

**North Bellmore UFSD
2616 Martin Avenue
North Bellmore, NY 11710
REGISTRATION APPLICATION**

School: _____ Grade Entering: _____ Today's Date: _____

Child's Name: _____ Sex: M _____ F _____

Address: _____ Town _____ Zip _____ Phone #: _____

Own: ___ Rent: ___ Lease: ___ (Attach copy of Lease or Rental Agreement) Move in Date: _____

<p style="text-align: center;"><i>For Office Use Only – Do Not Complete</i></p> <p>Proof of Residency – One of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mortgage/Paid Tax Bill document for residence <input type="checkbox"/> Notarized rent/lease document for residence <input type="checkbox"/> Deed <p><small>IMPORTANT: All renters and lessees must attach a copy of the deed or mortgage statement or paid tax bill.</small></p>	<p style="text-align: center;"><i>For Office Use Only – Do Not Complete</i></p> <p>Proof of Residency – Any two of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Driver's license of parent/guardian <input type="checkbox"/> Telephone bill of residence <input type="checkbox"/> Utility bill of residence-electric/gas/water/oil/cable <input type="checkbox"/> Most recent income tax document <input type="checkbox"/> Updated voter's registration card
--	--

Birth Date: _____ Birthplace: _____

Country of Birth: _____ Date of entry into the USA: _____

For Office Use Only – Do Not Complete

Proof of Birth – One of the following:

- Original Birth Certificate with raised seal
- Baptismal Certificate
- Passport
- Other documentary evidence

Father's Name: _____

Mother's Name: _____ Maiden Name _____

Father's Birthplace: _____

Mother's Birthplace: _____

Occupation: _____

Occupation: _____

Business Address: _____

Business Address: _____

Business Phone: _____

Business Phone: _____

Cell Number: _____

Cell Number: _____

Email: _____

Email: _____

Do both parents live at home: Yes _____ No _____

Custodial Issue: Yes _____ No _____ If Yes, list documents on file and include copies

Foster Child? () Yes () No Placing Agency: _____

Please indicate if either parent's last name is different than that of the child: _____

***Emergency Information
(If parent cannot be reached)***

1. Name: _____ Relationship to student: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

2. Name: _____ Relationship to student: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

3. Name: _____ Relationship to student: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Physician's Name _____ Phone: _____

The following question is required by the No Child Left Behind (NCLB) legislation, which requires that school districts identify homeless children and provide them with adequate support:

Is this student homeless? ___ Yes ___ No

If you answered yes above, please indicate your primary nighttime residence:

- Shelter
- Transitional Housing
- Awaiting Foster Care
- Doubled-up (with another family)
- Unsheltered (car, parks, campgrounds, temporary trailer, or abandoned buildings)
- Hotel/motel

Please enter the child's school history starting with the most recent grade-level. If your child moved during an academic school year, please provide information on each of the schools that they attended.

<i>SCHOOL NAME</i>	<i>GR.</i>	<i>School Address</i>	<i>State and Zip Code</i>	<i>Dates Enrolled (mm/yy to mm/yy)</i>

_____ Date

_____ Parent/Guardian Signature

NORTH BELLMORE U.F.S.D.
Student Racial and Ethnic Identification

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Name of School:

Student Identification Number:

Date of Birth (Month/Day/Year):

Student Name: Last, First, Middle:

Grade Level:

DIRECTIONS TO PARENT/GUARDIAN:

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) Check (✓) the box that best describes your child.] Check (✓) only ONE box.

