

**Valley Stream UFSD Twenty- Four
75 Horton Avenue
Valley Stream, NY 11581**

Dr. Unal Karakas
SUPERINTENDENT OF SCHOOLS

Newville Roberts
RESIDENCY OFFICER
516-872-5694

**ALL NECESSARY FORMS MUST BE RETURNED IN PERSON TO THE RESIDENCY OFFICE: (516-872-5694)
1 KENT ROAD, VALLEY STREAM, NY 11580. MONDAY – WEDNESDAY 9 a.m. – 11 a.m. OR YOU CAN
EMAIL THE COMPLETED DOCUMENTS TO: MONIQUE SANDORFI AT: SANDORFM@VSCHSD.ORG**

REGISTRATION INSTRUCTIONS

IF YOU ARE THE CHILD'S NATURAL PARENT, GUARDIAN, OR CUSTODIAN:

The following documents are required to be presented at the time of registration, along with proper forms:

1. Child's **ORIGINAL** or **CERTIFIED** transcript of a birth certificate or record of baptism giving the date of birth. This includes documents from foreign countries. If neither is available, a passport (including a foreign passport) is acceptable. If none of the above is available, then other documentary evidence may be considered.
2. Certificate of immunization signed by a physician or health facility.
3. **IF YOU OWN A HOME**, your **ORIGINAL** house deed, your current mortgage statement or current realty tax receipt **AND** one of the following: other forms of documentation and/or information establishing a physical presence in the District, which may include, but not be limited to, pay stub, income tax form, utility or other bills, membership documents based on residency, voter registration documents, official driver's license, learner's permit or non-driver's identification, state or other governmental issued identification, or other documents issued by federal, state or local agencies. **Forms "A" and "B" must be attached.**
4. **IF YOU ARE RENTING OR LEASING** an apartment or home, submit your lease or rental agreement and completed **Affidavit Form "C."** Provide the school with **TWO ORIGINALS** of the following: other forms of documentation or information establishing a physical presence in the District, which may include, but not be limited to, pay stub, income tax form, utility or other bills, membership documents based on residency, voter registration documents, official driver's license, learner's permit or non-driver's identification, state or other governmental issued identification, documents issued by federal, state or local agencies. Your landlord **MUST** complete **Form "B"** and submit required proof of ownership as listed in item #3 above.
5. **IF YOU ARE RENTING, BUT DO NOT HAVE A WRITTEN RENTAL OR LEASE AGREEMENT**, or are otherwise residing in a District resident's home, complete **Affidavit Form "C," PLUS** two additional proofs of residency from item 4. Have your landlord complete **Form "B"** and submit required proofs of ownership, as listed in item #3 above.
6. **ALL** residency affidavits **MUST** be notarized.
7. Parent, guardian or custodian **MUST** produce a **VALID** photo ID.
8. Immediately upon admission to school, you will be required to submit a copy of the student's last report card. Children receiving Special Education Services will be required to provide the latest IEP.
9. It is not necessary to bring your child to registration. If possible, please have the children stay elsewhere.
10. The Homeless Liaison will facilitate and expedite all registrations for eligible families and students residing in housing that is not fixed, regular and adequate.

11. All foster parents must present a placement letter from the agency, indicating the foster parent's name plus date of birth and grade of each student to be registered. The agency must also include health history, including the dates of mandatory immunizations of each student, and DSS-2999 form with CIN/Medicaid number, ACS or SOO number for each student.

**IF YOU ARE CHILD'S GUARDIAN OR CUSTODIAN, YOU MUST COMPLETE
AFFIDAVIT FORM "D."**

ALL REGISTRATION PACKETS MUST INCLUDE COMPLETED FORMS "A" AND "B."

We thank you for your cooperation in making the registration a smooth process for all involved.

