



# LAWRENCE PUBLIC SCHOOLS

195 Broadway Lawrence, New York 11559

(516) 295 7065 - Fax (516) 622 8025



## REGISTRATION FORM

We are pleased to welcome you to the Lawrence Public Schools. We know that you will find all of our teachers, principals, and other staff members helpful and eager to provide your child with the best possible education. Children ages four (4) on or before December 1<sup>st</sup> will be eligible for admission to Pre-Kindergarten on the preceding September. Placement in other grades is based on data from former schools.

In order to safeguard the health of your youngster, to place him or her in the most appropriate program, and to conform to New York State laws and District policy, we will need certain information and records. These include:

- \*Proof of Birth (Original Birth Certificate)
  - \*Proof of Residency
  - \*Proof of prior attendance
  - \*Proof of Parental relationship & \*Photo I.D. Required
  - \*Proof of Immunization
  - \*Proof of physical examination
- With current address

All of these **must** be presented, **approved** and photocopied before your child may be registered. All types of documents required are explained in this folder. **Please fill out all forms completely. If a question does not apply, write N/A.** If you have questions, a member of our staff will be happy to help you. Please bring all Pre-K and Kindergarten registration documentation to Number Four School- Wanser Avenue, Inwood. All other grades must be submitted to the Central Registration Office - 195 Broadway, Lawrence, Room 105.

Approved registrations will be sent to the appropriate building principal, who will schedule an interview with you and your child prior to admission.

**Dr. Ann Pedersen,**  
**Superintendent**

### PLEASE PRINT ALL INFORMATION CAREFULLY

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Assigned School: \_\_\_\_\_ Grade \_\_\_\_\_

I certify that all of the statements made on, and Documents submitted with this form, are true and correct. I also understand that once residency is established there maybe a 3 to 5 day waiting period before my child will be able to start school.

Parent/Guardian Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**\*HOUSEHOLD NAME\***

### For School Use Only LAWRENCE SCHOOL PLACEMENT

Comments/Directions of Supervisor of Transportation and/or Director of PPS to School Principal: \_\_\_\_\_

(Circle one)

ADMIT DO NOT ADMIT

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

Supervisor of Transportation and/or Director of PPS

Admitted To School: \_\_\_\_\_ Grade: \_\_\_\_\_ Class: \_\_\_\_\_ H.R.: \_\_\_\_\_

Principal's Signature \_\_\_\_\_

Date \_\_\_\_\_

File in pupil's permanent folder U: Forms: Registration Form 2017cav

**E-SCHOOL STUDENT ID#** \_\_\_\_\_

## PROOF OF BIRTH

**STUDENTS WILL NOT BE REGISTERED UNLESS A BIRTH CERTIFICATE IS PRESENTED.**

Sex: Male Female

*Student's Last Name* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle (As it appears on birth certificate with official seal)* \_\_\_\_\_

Immigration# \_\_\_\_\_

U.S Entry Date: \_\_\_\_\_ Ethnic Code: Please See Enclosed Race & Ethnicity Form

State law requires that the child's legal name must appear on the office card, permanent record card, the health card, transcripts and diplomas, and all other official records. Request to use "nick" names or other names on these records may not be honored. Arrangements may be made to have such names used in class and on unofficial records.

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 Month Day Year Age as of Dec 1<sup>st</sup> City State/Country

Birth Certificate# \_\_\_\_\_ Passport# \_\_\_\_\_ Other \_\_\_\_\_

## PROOF OF RESIDENCY

**STUDENTS WILL NOT BE REGISTERED UNLESS PHOTO I.D. AND FOUR PROOFS OF RESIDENCY ARE SUBMITTED.**

The district requires four proofs of residency in order to protect the taxpayers from the cost of educating illegal registrants. We recognize these proofs may be somewhat bothersome, but we hope you understand the requirement is for your benefit. Parents who claim to be living with a District resident, or who are unable to present four proofs must see the Supervisor of Transportation for approval.

**WARNING:** Any person/persons, in addition to parents/guardian, who provide any false statement made completing this registration form, for the purpose of enrolling a child in the Lawrence Public Schools, is punishable as a Class A Misdemeanor pursuant to Section 210.45 of the penal Law. The District will take full legal action to prosecute and collect tuition charges that may exceed \$15,000 per year, if the student is illegally registered.

