

DIRECTIONS:

Please type or print clearly in blue or black ink only. Complete, sign and return this application to the CBO of your choice and make a copy of the application(s) and retain for your records. To register you must bring your child and the following required documentation to the program for registration: proof of birth (birth certificate or passport), verifiable proof of residence (two documents), and immunization records. For more information regarding registration documents, please visit <http://schools.nyc.gov/Academics/EarlyChildhood/ParentResources>.

For a list of CBOs please review the Pre-Kindergarten Directory available at your local school or CBO. You may also visit the NYC Department of Education website at <http://schools.nyc.gov/choicesenrollment/prek>. If you have questions regarding UPK, please visit <http://schools.nyc.gov/Academics/EarlyChildhood/ParentResources>.

Please note that a separate application must be submitted to each CBO to which you apply. Duplicate a blank application if you intend to apply to more than one CBO. Please note that only Parent/Guardians who are New York City residents may submit an application.

NAME OF CBO YOU ARE APPLYING TO: _____

Section A: STUDENT INFORMATION – Please print clearly in ink			
STUDENT LAST NAME	STUDENT FIRST NAME	DATE OF BIRTH (mm/dd/yyyy) / / 2006	GENDER (optional) <input type="checkbox"/> M <input type="checkbox"/> F
STUDENT CURRENT ADDRESS (House #, Street, Apt. #, City, State and Zip Code)			

Section B: OPTIONAL INFORMATION – Please print clearly in ink
<p>HEALTH INSURANCE Does the student have health insurance? <input type="checkbox"/> Yes ⇒ If yes, what type of coverage is it? <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Child Health Plus B <input type="checkbox"/> No ⇒ If no, would you like to be contacted about getting coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>HOME LANGUAGE In which language(s) would you like to receive written and/or oral communication regarding the Pre-Kindergarten Admissions Process? Please check all that apply: <input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> Bengali <input type="checkbox"/> Chinese <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Urdu <input type="checkbox"/> Other, please specify: _____</p>

Section C: PARENT INFORMATION – Please print clearly in blue or black ink		
<p>I understand that daily attendance and promptness are required. I must arrange for a responsible adult to bring my child to school and pick him/her up daily. I understand that no transportation is provided.</p>		
PARENT/GUARDIAN LAST NAME	PARENT/GUARDIAN FIRST NAME	RELATIONSHIP TO STUDENT
DAYTIME TELEPHONE NUMBER	EVENING TELEPHONE NUMBER	PARENT/GUARDIAN EMAIL ADDRESS

Parent/Guardian Signature

Date



Residency Questionnaire

Parent/Guardian/Student:

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435, and must be completed for each student. The information you provide is confidential. Your child will not be discriminated against based upon the information provided.

Please complete the following questions regarding the student’s housing in order to help determine services the student may be eligible to receive.

Note to schools/Temporary Housing Liaisons: Please assist students and families in filling out this form. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

Student Name			
Last	First	Middle	
OSIS #	Date of Birth MM/DD/YY	Gender	School

Please identify the student’s current living arrangements. Please check one box:

		School Use Only
Check (√)	Residency Questionnaire Choice	ATS Code
<input type="checkbox"/>	With another family or other person because of loss of housing or as a result of economic hardship	D
<input type="checkbox"/>	Emergency or transitional shelter	S
<input type="checkbox"/>	Hotel or motel (that is NOT an emergency or transitional shelter and involves payment)	H
<input type="checkbox"/>	With an adult who is not a parent or guardian, or alone without an adult	U
<input type="checkbox"/>	Trailer park, campground, car, park, public places, abandoned building, street, or any other inadequate living space	T
<input type="checkbox"/>	Permanent housing	P

_____ Parent/Guardian Name (print)

_____ Parent/Guardian Signature

_____ Date

Please return this form to your child’s school as requested.

Note: The answer you give above will help determine what services you or your child may be eligible to receive under the McKinney-Vento Act. Students who are protected under the Act are entitled to immediate enrollment in school even if they don’t have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. The Students in Temporary Housing (STH) Liaison(s) is required to assist the student in obtaining any necessary documents, including immunization or school records after the student has been enrolled. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other immunization services. Please refer to Chancellor’s Regulation A-780.