Revised : Dec. 2025

**VALLEY STREAM UFSD TWENTY-FOUR REGISTRATION INFORMATION
FORM A**

<u>Office Use Only</u>			
School _____	ID# _____	RM# _____	Dem. _____

WARNING: ANY PERSON OR PERSONS, WHO PROVIDE WILLFULLY FALSE INFORMATION REGARDING RESIDENCY WILL BE-SUBJECT TO CRIMINAL PENALTIES. A FALSE STATEMENT REGARDING RESIDENCY OR ENTITLEMENT TO A TUITION FREE EDUCATION FROM THE DISTRICT IS PUNISHABLE AS A CLASS A MISDEMEANOR. IN ADDITION, IF IT IS DETERMINED THAT A REGISTRANT'S CHILD RESIDES OUTSIDE OF THE DISTRICT, THE DISTRICT MAY TAKE LEGAL ACTION TO COLLECT TUITION CHARGES, WHICH EXCEED \$12,000 PER YEAR IF THE STUDENT IS NOT LEGALLY ENTITLED TO RECEIVE A TUITION FREE EDUCATION FROM THE DISTRICT. THE DISTRICT RESERVES THE RIGHT TO INVESTIGATE ANY STUDENT'S RESIDENCY BY ANY AVAILABLE LEGAL MEANS INCLUDING, BUT NOT LIMITED TO, PUBLIC RECORDS, SITE VISITS AND OTHER LAWFUL METHODS OF INVESTIGATION.

Pupil's Name _____ Date of Birth _____

Age ____ Grade ____ Gender ____ Language(s) Spoken _____

Present Address _____ Own/Rent _____

Phone Number _____ Homeless Yes/No _____

Previous School Attended _____

Previous School Address _____

Previous School Phone _____ Previous School Fax _____

Previous School's email address or website _____

Child Resides With ☐ both parents ☐ one parent only ☐ guardian

☐ foster parent ☐ custodial agreement on record

PARENTS: Status ☐ Married ☐ Divorced ☐ Separated ☐ Never Married

Parent/Guardian's Name _____ Date of Birth _____

Address _____ Email _____

Home Phone _____ Cell Phone _____

Employer's Name _____ Business Phone _____

Address _____

Employer's Name _____ **Business Phone** _____

Foster Parent/Guardian or Step-Parent

Name	Date of Birth
------	---------------

[illegible]

Employer's Name _____ **Business Phone** _____ **Cell Number** _____

If the child is a foster child, list agency

Name _____ **Phone Number** _____

Address _____

Physician's Name	Phone
-------------------------	--------------

Name	Gender	Date of Birth	Current Grade/School

SIGNATURE REQUIREMENT AND NOTARIZATION REQUIREMENT APPLY TO ALL SECTIONS OF FORM "A." I/WE SWEAR OR AFFIRM THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE. I UNDERSTAND THAT THE STATEMENTS IN THIS APPLICATION ARE SUBJECT TO VERIFICATION BY THE DISTRICT. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE SCHOOL OF ANY CHANGES AND CIRCUMSTANCES AFFECTING THIS APPLICATION.

STATE OF NEW YORK }
COUNTY OF } SS:

this _____ day of _____, 20____.

Parent/Guardian Signature

NOTARY PUBLIC

Additional Information

[illegible]

Proof of Residence:

- ### Proof of Age:

- Verification of Birth Date: Pending ☐ Approved ☐

☐ Health ☐ Census ☐ Screening ☐ Records Request
☐ Permanent Record ☐ Pupil Folder ☐ Supt's. Letter ☐ Rolodex

To the Parent/Guardian:

The Valley Stream School District 24 is required to collect and record the ethnic identity of District students in accordance with federal categories and definitions. The information will be used to:

- Report information to the State and federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. The District understands the sensitive nature of this information and assures you that it will be kept secure and confidential in accordance with all State and federal student privacy laws and regulations. If the requested information is not provided on this form, a student records officer from the District will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging.

Thank you for your cooperation.

VALLEY STREAM SCHOOL DISTRICT TWENTY-FOUR

Student's Name: Last, First, Middle Initial:

Date of Birth / / Grade _____

DIRECTIONS TO PARENT / GUARDIAN

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM CAREFULLY BEFORE YOU RESPOND.

