Welcome to North Bellmore Schools!

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

Please print all forms required for registration in this packet. In addition, each document in the list below must accompany each student’s registration (place check next to each document that is complete):

- Registration Application*
- Residency Questionnaire (in English or Spanish)*
- Release of School Records
- Home Language Questionnaire
- Student Health History (completed by parent)*
- NYS School Health Examination Form (must be completed by a NYS doctor or NYS health care provider)
- Immunization record (must be signed/stamped by any health care provider worldwide)*
- Dental Health Certificate (recommended)
- Original student birth certificate OR Passport OR Baptismal certificate*
- Parent photo ID (ex. passport, license, etc.)*
- Recent utility bill (ex. cable, electric, gas, etc.) OR Pay stub with parent name and address shown OR voter registration form OR recent income tax form OR insurance bill OR bank statement*
- Recent report card, transcript, or grades from student’s current school (if available)
- IEP or 504 and/or ESL plans or records (if applicable)

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

<table>
<thead>
<tr>
<th>Own house:</th>
<th>Renting a private house (or apartment):</th>
<th>Living with family member without a lease:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Deed OR Mortgage Statement OR Tax Bill*</td>
<td>□ Lease*</td>
<td>□ Form A*</td>
</tr>
<tr>
<td>□ Form A*</td>
<td>□ Notarized Form B, completed by landlord</td>
<td>□ Notarized Form C, completed by family member</td>
</tr>
<tr>
<td></td>
<td>□ Deed OR Mortgage Statement OR Tax Bill from landlord*</td>
<td>□ Deed OR Mortgage Statement OR Tax Bill from family member*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Homeless or in temporary housing:</th>
<th>Any other situation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Letter from DSS*</td>
<td>Please contact us for assistance at 516-992-3000 ext. 3821</td>
</tr>
<tr>
<td>□ Form A*</td>
<td></td>
</tr>
</tbody>
</table>
If any of the following special situations apply to you, please complete the indicated forms and gather the required documents:

<table>
<thead>
<tr>
<th>Are divorced:</th>
<th>Are legal guardian (please note that guardians must be approved by the courts):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Court-approved custody papers*</td>
<td>☐ Court-approved guardianship papers*</td>
</tr>
<tr>
<td></td>
<td>☐ Notarized Guardian Affidavit*</td>
</tr>
</tbody>
</table>

Once you have completed the registration application forms, please come to the District Office between the hours of 8:00 am to 2:30 pm Monday through Friday. Please bring all required documentation.

District Office located at Martin Avenue School 516-992-3000 ext. 3821

* Transportation Application to Private or Non-Public School

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

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

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

School Year Applying:  □ Current  □ Next

Student Information

Student Last Name  First Name  Middle Name

Street Address  Town  Zip Code

Date of Birth:  ____/_____/______  Gender:  □ Male  □ Female

Student Home Phone

Student Race and Ethnic Identification:
Please select from the following groups (check all groups that apply):

□ American Indian or Alaska Native  □ Hispanic or Latino
□ Asian, Native Hawaiian, or Other Pacific Islander  □ White
□ Black or African American

Born in the USA:  □ Yes  □ No

Birth Place:  ________________________________

Complete only if Student was born OUTSIDE the US:

Country of Birth  Date of Entry to US  Date First attended US Schools

Since the student first entered the US, has he/she ever attended a school outside of the United States?  □ Yes  □ No

If Yes, please provide dates:  From:  ____/_____/______  To:  ____/_____/______  From:  ____/_____/______  To:  ____/_____/______

Primary Language Spoken at Home:  ________________________________

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

If YES, how many years have they been in the program:  ______  Date started:  ____/_____/______  Ended:  ____/_____/______
Last School Attended by Student:

_______________________________________________________________________________________________

District Name

________________________

School Name

________________________

School Street Address

________________________

Town

________________________

Zip Code

________________________

Phone Number

________________________

Has the student ever attended a school in the North Bellmore UFSD before?  □ Yes  □ No

If Yes, School Attended: ________________________  Grade(s): ______

Parent / Guardian Information

Student lives with:  □ Both Parents  □ Father  □ Mother  □ Guardian  □ Other: ________________________