The district reserves the right to investigate a student's residency by any legal means available, including but not limited to town records, telephone records, identifying information from the consumer reporting agencies, site visits and other methods of investigation prior to enrollment and during attendance.

**PARENTS WHO CLAIM TO BE LIVING WITH A DISTRICT RESIDENT, OR WHO CANNOT PRESENT FOUR PROOFS OF RESIDENCY MUST SEE THE SUPERVISOR OF TRANSPORTATION OF APPROVAL.**

**\*NEW YORK STATE ISSUED PHOTO I.D. WITH CURRENT ADDRESS PLUS:**

**One of the following is required: AND any three (3) of the following documents: (\*must be current-within 30 days)**

Deed (owner)	Vehicle Registration	*Bank Statement	*Cable Bill
Current Nassau County Tax Bill (owner)	Driver's License (un-amended)	*Telephone Bill	*Mortgage Statement
Contract of Sale & Closing Statement (owner)	Voters Registration Card	*Credit Card Bill	DSS I.D.
Co-ops - Copy of Certificate of Shares (owner)	Medical Insurance (naming child)	*Oil/Gas Bill	*Electric Bill
Renters:	Income Tax Form claiming child	*Insurance Bill	*Water Bill
Two (2) Notarized Affidavits Landlords & Tenants With owner's tax bill attached.	2 Recent Pay Stubs w/name & Addr	Moving Bill	*Cell phone Bill

### STUDENT INFORMATION:

Present Address Street Apt#/Floor Town Home Telephone# #of months/years

Previous Address Street Apt#/Floor Town State # of months/years

OFFICE USE ONLY (circle code) CPSE REG PPS FCC TPS FEX P2P HOM OOP COURT ADPTED OTHER 30DAY

Investigator Approval \_\_\_\_\_ Date \_\_\_\_\_ Supervisor of Transportation/Registration \_\_\_\_\_ Date \_\_\_\_\_

# PROOF OF PARENTAL RELATIONSHIP AND FAMILY INFORMATION

**STUDENTS WILL NOT BE REGISTERED UNLESS PROPER PROOF OF PARENTAL RELATIONSHIP IS PRESENTED**

Under New York State Law, Section 3202, a child must reside with one or both of his/her parents unless they are deceased, imprisoned or committed to an institution, have deserted or abandoned the child, or reside outside of New York State. In such cases, only legally appointed guardians or foster parents may assume custody and responsibility for the care of the child.

**Please see Supervisor of Transportation with the Required Documents below:**

     **Foster Parents -Policy 5118**

Placement Form DSS2999 -Required

     **Homeless-MVACT42**

Form: MV42 - Required

     **Guardianship - Policy 5118**

Court Documents Required.  
Proof of medical insurance naming  
Child and Income Tax claiming Child.

**Approved                      Disapproved                      Director of Transportation**

**Father's Name as it appears on Birth Certificate:**

\_\_\_\_\_

Last Name                      First Name                      Middle Name                      Date of Birth

Employer / Occupation                      Area Code - Business Phone/Cell Number                      Email Address

Father's Present Home Address if different from child's: \_\_\_\_\_

**Mother's Name as it appears on Birth Certificate:**

\_\_\_\_\_

(Maiden Name)                      First Name                      Middle Name                      Date of Birth

Employer / Occupation                      Area Code - Business Phone/Cell Number                      Email Address

Mother's Present Home Address if different child's: \_\_\_\_\_

**Parents Marital Status in Relation to this child:**

\_Married    \_Divorced    \_Separated    \_Never Married    \_Single Parent    \_Other (please explain)

**Student is now living with: (please circle) Parent    Guardian    Foster Parent    New Spouse Other (explain)**

\_\_\_\_\_  
Parent/Legal Guardian -Full Name    Relationship to child Date of Birth Occupation Business/Cell# Email Address

\_\_\_\_\_  
Parent/Legal Guardian - Full Name    Relationship to child Date of Birth Occupation Business/Cell# Email address

**Divorced Parents** - Policy 5145- The district will not restrict access to a child by the non-custodial parent unless an appropriate court order is provided and a copy attached to this document.

