

WELCOME TO OYSTERPONDS UNION FREE SCHOOL DISTRICT



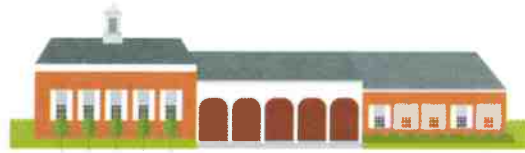
Justin T. Cobis, Ed.D.

Superintendent / Principal of Schools

Since 1966, The Oysterponds Elementary School has been serving the communities of Orient and East Marion on the North Fork of Long Island providing a pre-kindergarten through sixth grade educational program for an average of 90 students each year. As a District, we are also responsible for the education of our resident students in grades 7 through 12 at nearby Greenport Union Free School District.

We are a unique community of learners, intent upon both academic excellence and the development of social skills necessary for successful living in a global society. Our goal is to focus on the individual student. Through the collaboration of teachers, students and parents, we construct a Personal Learning Plan which recognizes each student as a whole person and helps them achieve their personal best.

**OYSTERPONDS UFSD • 23405 MAIN ROAD • ORIENT, NY • 11957
Phone 631.323.2410 • Fax 631.323.3713 • www.oysterponds.org**



WELCOME TO OYSTERPONDS SCHOOL DISTRICT

We are pleased to welcome you to the Oysterponds School District. Detailed registration information will allow us to serve you and your child better. If you need assistance completing the items in the registration packet, please contact the school at (631)323-2410 x100.

ENTRANCE AGE REQUIREMENTS

Pre-Kindergarten 3: A child 3 years of age on or before December 1st will be eligible for admission to the Pre-Kindergarten 3 program the preceding September.

Pre-Kindergarten 4: A child 4 years of age on or before December 1st will be eligible for admission to the Pre-Kindergarten 4 program the preceding September.

In order for students to participate in our full day Pre-Kindergarten program, it is required that all students meet the behavioral and developmental benchmarks outlined in the Pre-K Program Entrance Criteria Checklist.

Kindergarten: A child 5 years of age on or before December 1st will be eligible for admission to Kindergarten the preceding September.

In order to safeguard the health of your child, to place them in the most appropriate program, and to conform to federal, state and school district policies, we will need certain information and records.

THE FOLLOWING ARE REQUIRED FOR REGISTRATION:

PHOTO IDENTIFICATION FROM A PARENT/GUARDIAN - Please provide **ONE** of the following:

- NYS Driver's License or Identification Card
- Passport
- Military ID
- Resident Alien Card

PROOF OF RESIDENCY - Oysterponds School District requires **THREE** proofs of physical residency.

1. Please provide ONE of the following, identifying the guardian and physical location of the residence:

<u>HOMEOWNERS - any ONE of the following:</u>	<u>RENTERS - any ONE of the following:</u>
<ul style="list-style-type: none"> • Mortgage Statement / Agreement • House Deed • Suffolk County Property Tax Bill • Real Estate Contract 	<p style="text-align: center;"><i>Affidavit Forms provided by OUFSD Registrar</i></p> <ul style="list-style-type: none"> • Lease Agreement • Notarized "Landlord's Affidavit" • Notarized "Homeowner's Affidavit"

2. In addition, please provide TWO of the following, identifying the guardian and physical location of the residence:

- Current Utility Bill (PSEG, National Grid, water, cable, phone)
- Government issued ID (military ID or passport)
- Income Tax Form
- Documents from other government agencies such as NYS Dept of Health, social services agency, or the Federal Office of Refugee Resettlement
- Pay Stub (dated within 1 month of registration)
- Voter Registration Card
- NYS Driver's License or Identification Card

OYSTERPONDS UNION FREE SCHOOL DISTRICT

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PROOF OF STUDENT AGE - Please provide ONE of the following:

- Birth Certificate
- Passport
- Resident Alien Card

COMPLETED REGISTRATION PACKET - See attached

PRE-K PROGRAM ENTRANCE CRITERIA CHECKLIST - To participate in our full day Pre-Kindergarten program, 3 and 4 year old students must meet all of the behavioral and developmental benchmarks outlined in the checklist.

HOME LANGUAGE QUESTIONNAIRE - This NYS Education Department questionnaire must be completed for all students.

ACADEMIC RECORDS - Student's last report card and academic records from your child's previous school must be shared with Oysterponds School District. A **Consent for Release of School Records Form** will be provided in the registration packet.

CUSTODY PAPERS - (if applicable) Copies of court papers that relate to custodial arrangements that may affect your child. Without a valid court order, the school will assume that both parents have access to the child and their records.

GUARDIANSHIP/FOSTER PARENT PAPERS - (if applicable) Copies of court papers and/or a letter from the placement agency indicating guardian's name, student's date of birth, grade level and when applicable, physical address of guardian.

MIGRANT EDUCATION PROGRAM PARENT SURVEY - (if applicable) The MEP provides a variety of educational services to families who work in agriculture, regardless of their nationality or legal status

THE FOLLOWING ARE REQUIRED FOR THE HEALTH OFFICE:
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IMMUNIZATION RECORDS - Proof of your child's mandatory immunizations.

PHYSICAL EXAMINATION - A copy of the student's last physical exam dated no more than 12 months prior to the first day of school. A **Consent to Release Medical Information Form** will be provided.

STUDENT HEALTH HISTORY FORM - Please complete and provide parent/guardian signature.

AUTHORIZATION FOR MEDICATION IN SCHOOL - Authorization for the Health Office to administer prescription medication to your child during the school day, if required. Parent/Guardian's and Physician's signatures required.

NON PRESCRIPTION MEDICATION PERMISSION FORM - Authorization for the Health Office to give non-prescription medication to your child during the school day. Parent/Guardian's and Physician's signatures required.

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN - (if applicable)

ASTHMA ACTION PLAN - (if applicable)

OYSTERPONDS UNION FREE SCHOOL DISTRICT

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REGISTRATION PACKET

HOUSEHOLD INFORMATION:

Family Surname: _____ **Registration Date:** _____

Residence Type: ☐ Own ☐ Rent ☐ Lease ☐ Lives with Family ☐ Trailer Park
 ☐ Foster Care Agency ☐ Homeless ☐ Temporary Housing

Household Physical Address:

Street Address:		Apt #:	
City:		State:	Zip:

Mailing Address is the same as household address:

☐ Yes (skip to household phone) ☐ No (please enter mailing address below)

Street Address / PO Box:		Apt #:	
City:		State:	Zip:

Household Phone: () - ☐ Unlisted

Household Language: ☐ English ☐ Spanish ☐ Other: _____
Check if translation services are needed: ☐

Name of person completing this form: _____

Signature: _____ **Date:** _____

STUDENT INFORMATION: (Name exactly as it appears on the birth certificate)

First Name:		Last Name:	
Middle Name:		Gender:	
Date of Birth:		Birth City & State:	
Birth Country:		Date Entered US: (if applicable)	
Dominant Language Spoken:		Dominant Language Read:	
Grade Entering:		Projected Start Date:	

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REGISTRATION PACKET

Proof of Student Age: ☐ Birth Certificate ☐ Passport ☐ Resident Alien Card

Race & Ethnicity: (answers to **BOTH** questions are required)

Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.	<input type="checkbox"/> Yes, Hispanic <input type="checkbox"/> No, Not Hispanic
Select one or more races from the following five racial groups. Please mark all groups that apply to your child.	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander

Prior Schooling:

Last School Attended:		Last Grade Completed:	
City & State:		Country:	
<input type="checkbox"/> Not applicable, first time enrollment for student			

Has the student ever attended Oysterponds School Before? ☐ Yes ☐ No

If yes, when: _____

Has the student ever been reviewed by the Committee of Special Education (CSE) or the Committee on Preschool Special Education (CPSE)? ☐ Yes ☐ No

Is the student receiving Special Education or additional services? ☐ Yes ☐ No

If Yes, check all that apply: ☐ Special Education ☐ Counseling ☐ English as a New Language

☐ Occupational Therapy ☐ Physical Therapy ☐ Remedial Math ☐ Remedial Reading

☐ Speech ☐ Other: _____

Transportation (Resident Students ONLY in Grades K-12):