Parent / Guardian Marital Status:  □ Married  □ Divorced  □ Separated  □ Single  □ Widow

If Divorced/Separated (documentation required):  □ Joint Custody  □ Sole Custody  □ Residential Custody

Foster Care (Circle One):  Yes / No  Placing Agency Name & Address: ________________________

Do You:  

□ Own

□ Rent (lease expiration: _____/_____/_____)  

□ Lives With Family

□ Other (please explain): ________________________

Move in date:  _____/_____/_____

Siblings

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Birthdate</th>
<th>Grade</th>
<th>Present School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Parent Contact Information

<table>
<thead>
<tr>
<th>Parent/Guardian #1 Full Name</th>
<th>Birthplace</th>
<th>Parent/Guardian #2 Full Name</th>
<th>Birthplace</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address (if different than student)</th>
<th>Home Address (if different than student)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone (if different than student)</th>
<th>Home Phone (if different than student)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cell Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>E-mail address</th>
<th>E-mail address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place of Business &amp; Address</th>
<th>Place of Business &amp; Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please indicate if either parent’s last name is different than that of the child

<table>
<thead>
<tr>
<th>Primary Language</th>
<th>Primary Language</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

#### Contact #1

<table>
<thead>
<tr>
<th>Contact Full Name</th>
<th>Relationship to Student</th>
<th>Contact Full Name</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Home Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cell Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Can Contact Pick Student Up From School (Circle One): Yes / No

#### Contact #2

<table>
<thead>
<tr>
<th>Contact Full Name</th>
<th>Relationship to Student</th>
<th>Contact Full Name</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Home Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cell Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Can Contact Pick Student Up From School (Circle One): Yes / No
Affirmation

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

__________________________________________________
Parent / Guardian Signature

__________________________________________________
Physician Name

__________________________________________________
Physician Phone

__________________________________________________
Physician Address

Note: All data submitted via the registration process is subject to verification by the district.
The answer you give below will help the district determine what services you or your child may be eligible to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally required, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

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

☐ In a shelter
☐ In a hotel/motel
☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as “doubled-up”)
☐ In a car, park, bus, train, or campsite
☐ Other temporary living situation (Please describe): __________________________________________________________

☐ In permanent housing (ex. in a house you own, in an apartment you rent with a lease, etc.)

Print name of Parent/Guardian or Student (for unaccompanied homeless youth) __________________________
Signature of Parent/Guardian or Student (for unaccompanied homeless youth) __________________________
Date _______ / _______ / _______

If the student is NOT living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. The district’s LEA liaison is required to assist the student in obtaining any necessary documents, including immunization or school records after the student has been enrolled.

NOTE TO SCHOOLS/LEAS: If the student is NOT living in permanent housing, please ensure that a Designation Form is completed.
North Bellmore UFSD
2616 Martin Avenue, Bellmore, NY 11710

RELEASE OF SCHOOL RECORDS

To:

Name of Prior School

Prior School Address

Phone Number       Fax Number       Email Address

Re: _________________________________

Student Name

I, ________________________________, the undersigned parent or legal guardian of the student above grant permission

Parent/Guardian Name

to the above agency to release the records indicated below to the North Bellmore Union Free School District. Please send all

records to the school indicated below:

North Bellmore SD
2616 Martin Avenue
Bellmore, NY 11710
Attention: Business Office
Tel: (516) 992-3000
Fax: (516) 992-3019

John G. Dinkelmeyer School
2100 Waltoffer Ave.
N. Bellmore, NY 11710
Attention: Danica Brugge, Principal
Tel: (516) 992-3114
Fax: (516) 992-3054

Martin Avenue School
2616 Martin Avenue
Bellmore, NY 11710
Attention: Leyna Malone, Principal
Tel: (516) 992-3115
Fax: (516) 992-3164

Newbridge Road School
1601 Newbridge Road
N. Bellmore, NY 11710
Attention: Denise Fisher, Principal
Tel: (516) 992-3116
Fax: (516) 992-3214

