

Student ID # _____
 School _____
Grade to be
confirmed by school: _____

**UNIONDALE PUBLIC SCHOOLS
 REGISTRATION PACKET**

FORM A

Review Date _____ SE _____
 Seen by _____ ESL _____
 Entry Date _____ Foster _____
 Entered By _____ Imm _____

WARNING!

Any person or persons, who knowingly provide false information regarding residency, will be subject to criminal prosecution. A false statement regarding residence or entitlement to a tuition free education from the Uniondale School District is punishable as a "Class A Misdemeanor". In addition, if it is determined that a Registrant's child resides outside of the Uniondale School District, the District may take legal action to collect tuition charges from the parents/guardian and the Homeowner that provided the false information. Such tuition charges may exceed \$ 16,000.00 (Sixteen Thousand Dollars) per child, per year. The Uniondale School District reserves the right to investigate any student's residency by any legal means available. Including, but not limited to: Public Records, Site Visits, Use of Private Investigators and other lawful methods of investigation. Documents submitted that become evidence of Fraud may be referred to the Office of the District Attorney.

STUDENT INFORMATION

PHONE # _____

Last Name _____
 First Name _____ Middle Name _____
 Address _____ City _____ State _____ Zip _____
 Birth Date _____ Age _____ Gender: Male _____ Female _____
 Name of Last School Attended (Anywhere) _____ Tel.# _____
 Address of School _____ City _____ State _____
 Last Date Attended _____ Grade _____

Has this child ever been registered by Uniondale School District before? If yes, when _____

Check those that apply: Child is Special Ed. ____ Displaced ____ Foster Child ____ Migrant ____

- If you are a Foster Parent or Foster Care Agency, you must complete the following or registration will be held until all missing information is provided. Also, a DSS-2999 Form and a letter verifying information below are required or registration will be held.**

Name of Foster Parent(a) _____
 Name of Agency _____
 Agency Address _____ City _____ State _____ Zip _____
 Case Worker and/or Social Worker _____ Phone # _____

PLEASE LIST SIBLINGS NAME(S)/AGE(S):

IF NONE, PLEASE CHECK BOX

<u>NAME</u>	<u>DATE OF BIRTH / SCHOOL</u>

PARENT/GUARDIAN INFORMATION:

Guardian 1 Last Name:		DOB:	Relationship:
First Name:		E-mail:	
Address:			
Home Phone:	Cell Phone:	Work Phone:	
Employer Name:	Employer Address:	Note:	
Guardian 2 Last Name:		DOB:	Relationship:
First Name:		E-mail:	
Address:			
Home Phone:	Cell Phone:	Work Phone:	
Employer Name:	Employer Address:	Note:	

These questions are intended to address the McKinney-Vento Act, 42 U.S.C & 11435. The answers to these questions will help determine the services that you or your child may be eligible to receive.

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

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

- In a shelter
- 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 hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____
- In permanent housing

Note: The following statement, signature requirement and notarization requirement apply to all sections of this form (“Form A”). No application will be accepted without the required signatures. These statements contained in this application are true. I understand that the statements in this application are subject to verification by the Uniondale School District and that false statements could subject me to transportation and/or tuition charges where applicable. I also understand that it is my responsibility to notify the Uniondale School District of any changes, and/or circumstances affecting this application. I understand that any false statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York and may be referred to the Office of the District Attorney.

Address changes must be reported to the Central Registration Office immediately!!!

If you fail to or refuse to inform this office regarding your current address, we will conduct an investigation to confirm your child remains a district resident.

Parent/Guardian’s Signature _____ Date _____
(OPTIONAL) Sworn To Before Me This _____ Day of _____, 20

Notary’s Signature _____

Notary Stamp: