

HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Date of Birth: ____ / ____ / ____ Grade: ____ ID#: ____
Female Month Day Year (preschool-12) (optional)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able 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 don't have the documents normally needed, 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
- ☐ 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

Print name of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Date

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

BRENTWOOD UNION FREE SCHOOL DISTRICT
Brentwood, New York 11717

**NEW STUDENT REGISTRATION
CHANGE OF ADDRESS / PARENT OR GUARDIAN**

PLEASE BRING PHOTO I.D. ALONG WITH THE FOLLOWING:

1. **PROOF OF AGE:** Certified birth certificate or record of baptism (including a certified transcript of a foreign birth certificate or record of baptism) giving the date of birth. Where the birth certificate or record of baptism is not available a passport (including a foreign passport) may be used. If none of these documents are available, other documentary evidence in existence for two (2) years or more can be used to determine a child's age (examples include, but are not limited to, hospital or health records, official driver's license, state or other government issued identification, school photo identification with date of birth, consulate identification card, military dependent identification card, documents issued by federal, state or local agencies (e.g., local social service agency, Federal Office of Refugee Resettlement), court orders or other court-issued documents, Native American tribal document, or records from non-profit international aid agencies and voluntary agencies).
2. **IMMUNIZATIONS:** Required under NYS Department of Health Immunization Requirements for School Entrance/Attendance, copy attached.
(health.ny.gov/publications/2370.pdf)

ALL IMMUNIZATION DATES ARE MANDATORY AND MUST HAVE A DOCTOR'S SIGNATURE.

No child may be admitted to, or allowed to attend, school for more than 14 days without an appropriate immunization certificate or other acceptable evidence of immunization. A school principal may extend this 30 day period on a case-by-case basis when a student has transferred from another state or country and can show a good faith effort to get the necessary certificate or other evidence of immunization.

3. **PLACEMENT RECORDS:** To the extent that the family has them, the following documents are requested to be provided: (a) Transfer card or report card for Elementary Students; (b) a copy of the current IEP (Individual Education Program) for Special Education Students; and (c) transcript of grades and courses completed for Secondary Students.
4. **RESIDENCY PROOF:** All parents or guardians registering students must be residents of the Brentwood School District. Parents or guardians must submit documentation and/or information as evidence of the physical presence of the parent or guardian in the Brentwood School District. Please provide one of the following: (a) copy of a residential lease or proof of ownership of a house or condominium, such as a deed or mortgage

statement; (b) a statement by 3rd party landlord or owner, or tenant from whom the parent or guardian leases or shares property within the Brentwood School District; (c) statements by third parties relating to parent's or guardian's physical presence in the Brentwood School District; AND at least two of (d) other forms of documentation and/or information establishing physical presence in the Brentwood School District which may include, but not 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 identification, state or other government issued identification, documents issued by federal, state or local agencies (e.g., local social services agency, federal Office of Refugee Resettlement). All parents or guardians have three (3) business days after initial enrollment to submit documentation and/or information in support the child's residency in the District.

5. GUARDIANSHIP CASES: Anyone registering a student who is not the parent of the child must provide the Brentwood School District with an affidavit which indicates that they are the guardian whom has total and permanent custody and control of the child. The affidavit must describe how they obtained total and permanent custody and control, whether through guardianship or otherwise. The District does not require the submission of a judicial custody order or an order of guardianship as a condition of enrollment. The Brentwood School District has a form Parent/Guardian Affidavit which can be (but is not required) utilized.
6. FOSTER CASES: All foster parents must present at the time of registration of a foster child, a placement letter from the agency, on their letterhead indicating the foster parent's name plus date of birth and grade of each student to be registered. Agency must also include health history and dates of mandatory immunizations of each student, and a DSS 2999 form with CIN/Medicaid number, ACS or SOO number for each student.
7. HOURS: The registration office is located at the Felicio Administration Building, 52 Third Avenue, Brentwood, New York 11717. The office is open Monday through Friday from 8:00 a.m. to 2:00 p.m.
8. The Homeless Liaison located at Central Registration will facilitate and expedite registrations for families residing in temporary housing situations in accordance with the McKinney Vento Act.
9. Testing or evaluation appointments may be necessary at another day. If there is a problem that cannot be resolved, please make an appointment to discuss the problem with an attendance staff member, at (631) 434-2301.

Your cooperation in meeting these requirements will be appreciated in helping us to ensure that all eligible students are admitted to the Brentwood School District without undue delay (i.e. all eligible students shall be enrolled and begin attendance on the next school day, or as soon as practicable).