Park Avenue School
1599 Park Avenue
N. Merrick, NY 11566
Attention: Eileen Speidel, Principal
Tel: (516) 992-3117
Fax: (516) 992-3274

Saw Mill Road School
2801 Saw Mill Road
N. Bellmore, NY 11710
Attention: Jeff Rosoff, Principal
Tel: (516) 992-3118
Fax: (516) 992-3324

Records requested:

General School Records
Transcript of grades
Standardized test scores
Records of Committee for Special Education, 504, etc.
Psychological Evaluations, Academic Evaluations, and any other pertinent information
Health Records

Release is to be made for REGISTRATION and PLACEMENT.

___________________________________

Parent / Guardian Signature

___________________________________

Address in North Bellmore UFSD
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.

---

### Home Language Questionnaire (HLQ)

<table>
<thead>
<tr>
<th>Language Background</th>
<th>(Please check all that apply.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What language(s) is(are) spoken in the student's home or residence?</td>
<td>☐ English ☐ Other specify</td>
</tr>
<tr>
<td>2. What was the first language your child learned?</td>
<td>☐ English ☐ Other specify</td>
</tr>
<tr>
<td>3. What is the Home Language of each parent/guardian?</td>
<td>☐ Mother specify ☐ Father specify ☐ Guardian(s) specify</td>
</tr>
<tr>
<td>4. What language(s) does your child understand?</td>
<td>☐ English ☐ Other specify</td>
</tr>
<tr>
<td>5. What language(s) does your child speak?</td>
<td>☐ English ☐ Other ☐ Does not speak specify</td>
</tr>
<tr>
<td>6. What language(s) does your child read?</td>
<td>☐ English ☐ Other ☐ Does not read specify</td>
</tr>
<tr>
<td>7. What language(s) does your child write?</td>
<td>☐ English ☐ Other ☐ Does not write specify</td>
</tr>
</tbody>
</table>

---

**Please write clearly when completing this section.**

**STUDENT NAME:**

First Middle Last

**DATE OF BIRTH:**

Month Day Year

**GENDER:**

☐ Male ☐ Female

**PARENT/PERSON IN PARENTAL RELATION INFO:**

Last Name First Name Relation to Student

---

**HOME LANGUAGE CODE**

---

**THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:**

**SCHOOL DISTRICT INFORMATION:**

District Name (Number) & School Address

**STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:**
**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:  
   _________________________________________________________________

   Relationship to student:  
   - Mother  
   - Father  
   - Other: ________________________________________________________
HEALTH HISTORY (to be completed by Parent/Guardian)

Grade: _______

Student Name (First, Middle, Last) _____________________________________________________________

Address (Street, Town, NY, Zip Code) __________________________________________________________

Date of Birth: _____/_____/______  Gender: □ Male  □ Female

Parent/Guardian Name(s) & Phone Number(s) _______________________________________________________

Emergency Contact Name(s) & Phone Number(s) ____________________________________________________

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

☐ Allergies  ☐ Headaches  ☐ Kidney Disease
☐ Anemia  ☐ Hearing Loss  ☐ Prolonged Bleeding
☐ Asthma  ☐ Heart Disease Murmur  ☐ Rheumatic Fever
☐ Chronic Cough  ☐ High Blood Pressure  ☐ Seizures
☐ Diabetes  ☐ Jaundice  ☐ Stomach Pain
☐ Eye Problem  ☐ Joint Problem  ☐ Tuberculosis

Please give dates and explanations for any conditions checked above: _______________________________________

_____________________________________

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

☐ Taking any medications/under physician’s care  ☐ Injury requiring medical attention
☐ Feeling of faintness, dizziness, or fatigue after exertion  ☐ Illness lasting more than 5 days
☐ Wears glasses, contacts  ☐ Any excused absences from Phys. Ed.
☐ A surgical procedure/fracture  ☐ Any known allergies
☐ Treatment in a hospital or emergency room  ☐ Any chronic disease
☐ Any reason child should not participate in any sport  ☐ Any head injury with or without loss of consciousness

Please give dates and explanations for any conditions checked above: _______________________________________

_____________________________________

Parent / Guardian Signature  ___________________________  ____/_____/_____  Date
REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

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).