For question (1), place a check mark in the box that best describes your child.

- 1. Is the student Hispanic, Latino, or Spanish origin? Hispanic, Latino, or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.**

☐ YES, Hispanic

☐ NO, not Hispanic

- 2. Select one or more races from the following five racial groups and check All groups that apply to your child, checking at least one box:**

☐ **AMERICAN INDIAN OR ALASKAN NATIVE:** A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition; e.g., Cherokee, Mohawk, Inuit.

☐ **ASIAN:** A person having origins in any of the origins of the original peoples of the Far East, Southeast Asia, or Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand and Vietnam.

☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **BLACK OR AFRICAN AMERICAN:** A person having origins in any of the black racial groups of Africa.

☐ **WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Signature of Parent/Guardian/Custodian/Other _____ Date _____

Relationship to Student ☐ Parent ☐ Guardian ☐ Custodian
 ☐ Other (Specify) _____

STUDENT RESIDENCE QUESTIONNAIRE

Name of Student _____ Gender _____ M F
Last First Middle

Date of Birth ____ / ____ / ____ Age ____

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

Does the child lack a fixed regular and adequate night time residence? Yes _____ No _____

If you answered YES to the above question, please complete the remainder of this form. If you answered NO, you may stop here.

Where is the student presently living? (Check one box)

- () In a motel, hotel, trailer park, campground due to lack of alternative adequate living accommodations.
- () In an emergency or transitional shelter.
- () With more than one family in a house or apartment due to loss of housing or economic hardship.
- () Moving from place to place.
- () In a place not designed for ordinary sleeping accommodations such as a car, park or campsite, abandoned building, bus or train station.

Name of Parent(s)/Legal Guardian(s)/Custodian(s) _____

Address _____ Phone # _____

Signature of Parent/Legal Guardian/Custodian _____ Date _____

OWNER'S AFFIDAVIT

FORM B

STUDENT'S NAME (PLEASE PRINT)

WARNING: ANY PERSON OR PERSONS WHO PROVIDE WILLFULLY FALSE INFORMATION REGARDING RESIDENCY WILL BE SUBJECT TO CRIMINAL PENALTIES. A FALSE STATEMENT REGARDING RESIDENCY OR ENTITLEMENT TO A TUITION FREE EDUCATION FROM THE DISTRICT IS PUNISHABLE AS A CLASS A MISDEMEANOR. IN ADDITION, IF IT IS DETERMINED THAT A REGISTRANT'S CHILD RESIDES OUTSIDE OF THE DISTRICT, THE DISTRICT MAY TAKE LEGAL ACTION TO COLLECT TUITION CHARGES. WHICH MAY EXCEED \$12,000 PER YEAR IF THE STUDENT IS NOT LEGALLY ENTITLED TO RECEIVE A TUITION FREE EDUCATION FROM THE DISTRICT. THE DISTRICT RESERVES THE RIGHT TO INVESTIGATE ANY STUDENT'S RESIDENCY BY ANY AVAILABLE LEGAL MEANS INCLUDING, BUT NOT LIMITED TO, PUBLIC RECORDS, SITE VISITS AND OTHER LAWFUL METHODS OF INVESTIGATION.

_____, being duly sworn, deposes and says:
Owner's Name

1) I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that _____ (Name of Child) may be admitted to the schools of the Valley Stream Union Free School District 24 as a District resident.

2) I am the legal owner of _____ (Address).

PRODUCE TWO ORIGINALS FROM THE FOLLOWING: DEED, MORTGAGE STATEMENT OR TAX BILL

The terms and conditions of the tenancy are as follows: (rent; etc.)

ATTACH COPY OF LEASE

3) To the best of my knowledge, this property is the current residence of _____ (Name of parent/guardian/custodian) and the Child/Ward named above.

4) The following names include ALL other persons living at this address:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Signature of Owner _____

STATE OF NEW YORK }
 } SS:

COUNTY OF _____ }

Sworn to before me
this _____ day of _____, 20__.