<p>1. 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 America, or other Spanish culture or origin, regardless of race.</p> <p><input type="checkbox"/> YES, Hispanic</p> <p><input type="checkbox"/> NO, not Hispanic</p>

<p>2. Select one or more races from the following five racial groups [For question (2) Check (✓) all groups that apply to your child; check (✓) at least ONE box.]:</p> <p><input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.</p> <p><input type="checkbox"/> ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.</p> <p><input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.</p> <p><input type="checkbox"/> WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p>
--

_____ Signature of Parent/Guardian/Other	_____ Date
Relationship to Student (please check one box below):	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (Specify): _____	

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 English. Your assistance in answering these questions is greatly

Student Name: _____ Country of Birth: _____ Date of Birth: _____

1. What language(s) is spoken in the student's home or residence? English Other _____
specify
2. What language(s) are spoken most of the time to the student, in the home or residence? English Other _____
specify
3. What language(s) does the student understand? English Other _____
specify
4. What language(s) does the student speak? English Other _____
specify
5. What language(s) does the student read? English Other _____ **Does Not Read**
specify
6. What language(s) does the student write? English Other _____ **Does Not Write**
specify
7. In your opinion, how well does the student understand, speak, read and write English?

Very well Only a little Not at all

Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Number of years enrolled in school outside the U.S. _____
9. When did the student enter this country? Month: _____ Day: _____ Year: _____
10. When did the student start school in this country? Month: _____ Day: _____ Year: _____
11. Was child ever in ESL or LEP program? () Yes () No If yes, what was the start date? _____ mos./yr.

FOR SCHOOL PERSONNEL USE ONLY

DETERMINATION:

- Possible LEP
 English Proficient

The Home Language Questionnaire must be forwarded to the ESL teacher based on the information provided.

Census Information

Is there more than one family at this address? () Yes () No

Number of adults_____and seniors_____residing at this home address.

Kindly print the names of all children from birth to 12 years of age and indicate whether you suspect that any child in your household has a disability that may require special education.

<i>Last Name</i>	<i>First Name</i>	<i>M/F</i>	<i>DOB</i>	<i>School Attending</i>	<i>Gr.</i>	<i>Suspected Disability (Yes/No)</i>

NORTH BELLMORE UNION FREE SCHOOL DISTRICT

TRANSPORTATION INFORMATION

ELIGIBILITY: School district policy provides transportation for students in grades K-3 living more than one-half mile from school and for students in grades 4-6 living more than one mile from school. The building principal can tell you if you qualify. Children who have a temporary or permanent medical disability may be eligible for special bus service. Requests must be submitted to the principal for review. Since most families live within the one mile limit, most children must walk or be driven by parents. For those who walk, crossing guards are provided by the Nassau County Police Department. Parents should instruct children to cross major streets only where a guard is assigned. Parents who drive children should be sure to respect the rights of our neighbors by parking only in legally designated areas. They must also take great care in watching for children who walk.

Transportation to a day care provider living within the district may be provided under certain circumstances. Permission must be granted by the Assistant to the Superintendent for this to occur. Also, this must be a permanent yearly location of pick-up and departure, not a day-by-day request.

The same provisions for transportation of public school children shall apply to children within the district who attend private or parochial schools.

TRANSPORTATION DEADLINE: New York State Law requires that all requests for school bus transportation to private/non-public schools be submitted to the North Bellmore School District Transportation Office by **April 1st** for the following school year. Applications may be obtained by visiting the Transportation Office located in the Administrative Offices adjoining the Martin Avenue School or calling Ms. Linda Van Name, Transportation Coordinator at (516) 992-3000 ext 4017.

In order to be eligible for transportation to a private or parochial school, the parent or guardian must make a written request for such transportation prior to April 1st of each school year. New families moving into the district after the April 1st deadline must request transportation to a non-public school within 30 days of establishing residency in North Bellmore. This will enable the school district to budget the necessary funds to provide this transportation the following September. **All requests made must be accompanied with proof of residency.** Please visit our website (www.northbellmoreschools.org) under [enrollment page](#) for proof of residency requirements.

The transportation application can be found on the [parents' home page](#). Requests should be addressed to the:

Business Office / Transportation Department
North Bellmore Union Free School District
2616 Martin Avenue, Bellmore, NY 11710

Please Note: Some private and/or parochial schools submit a register of names to the district listing potential students. Your name appearing on one of these lists is **NOT** considered application for transportation.

Applications for students entering Middle School or High School can be obtained at the Bellmore-Merrick Central Administration Office, 1260 Meadowbrook Road, North Merrick, New York 11566 or by calling 516-992-1025.

HOW DISTANCES ARE MEASURED: The actual distances are measured from the center of the street opposite the property line nearest to the school, along the center line of the streets, to the curb line of the nearest entrance to the school grounds. Measurement is made by a licensed survey company which has been employed by the school district.

**North Bellmore UFSD
2616 Martin Avenue
North Bellmore, NY 11710**

MEDICAL HISTORY

School _____

Date _____

Child's Name _____

DOB _____

A complete medical history will assist us in understanding your child's health and education needs. Please indicate with a "yes" or "no" whether your child now has or has previously had any of the following conditions:

Chicken Pox _____	High fevers, convulsions or loss of consciousness _____
Pneumonia _____	Medical problems immediately after birth _____
Mononucleosis _____	Medication (taken on a regular basis) _____
Seizure Disorder _____	Does child seem excessively active? _____
Epilepsy _____	Is your child excessively tired? _____
Diabetes _____	Is child dealing with family stress such as illness, death or separation? _____
Kidney disease _____	Orthopedic problems _____/restrictions _____
Scarlet fever _____	Frequent colds/sore throats _____
Strep throat _____	Serious illness or injury _____
Rheumatic fever _____	Asthma? _____ Required medications _____
Heart trouble _____	List allergies and medications, if necessary _____
Headaches _____	_____
Stomach aches _____	Nosebleeds _____

If the answer to any of the above questions is "yes", please indicate age of occurrence and give further details: _____

Have you ever suspected that your child had defective eyesight? _____ If so, was he/she ever seen by an eye specialist? _____ If so, what was the result of the examination and recommendation, if any? _____

Have you ever suspected that your child had defective hearing? _____ If so, did he/she ever have a hearing test? _____ If so, what was the result of this examination and recommendations, if any? _____

Has your child had any other special medical tests, screenings or evaluations? _____ If so, what was the test administered and what were the results? _____

Note: Please use the other side of this form for additional information, if necessary.

CERTIFICATE OF REQUIRED IMMUNIZATIONS

School _____

Date _____

Child's Full Name _____ Date of Birth _____
Last First Middle

Polio Primary Series 1. _____ Boosters 1. _____
Month - Day - Year Month - Day - Year
2. _____ 2. _____
Month - Day - Year Month - Day - Year
3. _____ 3. _____
Month - Day - Year Month - Day - Year

DPT Primary Series 1. _____ Boosters 1. _____
Month - Day - Year Month - Day - Year
2. _____ 2. _____
Month - Day - Year Month - Day - Year
3. _____ 3. _____
Month - Day - Year Month - Day - Year

Two (2) doses of measles vaccine mandatory before admittance to Kindergarten

MMR #1 _____ MMR #2 _____
Month - Day - Year Month - Day - Year

-----OR-----

Measles #1 _____ (Must be administered after 1st birthday)
Month - Day - Year

Measles #2 _____ (Must be administered between 15 month - 6 years)
Month - Day - Year

Rubella #1 _____ (Must be administered after 1st birthday)
Month - Day - Year

Mumps #1 _____ (Must be administered after 1st birthday)
Month - Day - Year

Varicella (Chicken Pox) - 1 Dose - _____ (Born on or after 1998)
Month - Day - Year

Three (3) doses of Hepatitis "B" vaccine mandatory before admittance to Kindergarten

Hep. B. Vaccine #1 _____ #2 _____ #3 _____
Month - Day - Year Month - Day - Year Month - Day - Year

Physician's Name/Clinic _____

Address _____

Telephone # _____ Physician's Signature _____

RESERVED FOR SCHOOL USE:

Date received _____ Reviewed by _____ Title _____ School _____
Complete _____ Incomplete _____ Grade _____

Parent/Guardian Signature (If Incomplete)