<table>
<thead>
<tr>
<th>STUDENT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>School:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTH HISTORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies [ ] No [ ] Yes, indicate type</td>
</tr>
<tr>
<td>[ ] Medication/Treatment Order Attached [ ] Anaphylaxis Care Plan Attached</td>
</tr>
<tr>
<td>[ ] Food [ ] Insects [ ] Latex [ ] Medication [ ] Environmental</td>
</tr>
</tbody>
</table>

| Asthma [ ] No [ ] Yes, indicate type |
| [ ] Medication/Treatment Order Attached [ ] Asthma Care Plan Attached |
| [ ] Intermittent [ ] Persistent [ ] Other: |

| Seizures [ ] No [ ] Yes, indicate type |
| [ ] Medication/Treatment Order Attached [ ] Seizure Care Plan Attached |
| [ ] Type: |
| Date of last seizure: |

| Diabetes [ ] No [ ] Yes, indicate type |
| [ ] Medication/Treatment Order Attached [ ] Diabetes Medical Mgmt. Plan Attached |
| [ ] Type 1 [ ] Type 2 [ ] HbA1c results: Date Drawn: |

Risk Factors for Diabetes or Pre-Diabetes:
Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

BMI kg/m2 Percentile (Weight Status Category): [ ] <5th [ ] 5th-49th [ ] 50th-84th [ ] 85th-94th [ ] 95th-98th [ ] 99th and>

Hyperlipidemia: [ ] No [ ] Yes Hypertension: [ ] No [ ] Yes

<table>
<thead>
<tr>
<th>PHYSICAL EXAMINATION/ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height:</td>
</tr>
<tr>
<td>TESTS</td>
</tr>
<tr>
<td>PPD/PRN</td>
</tr>
<tr>
<td>Sickle Cell Screen/PRN</td>
</tr>
<tr>
<td>Lead Level Required Grades Pre-K &amp; K</td>
</tr>
<tr>
<td>Test Done</td>
</tr>
</tbody>
</table>

Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities

[ ] HEENT [ ] Lymph nodes [ ] Abdomen [ ] Extremities [ ] Speech
[ ] Dental [ ] Cardiovascular [ ] Back/Spine [ ] Skin [ ] Social Emotional
[ ] Neck [ ] Lungs [ ] Genitourinary [ ] Neurological [ ] Musculoskeletal

Assessment/Abnormalities Noted/Recommendations:

[ ] Additional Information Attached
<table>
<thead>
<tr>
<th>SCREENINGS</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vision</strong></td>
<td></td>
</tr>
<tr>
<td>Distance Acuity</td>
<td>20/</td>
</tr>
<tr>
<td>Distance Acuity With Lenses</td>
<td>20/</td>
</tr>
<tr>
<td>Vision – Near Vision</td>
<td>20/</td>
</tr>
<tr>
<td>Vision – Color</td>
<td>Pass</td>
</tr>
<tr>
<td><strong>Hearing</strong></td>
<td></td>
</tr>
<tr>
<td>Pure Tone Screening</td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td>Right dB</td>
</tr>
<tr>
<td><strong>Scoliosis</strong></td>
<td></td>
</tr>
<tr>
<td>Required for boys grade 9</td>
<td>Negative</td>
</tr>
<tr>
<td>And girls grades 5 &amp; 7</td>
<td></td>
</tr>
<tr>
<td><strong>Deviation Degree:</strong></td>
<td>Trunk Rotation Angle:</td>
</tr>
</tbody>
</table>

**Recommendations:**

- **RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK**
  - ☐ Full Activity without restrictions including Physical Education and Athletics.
  - ☐ Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications
    - ☐ No Contact Sports Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling
    - ☐ No Non-Contact Sports Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, skiing, swimming and diving, tennis, and track & field
  - ☐ Other Restrictions:

- ☐ Developmental Stage for Athletic Placement Process ONLY
  - Grades 7 & 8 to play at high school level OR Grades 9-12 to play middle school level sports
  - Student is at **Tanner Stage:** ☐ I ☐ II ☐ III ☐ IV ☐ V