SCHOOL ADMISSIONS EXHIBIT*Affidavit of Residency*

Please note a copy of a photo ID is required with this form.

STATE OF NEW YORK } ss:

COUNTY OF _____)

I hereby certify that I reside at _____
(List Full Address)

which is within the boundaries of the Brentwood School District; that as the parent or legal guardian, I am seeking to have the following student (s) registered in the Brentwood School District:

Full Names (s)

Age

I hereby certify that this residence is the subject student's actual and only residence, and that I have complete custody and control over such student (s). I recognize that the Brentwood School District will rely upon this representation with respect to domicile and I agree to bear legal responsibility for any inaccuracy of such representations.

I understand that if the statements I have made are false, the district will take legal action to collect tuition charges if the student/s is/are illegally registered. Any person or persons, in addition to the parents or guardians, who provide false evidence of residency, will be prosecuted. I understand that it is my responsibility to notify the Brentwood School District when I move out. The above information made by me is true, and I know that perjury is a Class A misdemeanor pursuant to section 210.45 of the penal code

This affidavit is sworn to under penalties of perjury.

Signature_____
Date

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

Notary Public

SCHOOL ADMISSIONS EXHIBIT

Affidavit of Residency

(FOR SCHOOL USE ONLY)

Reviewed and approved by: _____
Coordinator of Attendance

Date

Approved by the Board of Education:

01/21/10

Revision approved by the Board of Education:

08/17/17

SCHOOL ADMISSIONS EXHIBIT

Affidavit of Legal Residence – Owner
This form may be submitted sworn or unsworn

Please note a copy of a photo ID is required with this form.

STATE OF NEW YORK)

ss:

COUNTY OF SUFFOLK)

I, _____, (landlord/relative/other),

☐ am the recorded owner/duly designated agent for the owner of the property at: _____

☐ am a relative/other than landlord renting/providing a room/apartment. I live at: _____
 _____ which is located within the territorial boundaries of the Brentwood
 School District. This rental/living arrangement began on _____ and will end on

I am renting/providing a room/apartment to the following persons:

Parent/Guardian _____

Parent/Guardian _____

Child(ren) Seeking to
 Enroll _____

The terms and conditions of the tenancy/occupancy are as follows (Specify rent, space occupied)

☐ This statement is submitted unsworn

or

☐ This statement is sworn to under the penalties of perjury. The above information made by me is true, and I understand that if the statements I have made are false, the Brentwood Union Free School District will take legal action to collect tuition charges if the student/s is/are illegally registered. Any person or persons, in addition to the parents or guardians, who provide false evidence of residency, will be prosecuted. The above information made by me is true, and I know that perjury is a Class A misdemeanor pursuant to section 210.45 of the penal code.

 Signature of Homeowner/Relative/Other

 Date

Sworn to before me this

day of _____
 _____, 20____

 Notary Public

SCHOOL ADMISSIONS EXHIBIT

Affidavit of Legal Residence – Owner
This form may be submitted sworn or unsworn

R E C E I P T	DATE: _____
	I HAVE RECEIVED \$ _____ FOR RENT FROM _____ Tenant
	FOR HOUSING AT _____ Address
	_____ Homeowners Signature
	_____ Notary
	_____ Date
	_____ Date

(FOR SCHOOL USE ONLY)

Reviewed and approved by: _____
 Coordinator of Attendance

 Date

Approved by the Board of Education:
Revision approved by the Board of Education:

01/21/10
08/17/17

SCHOOL ADMISSIONS EXHIBIT***Third Party Affidavit Attesting to Physical Presence***

Please note a copy of a photo ID is required with this form. This form must be submitted sworn.

STATE OF NEW YORK } ss:

COUNTY OF _____)

I am submitting this statement in support of the application to have the following student(s) registered in the Brentwood School District:

Full Name(s)

by _____
(Insert name(s) of parent(s) in parental relation)

Who reside at _____

I hereby state that the above-named individuals are physically present at this address and reside there on a full-time basis. I recognize that the Brentwood School District will rely upon this representation when considering the request to register and admit the above-named individuals to school.

My statement is based upon the following: (Indicate basis of knowledge of physical presence)

This statement is sworn to under the penalties of perjury. The information made by me is true, and I know that perjury is a Class A misdemeanor.