NOTARY PUBLIC _____

**RENTER'S/NON-OWNER'S AFFIDAVIT
FORM C**

STUDENT'S NAME (PRINT LAST NAME FIRST)

_____, being duly sworn, deposes and says:
Owner's Name

- 1) I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that _____ (Name of Child/Ward) may be admitted to the schools of the Valley Stream Union Free School District 24 as a District resident. I further understand that, if my child/ward is found not to be a legitimate resident of Valley Stream Union Free School District 24, **I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE, WHICH MAY EXCEED \$12,000 PER YEAR, PER CHILD, RETROACTIVE TO FIRST DAY OF ADMISSION.** I also realize that theft of governmental services is a crime, punishable pursuant to the State Penal Law and that a false statement made in connection with this application will make me liable to criminal prosecution. I have been informed that the District will make unannounced home visits for the purposes of residency verification.
- 2) I _____, AM THE (PARENT/GUARDIAN/CUSTODIAL PARENT/STEP-PARENT) of the above named Child/Ward. I reside at (state address and specify the exact nature of the space: basement apartment, second floor apartment, number of rooms; etc.)

with my Child/Ward and (LIST EACH AND EVERY OTHER PERSON LIVING AT THE ABOVE ADDRESS)

- | | |
|----------|----------|
| 1) _____ | 5) _____ |
| 2) _____ | 6) _____ |
| 3) _____ | 7) _____ |
| 4) _____ | 8) _____ |

This is my actual and only permanent residence. My Child/Ward lives with me and this address is his/her actual and only permanent residence.

- 3) My last address was _____, where I lived with (LIST EACH AND EVERY PERSON WHO LIVED AT THE ABOVE ADDRESS):

- | | |
|----------|----------|
| 1) _____ | 5) _____ |
| 2) _____ | 6) _____ |
| 3) _____ | 7) _____ |
| 4) _____ | 8) _____ |

4) I commenced residency at _____ (CURRENT ADDRESS) on _____ (DATE). My living arrangement is governed by:

- a formal lease (**attach copy of lease and Owner's Affidavit – Form B**)
- other (**attach rental agreement and Owner's Affidavit – Form B**)

The terms and conditions of my tenancy are as follows (specify rent; etc.):

SIGNATURE OF RENTER/NON-OWNER

STATE OF NEW YORK
SS

COUNTY OF

Sworn to before me this _____ day of _____, 20__

NOTARY PUBLIC _____

**CUSTODIAL AFFIDAVIT
FORM D**

STUDENT'S NAME (PRINT LAST NAME FIRST)

WARNING: ANY PERSON OR PERSONS, WHO PROVIDE WILLFULLY FALSE INFORMATION REGARDING RESIDENCY WILL BE-SUBJECT TO CRIMINAL PENALTIES. A FALSE STATEMENT REGARDING RESIDENCY OR ENTITLEMENT TO A TUITION FREE EDUCATION FROM THE DISTRICT IS PUNISHABLE AS A CLASS A MISDEMEANOR. IN ADDITION, IT IS DETERMINED THAT A REGISTRANT'S CHILD RESIDES OUTSIDE OF THE DISTRICT, THE DISTRICT MAY TAKE LEGAL ACTION TO COLLECT TUITION CHARGES. WHICH EXCEED \$12,000 PER YEAR IF THE STUDENT IS NOT LEGALLY ENTITLED TO RECEIVE A TUITION FREE EDUCATION FROM THE DISTRICT. THE DISTRICT RESERVES THE RIGHT TO INVESTIGATE ANY STUDENT'S RESIDENCY BY ANY AVAILABLE LEGAL MEANS INCLUDING, BUT NOT LIMITED TO, PUBLIC RECORDS, SITE VISITS AND OTHER LAWFUL METHODS OF INVESTIGATION.

1. _____ (NAME OF CUSTODIAN), being duly sworn deposes and says:

2. I live at _____
(FULL NAME OF CHILD) is my _____ CHILD'S
RELATIONSHIP TO CUSTODIAN) and he/she has been living with me since _____
(DATE).

