication/Treatment Order Attached  Asthma Care Plan Attached

**Seizures**  No Type: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_  
 Yes, indicate type  Medication/Treatment Order Attached  Seizure Care Plan Attached

**Diabetes**  No Type:  1  2  
 Yes, indicate type  Medication/Treatment Order Attached  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/m<sup>2</sup>

**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**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respirations: \_\_\_\_\_

Laboratory Testing	Positive	Negative	Date
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 $\geq 5 \mu\text{g/dL}$			

**List Other Pertinent Medical Concerns**  
 (e.g. concussion, mental health, one functioning organ)

**System Review and Abnormal Findings Listed Below**

<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

**Assessment/Abnormalities Noted/Recommendations:** \_\_\_\_\_ **Diagnoses/Problems (list)** \_\_\_\_\_ **ICD-10 Code\*** \_\_\_\_\_

**Additional Information Attached** \_\_\_\_\_ \*Required only for students with an IEP receiving Medicaid

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**SCREENINGS**

Vision (w/correction if prescribed)	Right	Left	Referral	Not Done
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

**Hearing** 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. **Not Done**

Pure Tone Screening    **Right**  Pass  Fail    **Left**  Pass  Fail    **Referral**  Yes  No   

Notes

**Scoliosis Screen** Boys in grade 9, and Girls in grades 5 & 7    **Negative**     **Positive**     **Referral**  Yes  No    **Not Done**

**RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK**

- Student may participate in all activities without restrictions.
- Student is restricted from participation in:
  - Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
  - Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.
  - Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.
  - Other Restrictions:**

**Developmental Stage for Athletic Placement Process** ONLY required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level **OR** Grades 9-12 who wish to play at the modified interscholastic sports level.

**Tanner Stage:**  I  II  III  IV  V      Age of First Menses (if applicable) : \_\_\_\_\_

**Other Accommodations\*:** (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.

**MEDICATIONS**

Order Form for Medication(s) Needed at School Attached

**IMMUNIZATIONS**

Record Attached                       Reported in NYSIS

**HEALTH CARE PROVIDER**

Medical Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone:

Fax:

**Please Return This Form To Your Child's School When Completed.**



**Health History**  
(To be completed by Parent/Guardian)

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Grade: \_\_\_\_\_

**Allergies**

Food Type: \_\_\_\_\_ (Ingestion \_\_\_\_\_ Touch \_\_\_\_\_ Airborne \_\_\_\_\_)  
Insect \_\_\_\_\_ Seasonal \_\_\_\_\_ Medication \_\_\_\_\_ Other \_\_\_\_\_

Symptoms to look for: \_\_\_\_\_

Are these allergies: Self-dignosed or MD dignosed (circle one)

Uses an Epi-Pen \_\_\_\_\_

**Student's Medical History: Please note date if possible**

Anemia \_\_\_\_\_ Diabetes \_\_\_\_\_ Mumps \_\_\_\_\_ Seizure \_\_\_\_\_ Eczema \_\_\_\_\_  
Asthma \_\_\_\_\_ German Measles \_\_\_\_\_ Mononucleosis \_\_\_\_\_ Epilepsy \_\_\_\_\_  
Chickenpox \_\_\_\_\_ Hepatitis \_\_\_\_\_ Pneumonia \_\_\_\_\_ Heart Disease/Murmur \_\_\_\_\_  
Cystic Fibrosis \_\_\_\_\_ Measles \_\_\_\_\_ Scarlet Fever \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_  
Tuberculosis \_\_\_\_\_ Ear Conditions \_\_\_\_\_ Frequent Cold/Sore Throats \_\_\_\_\_

**Other Relevant Medical Information:** \_\_\_\_\_

**Past Surgical History:** \_\_\_\_\_

**Present Health:**

Skin: Rashes, Bruises, Unexplained Lumps: \_\_\_\_\_

Eyes: Normal Vision \_\_\_\_\_ Amblyopia \_\_\_\_\_ Wears Glasses \_\_\_\_\_

Respiratory Illnesses: \_\_\_\_\_

Cardiovascular: Known Murmur \_\_\_\_\_ Shortness of breath \_\_\_\_\_ Limits to physical activity \_\_\_\_\_  
Ever evaluated by a Cardiologist \_\_\_\_\_

Gastrointestinal: Frequent stomach aches \_\_\_\_\_ Frequent diarrhea \_\_\_\_\_ Frequent constipation \_\_\_\_\_  
Urinary Problems \_\_\_\_\_ Skeletal/Neuromuscular Disorders \_\_\_\_\_