<input type="checkbox"/> Student is an Oysterponds district resident and does not require transportation.
<input type="checkbox"/> Student is an Oysterponds district resident requesting transportation to <input type="checkbox"/> OUFSD K-6th <input type="checkbox"/> GUFSD 7-12
<input type="checkbox"/> Student is an Oysterponds district resident requesting transportation to a non-public school within 15 miles

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REGISTRATION PACKET**PARENT/GUARDIAN INFORMATION:****Parent/Guardian #1** (Must live in same household as student)

First Name:		Last Name:	
Middle Name:		Gender:	
Dominant Language Spoken/Read:		Relationship to Student:	
Phone: Call 1st () _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Call 2nd () _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
Email Address:			

Parent/Guardian #2

First Name:		Last Name:	
Middle Name:		Gender:	
Dominant Language Spoken/Read:		Relationship to Student:	
Phone: Call 1st () _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Call 2nd () _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
Email Address:			

Lives in Same Household as Student?

☐ Yes (skip to next questions) ☐ No (please complete mailing address below)

Street Address / PO Box:		Apt #:			
City:		State:		Zip:	

Are there any special custody instructions? ☐ Yes ☐ No

Please attach any necessary legal custody paperwork. If there is no legal paperwork, both mother and father will be given equal access to the child. This includes dismissal/pickup and access to academic information.

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REGISTRATION PACKET

CHILDREN IN HOUSEHOLD

Please list all children in the household:

Child #1

First Name:		Last Name:	
Middle Name:		Date of Birth:	
Gender:		Current Grade:	
Guardian #1 relationship to Child #1		Guardian #2 relationship to Child #1	

Child #2

First Name:		Last Name:	
Middle Name:		Date of Birth:	
Gender:		Current Grade:	
Guardian #1 relationship to Child #1		Guardian #2 relationship to Child #1	

Child #3

First Name:		Last Name:	
Middle Name:		Date of Birth:	
Gender:		Current Grade:	
Guardian #1 relationship to Child #1		Guardian #2 relationship to Child #1	

Child #4

First Name:		Last Name:	
Middle Name:		Date of Birth:	
Gender:		Current Grade:	
Guardian #1 relationship to Child #1		Guardian #2 relationship to Child #1	

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REGISTRATION PACKET**EMERGENCY CONTACT INFORMATION:**

Please list anyone you would like contacted in an emergency if we can not reach the parents or guardians.
The student must have at least one Emergency Contact.

Emergency Contact #1

First Name:		Last Name:	
Gender:		Relationship to Student:	
Dominant Language Spoken:		Resides in Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone: Call 1st () _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Call 2nd () _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
Email Address:		Authorized for pickup?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact #2

First Name:		Last Name:	
Gender:		Relationship to Student:	
Dominant Language Spoken:		Resides in Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone: Call 1st () _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Call 2nd () _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
Email Address:		Authorized for pickup?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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REGISTRATION PACKET

Emergency Contact #3

First Name:		Last Name:	
Gender:		Relationship to Student:	
Dominant Language Spoken:		Resides in Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone: Call 1st (____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Call 2nd (____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
Email Address:		Authorized for pickup?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact #4

First Name:		Last Name:	
Gender:		Relationship to Student:	
Dominant Language Spoken:		Resides in Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone: Call 1st (____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Call 2nd (____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
Email Address:		Authorized for pickup?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OYSTERPONDS UNION FREE SCHOOL DISTRICT
STUDENT RESIDENCY QUESTIONNAIRE
(All registrants must fill out SECTION I)

SECTION I

STUDENT INFORMATION

First Name:		Last Name:	
Middle Name:		Gender:	
Date of Birth:		Age:	

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.S. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? ☐ Yes ☐ No
2. Is this temporary living arrangement due to the loss of housing or economic hardship? ☐ Yes ☐ No

If you answered **NO** to both of the above questions, you may stop here.

If you answered **YES** to any of the above questions, please complete SECTION II of this form.

SECTION II

Where is the student presently living? (Please check **one** box.)

- ☐ In a shelter
- ☐ In a hotel/motel
- ☐ With more than one family in a house or apartment
- ☐ Moving from place to place
- ☐ In a car, bus, train, park or campsite
- ☐ Other temporary situation (Please describe): _____

Last School Attended:		City & State:	
Country:		Last Enrollment Date:	

Are you requesting any services from the District? ☐ Yes ☐ No

If yes, what services are you requesting? _____

Name of Parent or Guardian completing the questionnaire: _____

Parent or Guardian Signature: _____ Date: _____

McKinney-Vento Liaison Signature: _____ Date: _____

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REGISTRATION PACKET

RESIDENCY VERIFICATION FORM

Oysterponds School District requires **THREE** proofs of physical residency.

Indicate with checkmarks below the 3 proofs of residency being provided to OUFSD:

Please provide ONE of the following, identifying the guardian and physical location of the residence.

HOMEOWNERS - any ONE of the following:

- ☐ Mortgage Statement / Agreement
- ☐ House Deed
- ☐ Suffolk County Property Tax Bill
- ☐ Real Estate Contract

RENTERS - any ONE of the following:

- ☐ Lease Agreement
- ☐ Notarized "Landlord's Affidavit"
- ☐ Notarized "Resident's Statement"

In addition, please provide TWO of the following, identifying the guardian and physical location of the residence:

- ☐ Current Utility Bill (PSEG, National Grid, water, cable, phone)
- ☐ Pay Stub (dated within 1 month of registration)
- ☐ Income Tax Form
- ☐ Voter Registration Card
- ☐ NYS Driver's License or Identification Card

- ☐ Government issued ID (military ID or passport)
- ☐ Documents from other government agencies such as NYS Dept of Health, social services agency, or the Federal Office of Refugee Resettlement

I UNDERSTAND THAT SCHOOL PERSONNEL MAY MAKE A HOME VISIT TO VERIFY THE
RESIDENCE STATED IN THE APPLICATION.

I solemnly declare that the information I have given is true and correct to the best of my knowledge and belief. I understand that falsifying residency for purposes of student attendance constitutes theft of service. I further understand that I may be liable for the costs incurred by the District for educating a student who has been enrolled on this basis of a false address or other false information. I also understand that it is my responsibility to notify the school district of any changes or circumstances involving my residency.

Name of Parent or Guardian completing the form: _____

Parent or Guardian Signature: _____ Date: _____



Oysterponds Union Free School District
23405 Main Road
Orient, NY 11957



Justin T. Cobis, Ed.D.
Superintendent / Principal of Schools

Telephone: 631-323-2410
Website: www.oysterponds.org

ONE CALL NOW FORM

Oysterponds Elementary School uses an automatic calling system that enables us to contact families regarding school happenings, such as closings, delayed openings, or special events.
One form should be completed per family.

Name of Students (s)

Child #1 First Name:		Child #1 Last Name:	
Child #2 First Name:		Child #2 Last Name:	
Child #3 First Name:		Child #3 Last Name:	
Child #4 First Name:		Child #4 Last Name:	

I give Oysterponds School District permission to use **ONE CALL NOW** to call the following phone numbers:

Phone:	Description:
Call 1st ()	<input type="checkbox"/> Cell Opt in to receive texts? <input type="checkbox"/> Yes <input type="checkbox"/> No
Call 1st ()	<input type="checkbox"/> Cell Opt in to receive texts? <input type="checkbox"/> Yes <input type="checkbox"/> No
Call 1st ()	<input type="checkbox"/> Home <input type="checkbox"/> Work
Call 1st ()	<input type="checkbox"/> Home <input type="checkbox"/> Work

Please note: This form is completed once per year.

If you have any updates or phone number changes during the school year, please notify us immediately so that we can keep the **ONE CALL** list up to date.



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

Elisa Alvarez, Associate 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 Person in Parental Relation:
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.

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

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"/> Parent 1	<input type="checkbox"/> Parent 2	_____ 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: ☐ Parent ☐ Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: ☐ No ☐ Yes

**DATE OF INDIVIDUAL
INTERVIEW:

MO. DAY YR.

OUTCOME OF
INDIVIDUAL
INTERVIEW:

- ☐ ADMINISTER NYSITELL
☐ ENGLISH PROFICIENT
☐ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL
ADMINISTRATION:

MO. DAY YR.

PROFICIENCY LEVEL
ACHIEVED ON
NYSITELL:

- ☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

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