3. _____ NAME OF CHILD) intends to reside with me for _____
(LENGTH OF TIME).

4. This living arrangement is _____ permanent _____ temporary. If temporary, the
arrangement will be terminated on _____. Please
explain: _____

5. Describe the reason(s) and purpose for surrendering the care, custody and control of the
child to
you. _____

6. Former address(es) where child has lived:

Street	City	State	Dates	With Whom
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. _____ (NAME OF CHILD) does not live at any other address.

8. Food, clothing, and all other necessities are provided to _____ (NAME OF CHILD) by _____.

8A. Health Insurance is provided by _____ (submit proof of same)

9. Will the child be spending overnight, weekends, holidays or vacations elsewhere? If so, please explain: _____

10. Does each parent intend to remain at his/her present address? Please explain: _____

11. Where is each parent/guardian registered to vote? Parent/Guardian _____
Parent/Guardian _____

12. What court orders have been made with respect to the child's guardianship or custody? (ATTACH A COPY OF ALL SUCH ORDERS) _____

13. If the guardian has any other children, supply the following information:

Name	Age	Address	Relationship to Guardian	School

14. I _____ (NAME OF CUSTODIAN) assume full responsibility for all matters relating to _____ (NAME OF CHILD) education and medical care.

15. Statement of other relevant facts _____

The questions "A" through "E" must be answered when application for admission is filed by persons other than a natural parent (GUARDIAN/CUSTODIAN).

A) Why is the child not living with natural or adoptive parents? _____

B) Does the student live exclusively in your home? _____

C) How often will the parents see the child? _____

I /WE SWEAR OR AFFIRM THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I /WE UNDERSTAND THAT THE STATEMENTS IN THIS APPLICATION ARE SUBJECT TO VERIFICATION BY THE DISTRICT. I/WE ALSO UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE SCHOOL OF ANY CHANGES, AND CIRCUMSTANCES AFFECTING THIS APPLICATION.

PARENT'S SIGNATURE

CUSTODIAN'S SIGNATURE

DATE

DATE

SWORN TO BEFORE ME THIS
____ DAY OF _____, 20____

SWORN TO BEFORE ME THIS
____ DAY OF _____, 20____

NOTARY PUBLIC

NOTARY PUBLIC

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED BY PRIVATE HEALTHCARE 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).

STUDENT INFORMATION

Name:	Affirmed Name (if applicable):	DOB:
Sex Assigned at Birth: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> X	
School:	Grade:	Exam Date:

HEALTH HISTORY

If yes to any diagnoses below, check all that apply and provide additional information.

<input type="checkbox"/> Allergies	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Asthma	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> Seizures	Type: _____ Date of last seizure: _____ <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> Diabetes	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> 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/m²

Percentile (Weight Status Category): ☐ < 5th ☐ 5th- 49th ☐ 50th- 84th ☐ 85th- 94th ☐ 95th- 98th ☐ 99th and >

Hyperlipidemia: ☐ Yes ☐ Not Done

Hypertension: ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory Testing	Positive	Negative	Date	Lead Level Required for PreK & K <input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g/dL}$
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		

☐ **System Review Within Normal Limits**

☐ **Abnormal Findings – List Other Pertinent Medical Concerns Below** (e.g., concussion, mental health, one functioning organ)