**Developmental History:**

When did your child reach the following milestones? (Month/Year)

Sit Alone \_\_\_\_\_ Walk Alone \_\_\_\_\_ Say single words \_\_\_\_\_ Use two word sentences \_\_\_\_\_ Toilet Trained \_\_\_\_\_

**Psychosocial History:**

Family: Intact Family \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Adopted \_\_\_\_\_ Guardianship \_\_\_\_\_ Other \_\_\_\_\_

Does your child receive outside services (tutoring, speech therapy, physical therapy, counseling): \_\_\_\_\_

Specify \_\_\_\_\_

**Medication:**

Does your child take any medication on a daily basis? \_\_\_\_\_ Specify \_\_\_\_\_

**Other Comments:**

\_\_\_\_\_

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

Date \_\_\_\_\_

# PRIOR SPECIAL EDUCATION SERVICES

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_\_\_  
(Print First and Last Name)

## SECTION I: PRE-KINDERGARTEN STUDENTS ONLY

- Has your child (age 3 to 5) ever received Special Education service through Committee on Preschool Special Education (CPSE) in the Franklin Square School District? Yes \_\_\_ No \_\_\_ (Check One) If "No" proceed to Section II
- Dates of CPSE Service: From \_\_\_\_\_ To \_\_\_\_\_
  - Was a Transition Meeting held? Yes \_\_\_ No \_\_\_ Not Sure \_\_\_  
(Check One) If "No" or "Not Sure" please go to the Special Education Office after registration
- I am registering my child for the Franklin Square Pre-K program. Yes \_\_\_ No \_\_\_  
(Check One) If "No" discontinue registration and go to the Special Education Office. (See Carolyn Mione)

## SECTION II:

- Has your child (age 5 & older) ever received Special Education service through Committee on Special Education (CSE)? Yes \_\_\_ No \_\_\_ (Check One) If "No" discontinue

## SECTION III:

### SCHOOL DISTRICT IN WHICH YOUR CHILD WAS PRESENTED TO CSE:

\_\_\_\_\_ District City State

### PLEASE CHECK THE HANDICAPPING CONDITION DETERMINED BY THE LAST CSE:

- |                                                    |                                                        |                                                    |
|----------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Autism                    | <input type="checkbox"/> Deafness                      | <input type="checkbox"/> Orthopedically Impairment |
| <input type="checkbox"/> Emotionally Disturbance   | <input type="checkbox"/> Hearing Impairment            | <input type="checkbox"/> Other Health-Impairment   |
| <input type="checkbox"/> Learning Disability       | <input type="checkbox"/> Speech/Language Impairment    | <input type="checkbox"/> Multiple Disabilities     |
| <input type="checkbox"/> Intellectually Impairment | <input type="checkbox"/> Visually Impairment/Blindness | <input type="checkbox"/> Deaf-Blindness            |

### LAST SPECIAL EDUCATION SERVICE RECEIVED IN:

\_\_\_\_\_ School City State Date

Name & phone number of Contact Person: \_\_\_\_\_

### CHECK TYPE OF SERVICE BELOW:

- |                                                 |                                                   |                                             |
|-------------------------------------------------|---------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Resource Room          | <input type="checkbox"/> Day School / Integrated  | <input type="checkbox"/> Hospital Placement |
| <input type="checkbox"/> Integrated Class       | <input type="checkbox"/> Residential School       | <input type="checkbox"/> Court Placement    |
| <input type="checkbox"/> Self-Contained Class   | <input type="checkbox"/> Itinerant Service        |                                             |
| <input type="checkbox"/> BOCES / Special School | <input type="checkbox"/> Special Home Instruction |                                             |

.....  
I, \_\_\_\_\_ (Print Your Full Name) authorize the release of information to the Franklin Square School District in order to obtain all special education data to assist in seeking the most appropriate placement for my son/daughter \_\_\_\_\_ (Print Childs Full Name).

\_\_\_\_\_  
Signature of Parent/Guardian Date



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234  
Office of P-12

Lissette Colon-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
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	_____ specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	_____ specify	<input type="checkbox"/> Father _____ specify
	<input type="checkbox"/> Guardian(s)	_____ specify	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not write

#### 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? \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent or of Person in Parental Relation

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
 Date

Relationship to student:  Mother  Father  Other: \_\_\_\_\_

### OFFICIAL ENTRY ONLY NAME/POSITION OF QUALIFIED 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 INTERVIEW:  ADMINISTER NYSITELL  
 ENGLISH PROFICIENT  
 REFER TO LANGUAGE PROFICIENCY TEAM

### NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

DATE OF NYSITELL ADMINISTRATION: \_\_\_\_\_ PROFICIENCY LEVEL ACHIEVED ON NYSITELL:  ENTERING  EMERGING  TRANSITIONING  EXPANDING  COMMANDING  
 Mo. DAY YR.

FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:



**FRANKLIN SQUARE UNION FREE SCHOOL DISTRICT**  
DISTRICT OFFICES: Washington Street School  
760 Washington Street, Franklin Square, NY 11010-3898

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FAX: (516) 505-6972

Jared T. Bloom, Ph.D.  
Superintendent of Schools  
(516) 505-6975

FOUNDATION  
for **SUCCESS**

Dear Parent or Guardian,

Franklin Square is committed to the safety and well-being of all children. The district enforces strict policies in regards to acceptable use of computers and the Internet. Attached are two forms that have been approved by the Board of Education to help protect your child from any unnecessary harm. We appreciate your support and ask that you return the signed forms to your school immediately.

More information about the district's Internet/computer network policy and Internet safety policy and regulations can be found on the district's website at <http://www.franklinsquare.k12.ny.us>.

Thank you again for your cooperation and support.

Sincerely yours,

*Dr. Jared T. Bloom*

attachment





# FRANKLIN SQUARE UNION FREE SCHOOL DISTRICT

## Student/Parent Internet/Computer Network Guidelines and Authorization Form

The terms and conditions contained in the Franklin Square Union Free School District's Internet/Computer Network Policy and Internet Safety Policy and Regulations have been explained to me. I understand and will abide by them. I understand that the use of the Internet/Computer Network and Internet Access is a privilege, not a right.

I may not do the following while using Internet/Computer Network Services on school property:

- share my password or use another person's password.
- disrupt the Internet or Network services of other people.
- use inappropriate language while using the Internet/Network.
- use the Internet/Network service for reasons other than those that are educational.
- download software from the Internet without teacher authorization
- violate the existing copyright laws.
- tamper with the security system of the Internet or Network services.

I understand that any violation of this policy is unethical and may constitute a criminal offense. If I commit any violation or fail to comply with the District's Internet/Computer Network Policy and Internet Safety Policy and Regulations, my access privileges may be revoked, school/district disciplinary action may be taken, and/or appropriate legal proceedings may be instituted against me.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Class \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

## Parent Internet/Computer Network Permission Form

I am the parent of the child mentioned above. I have read and understand the provisions of the District's Internet/Computer Network Policy and Internet Safety Policy and Regulations. (Policies can be found on the district website) I understand that Internet access is designed for educational purposes, and the Franklin Square Union Free School District has taken reasonable precautions to discourage student access to controversial, obscene and inappropriate material. I also recognize that it is impossible for the District to restrict access to all such materials, and I will not hold the District responsible for materials acquired on the Internet by my child.

I hereby give my child permission to access the Internet for educational purposes.\*\*

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

\*\*Your son/daughter's work may be published on the school website. Their photograph may be posted on the district site to highlight events. There will be no personally identifying information. If you do not want photographs of your child to be shown on the school website, please indicate in writing to your building principal.

Dear Parent/Guardian,

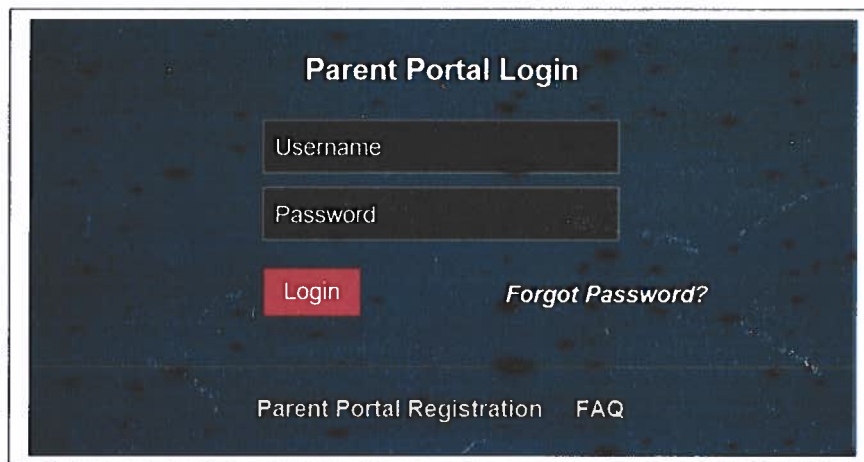
Franklin Square UFSD utilizes the parent portal to share report card grades three times a year, placement letters, as well as other important information regarding your child. Soon after the registration process is complete, you will receive an email to indicate that your Parent Portal account has been created.

The Districts asks that you follow the directions in the email and attempt to log on to ensure that you have access to the portal. Please remember to write down your username and password for future reference.

If you need support, please email/call Ms. Balsdon.

[mbalsdon@franklinsquare.k12.ny.us](mailto:mbalsdon@franklinsquare.k12.ny.us)

516-481-4100 ext.1-3635



Parent Portal Login

Username

Password

Login [Forgot Password?](#)

[Parent Portal Registration](#) [FAQ](#)



## HOUSING QUESTIONNAIRE

Name of LEA: FRANKLIN SQUARE SCHOOL DISTRICT

Name of School: \_\_\_\_\_ JSS \_\_\_\_\_ PSS \_\_\_\_\_ WSS

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

Gender:  Male  Female  
Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_ ID#: \_\_\_\_\_  
Month Day Year (preschool-6) (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.

## CUESTIONARIO DE VIVIENDA

Nombre del Distrito Escolar: Franklin Square School District

Nombre de la Escuela: \_\_\_\_\_ JSS \_\_\_\_\_ PSS \_\_\_\_\_ WSS

Nombre del Estudiante: \_\_\_\_\_  
Apellido Primer Nombre Segundo Nombre

Género:  Hombre Fecha de Nacimiento: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grado: \_\_\_\_\_ ID#: \_\_\_\_\_  
 Mujer Mes Día Año (jardín de infantes - 12) (opcional)

Dirección: \_\_\_\_\_ Teléfono: \_\_\_\_\_

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

¿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

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

## INSTRUCTIONS FOR COMPLETING THE HOUSING QUESTIONNAIRE

### Purpose of the Housing Questionnaire

All Local Education Agencies (LEAs) are required to identify students experiencing homelessness. LEAs include school districts, charter schools and BOCES. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. The New York State Education Department (NYSED) encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Housing Questionnaire attached here,
2. Update/modify the Model Enrollment Form – Housing Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Model Enrollment Form - Residency Questionnaire into the LEA's Enrollment Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

### Who should fill out the Housing Questionnaire?

A Housing Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool-12. "Preschool" includes any LEA administered or funded preschool program, such as a pre-k or Head Start program administered by an LEA. The Housing Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

### Confidentiality

**Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met.** To this end, LEAs may share a student's Housing Questionnaire with LEA personnel such as:

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data to SED

**However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by SED.**

Other than the above uses, housing information **should be kept confidential and should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Housing Questionnaires and housing information from becoming a part of a student's permanent record.

### Discussing the Housing Questionnaire with Students and Families

In reviewing the Housing Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will be kept confidential and will only be shared with those LEA staff who are responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

LEAs are advised to explain to parents that if a parent claims that her/his child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However LEAs **cannot contact a landlord or building superintendent** to verify a student's housing status without prior parental consent. Contacting a landlord or building superintendent without the parent's express prior written permission is a violation of FERPA, a federal law.

### **If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Housing Questionnaire**

If the parent, person in parental relation, or unaccompanied youth declines to complete the Housing Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

### **Completing the Form**

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs **cannot not contact a landlord or building superintendent** to verify a student's housing status. (See above for more information.)

### **Definitions of Temporary Housing Arrangements**

*"With another family or other person" (also referred to as "doubled-up")*

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

*"Other temporary living situation"*

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

*"In permanent housing"*

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

### **Next Steps for LEAs with Students Living in Temporary Housing Arrangements**

**If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, the LEA must complete a Designation Form.** If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out. For more information about determining eligibility see the National Center on Homeless Education's Determining Eligibility Brief, available at: [http://nche.ed.gov/downloads/briefs/det\\_elig.pdf](http://nche.ed.gov/downloads/briefs/det_elig.pdf).

If a student who is identified as homeless was last permanently housed in a different school district, the district of attendance/local district will be eligible for tuition reimbursement from SED for the cost of educating the student. School districts should complete a STAC-202 form if eligible for tuition reimbursement. For more information about STAC-202 forms contact the STAC Office at 518-474-7116 or NYS-TEACHS at 800-388-2014.