This form is accompanied by a one-page attachment titled, “McKinney-Vento Homeless Assistance Act – Students in Temporary Housing Guide for Parents.”

- All students between 5 and 21 years of age have the right to a free public education.
- Children may not be refused admission to a public school because of race, color, creed, national origin, gender, gender identity, pregnancy, immigration/citizenship status, disability, sexual orientation, religion, or ethnicity.¹

English Only

HEADER INFORMATION

Borough District School Name of High School/Mini School/Annex _____

Grade Code Class Code NYC Student Identification Number
(HIGH SCHOOL ONLY 4-DIGIT)

Date of Birth (Month/Day/Year)

Student Name: Last, First, Middle Initial _____

DIRECTIONS TO PARENT/GUARDIAN

PLEASE REVIEW THE RACIAL/ETHNIC DEFINITIONS BELOW BEFORE YOU RESPOND.

Check (✓) the one that best describes your child.

Check (✓) only ONE category.

- 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. (ATS - Code 1)
- ASIAN OR PACIFIC ISLANDER:** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent. This area includes, e.g. China, India, Pakistan, Bangladesh, Sri Lanka, Japan, Korea, the Philippine Islands, and Samoa. (ATS - Code 2)
- HISPANIC:** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin - regardless of race. (ATS - Code 3)
- BLACK, NOT OF HISPANIC ORIGIN:** A person having origins in any of the Black racial groups of Africa. (ATS Code 4)
- WHITE, NOT OF HISPANIC ORIGIN:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. (ATS Code 5)
- MULTIRACIAL:** A person having origins in two or more of the above mentioned groups. (ATS Code 7)

Signature of Parent/Guardian/Other _____

Date _____

Relationship to Student:

Mother Father Guardian Other (Specify) _____

PUPIL ACCOUNTING SECRETARY: Please enter numeral (1-7) for encoding in Admission Book or on the school's automated system (UAPC, ATS)

See reverse for important message to Parents/Guardians and Confidentiality Procedures and Regulations.

THE NEW YORK CITY DEPARTMENT OF EDUCATION
PARENT/GUARDIAN STUDENT ETHNIC IDENTIFICATION

To the Parent/Guardian:

The No Child Left Behind Act requires the Department of Education to collect and record the ethnic identity of public school students. This information is used for statistical analysis, data reporting, and accountability determinations.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the reverse side of this page. Put a check (✓) in the box for the category which best describes your child.

The New York City public school system understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential.

Thank you for your cooperation.

CONFIDENTIALITY PROCEDURES AND REGULATIONS

To School Staff:

This form will be filed in the student's Cumulative Record folder as confidential information

To the Parent/Guardian

The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Educational Rights and Privacy Act (1974) and Regulations of the Chancellor A-820 prohibit unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number

¹ Race may be considered as a factor in school enrollment only where required by court order; gender is a factor only in single-gender schools.

Please complete the form on the reverse side of this page

The New York City Department of Education Pre-Kindergarten Language Needs Survey

TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY		
Date:	Name of Student:	
Borough	District:	School:
Gender:	Ethnicity Code: (form PSE):	Date of Birth:
Relationship of person providing information for survey (check one): <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Other (specify): _____		
If an interview is conducted, in what language is it conducted?		
Is a translator/interpreter used?		
Pre-K Home Language Code		
Potential English Language Learner?		
Instruction will be provided in: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <input type="checkbox"/> Both English and the home language of _____		



PROOF OF RESIDENCE AND IMMUNIZATION REQUIREMENTS REFERENCE DOCUMENTS

Acceptable Proof of Residence Documentation

Any TWO of the following documents are considered verifiable:

- a. A residential utility bill (gas or electric) in the resident's name issued by National Grid (formerly Keyspan), Con Edison, or the Long Island Power Authority (for the Rockaways)*
- b. Documentation or letter on letterhead from a federal, state or local government agency, including the Internal Revenue Service (IRS), City Housing Authority, Human Resources Administration (HRA), the Administration for Children's Services (ACS), or an ACS subcontractor indicating the resident's name and address*
- c. An original lease agreement, deed, or mortgage statement for the residence
- d. A current property tax bill for the residence
- e. A water bill for the residence*
- f. Official payroll documentation from an employer such as a form submitted for tax withholding purposes or payroll receipt; a letter on the employer's letterhead will not be accepted*