<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/Neck	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Mental Health	<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:		Affirmed Name (if applicable):		DOB:	
SCREENINGS					
Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11					
Vision Screening	With Correction <input type="checkbox"/> Yes <input type="checkbox"/> No	Right	Left	Referral	Not Done
Distance Acuity		20/	20/	<input type="checkbox"/> Yes	<input type="checkbox"/>
Near Vision Acuity		20/	20/	<input type="checkbox"/> Yes	<input type="checkbox"/>
Color Perception Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail					<input type="checkbox"/>
Notes					
Hearing Screening: 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 <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes		<input type="checkbox"/>
Notes					
Scoliosis Screening: Boys grade 9, Girls grades 5 & 7		Negative	Positive	Referral	Not Done
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>
FOR PARTICIPATION IN PHYSICAL EDUCATION*/SPORTS*/PLAYGROUND/WORK					
<input type="checkbox"/> *Family cardiac history reviewed – required for Dominick Murray Sudden Cardiac Arrest Prevention Act					
<input type="checkbox"/> Student may participate in all activities without restrictions. If Restrictions Apply – Complete the information below					
<input type="checkbox"/> Student is restricted from participation in:					
<input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.					
<input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball.					
<input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.					
<input type="checkbox"/> Other Restrictions:					
Developmental Stage for Athletic Placement Process <u>ONLY</u> 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: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V					
<input type="checkbox"/> Other Accommodations*: Provide Details (e.g., brace, insulin pump, prosthetic, sports goggles, etc.):					
<small>*Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions.</small>					
MEDICATIONS					
<input type="checkbox"/> Order Form for medication(s) needed at school attached					
COMMUNICABLE DISEASE			IMMUNIZATIONS		
<input type="checkbox"/> Confirmed free of communicable disease during exam			<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS		
HEALTHCARE PROVIDER					
Healthcare Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
Please Return This Form to Your Child's School Health Office When Completed.					



VALLEY STREAM SCHOOL DISTRICT 24
75 Horton Avenue, Valley Stream, New York 11581-1499
(516) 434-2825 • FAX: (516) 256-0163

Dr. Unal Karakas
Superintendent of Schools

**BOARD OF
EDUCATION**

Melissa Herrera
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Annette Matthew
Cynthia Nuñez
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Jennie L. Padilla
District Clerk

Brian Cleary
Treasurer

Guercio & Guercio, LLP
School Attorney

Dear Parents,

Dental examinations are recommended by the State, for those students entering Kindergarten, 1st grade, 3rd grade and 5th grade.

Please take the time to visit your family dentist at least once a year. Have your dentist fill out the form and return it to the Health Office.

Sincerely,

District 24 Nurses
Valley Stream UFSD #24

Student: _____ Grade: _____

_____ has completed his/her dental work / certificate attached

_____ needs follow up

Dentist: _____ Phone: _____

Date: _____



VALLEY STREAM SCHOOL DISTRICT 24
75 Horton Avenue, Valley Stream, New York 11581-1499
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Dr. Unal Karakas
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Brian Cleary
Treasurer

Guercio & Guercio, LLP
School Attorney

Dear Parent/Guardian of incoming 6th graders:

This letter is to inform you that students who are entering Grade 6 and who are 11 years of age or older, must receive an immunization containing tetanus toxoids, diphtheria and acellular pertussis (Tdap).

Please have your Physician complete the section below and return this letter to your school nurse. Failure to meet this requirement will delay your child's entrance into school.

Sincerely,

District Nurses

Name: _____ DOB: _____ Age: _____

The above patient (please complete the appropriate entry):

_____ has received a TD, DT, or DTaP vaccination within the last two years.

_____ Tdap will be deferred until _____
Date of Immunization _____ Date

Student is 10 years old:

_____ Has received Tdap (Boostrix). Date: _____

_____ Delay vaccine until student is 11 years old.

_____ Has received Tdap (Adacel) Date: _____

Physician's Signature: _____ Date: _____

Physician's Address: _____

Phone: _____

IDENTIFICATION & RECRUITMENT PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take a few minutes to complete this questionnaire.

Has anyone in your family worked or looked for work at the following occupations during the past 3 years?

- ☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- ☐ Work related to logging, harvesting, or initial processing of trees.
- ☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



If you answered YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____

Telephone number: (____) - ____ - ____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____ Grade _____

Student name: _____ Age _____ Grade _____

To submit this referral please email to migranteducation@esboces.org, or fax to 631-240-8912, or by mail to Long-Island-METRO Migrant Education Program- 969 Roanoke House Avenue, Riverhead, NY. 11901.