- ☐ Accommodations: Use additional space below to explain
  - ☐ Brace*/Orthotic ☐ Colostomy Appliance* ☐ Hearing Aids
  - ☐ Insulin Pump/Insulin Sensor* ☐ Medical/Prosthetic Device* ☐ Pacemaker/Defibrillator*
  - ☐ Protective Equipment ☐ Sport Safety Goggles ☐ Other:
  - *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

  Explain: ____________________________________________

**MEDICATIONS**

- ☐ Order Form for Medication(s) Needed at School attached

  List medications taken at home:

**IMMUNIZATIONS**

- ☐ Record Attached ☐ Reported in NYSIIS

  Received Today: ☐ Yes ☐ No

**HEALTH CARE PROVIDER**

Medical Provider Signature: [Signature]

Provider Name: (please print)

Provider Address:

Phone:

Fax:

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Please Return This Form To Your Child’s School When Entirely Completed.
The NY State Department of Health recommends students have an annual dental exam. Please have your dentist complete the form and return it to the Health Office.

Grade: ______

Student Name (First, Middle, Last) ____________________________________________________________

Address (Street, Town, NY, Zip Code) _________________________________________________________

Date of Birth: ____/_____/______  Gender:  □ Male  □ Female

Date of Examination: ____/_____/______

Please check one:  _______ No treatment is necessary

_______ Treatment is in process

_______ Treatment is complete.

_________________________________________  ____/___/____
Dentist Signature/Stamp Date

_________________________________________
Dental Office Address
FORM A: AFFIDAVIT OF RESIDENCY

Homeowners: Must submit this form, proof of ownership – original deed, mortgage statement or recent paid tax bill – plus one recent utility bill.

Renters: Must submit this form, your original lease or rental agreement, Form B (Affidavit of Landlord), copy of Landlord’s deed, mortgage statement or tax bill, plus one recent utility bill.

Lives With Family: Must submit this form, Form C (Affidavit of Property Owner for the Non-Rental Resident), and copy of original deed, mortgage statement or recently paid tax bill.

Other: Must submit this form, Form C (Affidavit of Property Owner for the Non-Rental Resident), and copy of Landlord’s deed, mortgage statement or recently paid tax bill.

I, _______________________________________, certify UNDER THE PENALTIES OF PERJURY that:

Parent/Guardian’s Full Name

1. I reside at: ______________________________________________________________
   
   Address

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

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

   □ Homeowner
   □ Renter / Tenant / Lessee (Date of lease expiration): ________________________
   □ Lives With Family Member
   □ Other ______________________________________________________________
   
   Please specify

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

<table>
<thead>
<tr>
<th>First and Last Name of Child(ren)</th>
<th>Date of Birth</th>
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3. I am the (check one):

   □ Natural parent(s) (if there has been a divorce, you must submit court approved Custody Order)
   □ Legal guardian (must submit Guardian Affidavit and court approved Guardianship Order)
   □ Person in non-parental relationship (must submit documentation of relationship and Guardian Affidavit)
If the student is living with someone other than parent or legally appointed guardian, give address and telephone number of any living natural parents/guardians in the spaces below. NOT APPLICABLE ____ (check and skip next section)

Name_______________________________________________________ Relationship ___________________________
Address___________________________________________________Zip________ Phone # (    ) _____________

Name_______________________________________________________ Relationship ___________________________
Address___________________________________________________Zip________ Phone # (    ) _____________

a) Does the student live in your home exclusively?   [ ] Yes   [ ] No
b) Is this a temporary relationship?   [ ] Yes   [ ] No
c) Is this a permanent relationship?   [ ] Yes   [ ] No
d) How often will the natural parents see the child? _________________________________________________

e) What percentage of financial support will be made by the natural parents? ______________________________
f) What percentage of financial support will be made by you? ______________________________

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

_______________________________________  ____/______/_____  ________________
Parent / Guardian Signature  Date
FORM B: AFFIDAVIT OF LANDLORD

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

I, ___________________________________________ being duly sworn, depose and say:

Landlord/Legal Owner Name

I am the landlord/legal owner of _____________________________

Street Address       Town       State       Zip

My tenants, ____________________________________________________, are residing at the above address.

Name(s) of Parent(s)/Guardian(s)

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

The dates of said tenancy are from: _____/____/____ to: _____/____/____

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

<table>
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<tr>
<th>First and Last Name of Child</th>
<th>Date of Birth</th>
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I understand that this statement is being made UNDER THE PENALTIES OF PERJURY so that the above mentioned child(ren) may be admitted to the North Bellmore UFSD as legal district residents. ANY FALSE STATEMENT MADE IN THIS APPLICATION IS PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

__________________________________________  __________________________________________
Print Name of Landlord/Legal Owner          Signature of Landlord/Legal Owner

Sworn to before me this

______ day of ____________________ 20____

_______________________________________
NOTARY PUBLIC
FORM C: AFFIDAVIT OF PROPERTY OWNER FOR THE NON-RENTAL RESIDENT

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

I, __________________________________________ being duly sworn, depose and say:

Landlord/Relative/Legal Owner Name

I am the legal owner of __________________________________________

Street Address                      Town  State  Zip

My tenants, ______________________________________________, are residing at the above address with me.

Name(s) of Parents/Guardians

The dates of said tenancy are from: _____/____/_____ to: _____/____/____

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

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_________________________  _____________________
Print Name of Landlord/Legal Owner  Signature of Landlord/Legal Owner

Sworn to before me this

______ day of ____________________ 20____

_________________________
NOTARY PUBLIC
GUARDIAN AFFIDAVIT

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

1. I, __________________________, am the __________________________ of _________________.

   Guardian name   Relationship to child

   ________________________________________.

   Name of child

2. I reside at: ____________________________________________

   Street Address   Town   State   Zip

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

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

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

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

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

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________
GUARDIAN AFFIDAVIT
(Page 2 of 2)

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

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

Affirmation

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

___________________________________________
Print Name of Guardian

___________________________________________
Signature of Guardian

Sworn to before me this

_____ day of ____________________ 20_____
TRANSPORTATION APPLICATION NON-PUBLIC SCHOOLS

SCHOOL YEAR 2020 – 2021

This form must be returned to the North Bellmore Transportation Office, no later than April 1st, 2020.

In accordance with the Education Law of the State of New York, Section 3635, late applications for transportation to non-public schools, or changes to applications, will not be approved after the April 1st deadline.

Parents requesting non-public school transportation must officially register their student with the district.

Transportation will not be provided on the following days unless the North Bellmore UFSD is in session: Columbus Day, Veteran’s Day, Thanksgiving Day, Christmas Day, New Year’s Day, Martin Luther King Day, President’s Day and Memorial Day.

I hereby formally request transportation for the student listed below:

PRINT

STUDENT’S NAME ______________________________ BIRTH DATE __________________ CELL NO. ________________________

ADDRESS __________________________ Stop Last Year or Nearest Cross St. __________________________

TOWN ______________________________ PARENT/GUARDIAN EMAIL ADDRESS __________________________

SCHOOL NAME __________________________ TELEPHONE NO. __________________

STREET __________________________ Principal __________________________

TOWN __________________________ Grade Entering ________ School Hrs. Starts ________ Ends ________

THERE WILL ONLY BE CORNER BUS STOPS FOR THE 2020-2021 SCHOOL YEAR. THERE WILL BE NO HOUSE STOPS.

In order to be eligible for transportation, children in grades K-3 must live more than ½ mile from the school they attend and children in grades 4-6 must live more than 1 mile from the school they attend.

You are required to file a new application each year that you request transportation.

_________________________________________  _________________________________________
Date                                            Parent/Guardian Signature

Forms should be returned to:
North Bellmore UFSD
Transportation Office
2616 Martin Ave.
Bellmore, NY 11710

*NOTE: Non-Public school buses are shared by the four elementary districts and the Central High School District. Routes are planned by the bus companies in the most direct and economical manner both to and from school. Routes are not affected by a student’s district of residence.

11/21/2019