OR

Parent Affidavit of Residency

IMMUNIZATION REQUIREMENTS FOR DAY CARE/ PRE-SCHOOL STUDENTS

IMMUNIZATION REQUIREMENTS	NUMBER OF DOSES
DTaP (diphtheria-tetanus-acellular pertussis) OR DTP (diphtheria-tetanus-pertussis) <i>Fourth dose should be at least 6 months after the third.</i>	4
OPV (oral poliovirus) or IPV (inactivated poliovirus)	3
MMR (measles-mumps-rubella) <i>On or after the 1st birthday.</i>	1
Hib (<i>Haemophilus influenzae</i> type b) <i>One dose at or after age 15 months. If younger than 15 months, 3 doses required, as age appropriate.</i>	1, 2, or 3
Hepatitis B	3
Varicella <i>On or after 1st birthday.</i>	1
Pneumococcal conjugate (PCV) <i>For all children born on or after January 1, 2008, as age appropriate.</i>	1, 2, or 3

PARENT AFFIDAVIT OF RESIDENCY

In accordance with Chancellor's Regulation A-101, if a parent is subletting an apartment or home, or if more than one family shares a living space and there is only one leaseholder or homeowner, the parent must present a notarized "Address Affidavit" signed both by the primary leaseholder as well as the parent affirming that the family is residing in this home, and must attach the lease or deed.

Section A: STUDENT INFORMATION – Please print clearly in ink

STUDENT'S LAST NAME	STUDENT'S FIRST NAME	GENDER (optional)	M / F
DATE OF BIRTH (MM/DD/YY)	OSIS #/STUDENT'S ID # (if available)	TELEPHONE #	

STUDENT'S CURRENT ADDRESS (House #, Street, Apt. #, City, State and Zip Code)

Section B: PARENT INFORMATION – Please print clearly in ink

PARENT/GUARDIAN'S LAST NAME	PARENT/GUARDIAN'S FIRST NAME
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PARENT/GUARDIAN'S CURRENT ADDRESS (House #, Street, Apt. #, City, State and Zip Code)

HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS
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Section C: PRIMARY RESIDENT/TENANT INFORMATION – Please print clearly in ink

PRIMARY RESIDENT/TENANT'S LAST NAME	PRIMARY RESIDENT/TENANT'S FIRST NAME
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PRIMARY RESIDENT/TENANT'S CURRENT ADDRESS (House #, Street, Apt. #, City, State and Zip Code)

HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS
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RELATIONSHIP TO PARENT	ANTICIPATED DURATION OF STAY
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To be completed by the Parent:

I, _____, the parent of _____,
(insert name and date of birth of student)
hereby affirm that I am residing with _____
(insert name)
at the following address _____
(insert address and contact number of primary leaseholder)

I understand that the New York City Department of Education has the right to conduct an Attendance Investigation to verify my residence including a visit to the home of the primary leaseholder. I also understand that registration in school is based on eligibility determined by my residence, and the Department of Education has the right to transfer students for whom falsified documentation was provided at the time of registration.

In the event that my residency changes, I agree to notify my child's school and present new proof of address.

Parent Signature: _____

STATE OF NEW YORK

SS:

COUNTY OF _____

Sworn to before me this _____ day of _____, Year _____

Notary Public

To be completed by Primary Leaseholder/Tenant:

I hereby affirm that _____
(insert name of parent and child/children)
are residing with me at _____
(insert address)

I understand that by signing this affidavit I am verifying the residence of _____
(insert names)

I also understand that the New York City Department of Education has the right to conduct an Attendance Investigation to verify the residence of the parties named in this affidavit, including a visit to my home and interviews with my neighbors. I can be contacted at the number(s) listed below should the Department of Education require further information.

Primary Leaseholder Signature: _____

STATE OF NEW YORK

SS:

COUNTY OF _____

Sworn to before me this _____ day of _____, Year _____

Notary Public