**Other Children in Family:**

Last Name	First Name	Date of Birth M/D/Y	Present School	Grade	Gender

**PROOF OF PHYSICAL EXAMINATION**

STUDENTS WILL NOT BE REGISTERED WITHOUT A COMPLETE PHYSICAL EXAMINATION.  
THE DISTRICT'S FORMS SHOULD BE COMPLETED BY YOUR PRIVATE PHYSICIAN OR AT A PUBLIC HEALTH FACILITY.

**PROOF OF IMMUNIZATION**

STUDENTS WILL NOT BE REGISTERED UNLESS ALL IMMUNIZATIONS ARE COMPLETED.

ONE OF THE FOLLOWING PROOFS MAY BE SUBMITTED: (CHECK ONE)

- Certificate of Immunization Signed by a Physician                       Certificate of Immunization Signed by Official of a Health Clinic  
 School Health Record Signed by Official                       District's Physical Exam Form Signed by A Physician

Documents Checked By (School Nurse) \_\_\_\_\_ Date \_\_\_\_\_

## PROOF OF PRIOR ATTENDANCE

**STUDENTS WILL NOT BE REGISTERED UNLESS PROOF OF PRIOR ATTENDANCE HAS BEEN VERIFIED**

US School Entry Date: \_\_\_\_\_ Primary Language \_\_\_\_\_ Home Language \_\_\_\_\_

**ONE OF THE FOLLOWING IS ACCEPTABLE. CHECK ONE:**

\_\_\_\_ LATEST REPORT CARD \_\_\_\_ OFFICIAL TRANSCRIPT \_\_\_\_ TELEPHONE CALL BY LPS ADMIN./GUIDANCE COUNSELOR

LAST SCHOOL ATTENDED: \_\_\_\_\_

LAST GRADE SUCCESSFULLY COMPLETED: GRADE: \_\_\_\_\_ DATE: \_\_\_\_\_ Address \_\_\_\_\_ Telephone # with Area Code \_\_\_\_\_  
PROMOTED TO: GRADE: \_\_\_\_\_ DATE: \_\_\_\_\_

Does your child have any special education needs or interests of which we should be aware of? \_\_\_\_\_  
(Please use separate sheet of paper, if needed)

\_\_\_\_\_  
Principal's or Guidance Counselor's Signature

## PRIOR SPECIAL EDUCATION SERVICES

Has your child ever been presented to a committee for special education or received any form of special education? \_\_\_\_ Yes \_\_\_\_ No

If your answer to the question above is yes, please answer the following questions. You will be interviewed by a member of the Pupil Personnel Services staff before your child can be registered.

School District in which your child was presented to a Committee on Special Education:

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

*Circle Handicapping condition determined by the CSE:*

Emotionally Disturbed	Learning Disabled	Deaf	Orthopedic ally -Impaired	Speech-Impaired	Autistic
Multiply Handicapped	Mentally Retarded	Hard of Hearing	Other Health-Impaired	Visually-Impaired	None

Explain: \_\_\_\_\_  
\_\_\_\_\_

Last Special Education Service Received in: \_\_\_\_\_  
School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

*Circle type of Service Below:*

Individualized Class	BOCES- Special Ed	Self-Contained Class	Special Home Instruction	Hospital Placement	Other-Please Explain
Resource Room	Itinerant Service	Day School Spec/Ed	Residential School s/e	Court Placement	None

Please write a summary of phone call to last District by School Psychologist. Include name of person contacted. Please ask for additional writing paper, if needed.

Checked By: \_\_\_\_\_ Date \_\_\_\_\_ Director of Pupil Personnel Services Notified \_\_\_\_\_  
School Psychologist's Signature

**CHILDREN WHO HAVE BEEN UNDER THE JURISDICTION OF A CSE MAY NOT BE REGISTERED WITHOUT THE APPROVAL OF THE DIRECTOR OF PUPIL PERSONNEL SERVICES. REGULAR PLACEMENT WILL BE MADE BY THE DISTRICT CSE.**

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DIRECTOR OF PUPIL PERSONNEL SERVICES \_\_\_\_\_  
Signature Date

Write comments or directions on page one and return form to building principal.