Signature

Date

Address

Sworn before me this _____ day of _____, 20____

Notary Public

SCHOOL ADMISSIONS EXHIBIT

Third Party Affidavit Attesting to Physical Presence

(FOR SCHOOL USE ONLY)

Reviewed and approved by: _____
Coordinator of Attendance

Date

Approved by the Board of Education:

01/21/10

Revision approved by the Board of Education:

08/17/17

For the
2018-19
School Year

Parents:

All kids entering **7th, 8th, 9th** and **12th** grades must have the **meningococcal vaccine**.

Without it, they can't start school.

About the Vaccine:

- It's not a new vaccine. It's been recommended for a decade.
- Most parents already choose to vaccinate their children.
- The meningococcal vaccine has been **required** for school entry since Sept. 1, 2016.

About Meningococcal Disease:

- It causes **bacterial meningitis** and other serious diseases.
- Teens and young adults are at greater risk.
- It comes on quickly and without warning.
- Its symptoms are similar to the flu.
- Every case of this disease can result in death or long-term disability.

Check with your doctor. Even kids who have had a shot before may need a booster to start school.

To learn more, visit
health.ny.gov/immunize

Immunization is Protection.



Department
of Health

2018-19 School Year

New York State Immunization Requirements

for School Entrance/Attendance¹

NOTES:
Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). For grades pre-k through 10, intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. (Exception: intervals between doses of polio vaccine DO NOT need to be reviewed for grades 5, 11 and 12.) Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. Intervals between doses of vaccine DO NOT need to be reviewed for grades 11 and 12. See footnotes for specific information for **each** vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements **MUST** be read with the footnotes of this schedule.

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3 and 4	Grade 5	Grades 6, 7, 8, 9 and 10	Grades 11 and 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td) ²	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older		3 doses	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap) ³	Not applicable			1 dose	
Polio vaccine (IPV/OPV) ⁴	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older	3 doses
Measles, Mumps and Rubella vaccine (MMR) ⁵	1 dose	2 doses			
Hepatitis B vaccine ⁶	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years			
Varicella (Chickenpox) vaccine ⁷	1 dose	2 doses	1 dose	2 doses	1 dose
Meningococcal conjugate vaccine (MenACWY) ⁸	Not applicable			Grades 7, 8 and 9: 1 dose	Grade 12: 2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹	1 to 4 doses	Not applicable			
Pneumococcal Conjugate vaccine (PCV) ¹⁰	1 to 4 doses	Not applicable			

1. Demonstrated serologic evidence of measles, mumps, rubella, hepatitis B, varicella or polio (for all three serotypes) antibodies is acceptable proof of immunity to these diseases. Diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.

2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)

a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday.

b. If the fourth dose of DTaP was administered at 4 years or older, the fifth (booster) dose of DTaP vaccine is not required.

c. For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.

d. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older. A Tdap vaccine (or incorrectly administered DTaP vaccine) received at 7 years or older will meet the 6th grade Tdap requirement.

3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 7 years)

a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap. A dose received at 7 years or older will meet this requirement.

b. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.

4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)

a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.

b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.

c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.

d. Intervals between the doses of polio vaccine do not need to be reviewed for grades 5, 11 and 12 in the 2018-19 school year.

e. If both OPV and IPV were administered as part of a series, the total number of doses and intervals between doses is the same as that recommended for the U.S. IPV schedule. If only OPV was administered, and all doses were given before age 4 years, 1 dose of IPV should be given at 4 years or older and at least 6 months after the last OPV dose.

5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)

a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.

b. Measles: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.

c. Mumps: One dose is required for prekindergarten and grades 11 and 12. Two doses are required for grades kindergarten through 10.

d. Rubella: At least one dose is required for all grades (prekindergarten through 12).

6. Hepatitis B vaccine

a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks.

b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.

7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)

a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.

b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.

8. Meningococcal conjugate ACWY vaccine. (Minimum age: 6 weeks)

a. One dose of meningococcal conjugate vaccine (Menactra or Menveo) is required for students entering grades 7, 8 and 9.

b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.

c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.

9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)

a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.

b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.

c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.

d. If dose 1 was received at 15 months or older, only 1 dose is required.

e. Hib vaccine is not required for children 5 years or older.

10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)

a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.

b. Unvaccinated children ages 7 through 11 months of age are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.

c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.

d. If one dose of vaccine was received at 24 months or older, no further doses are required.

e. For further information, refer to the PCV chart available in the School Survey Instruction Booklet at: www.health.ny.gov/prevention/immunization/schools

For further information, contact:

**New York State Department of Health
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437**

**New York City Department of Health and Mental Hygiene
Program Support Unit, Bureau of Immunization,
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433**

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New York State Department of Health/Bureau of Immunization
health.ny.gov/immunization

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