Westbury Union Free School District
Office of Central Registration 545 Dryden Street, Westbury, NY 11590
(516) 876-5100

Non-Public School Registration Checklist

**Must be submitted by April 1 — deadline for transportation**

- **Registration Application** (only a parent or guardian can register a student, unless the student is an emancipated minor)
- **Student Proof of Age**
  - Certified birth or baptismal certificate; if not available,
  - Passport (including a foreign passport)
  
If neither of these are available, the District will consider other documentation if you have had them for two years, including but not limited to: valid driver’s license, state or other government-issued ID, school photo ID with date of birth, consulate ID card, hospital or health records, military dependent ID card, documents issued by the Federal, State or local agencies, court orders or other court-issued documents, Native American tribal documents, records from non-profit international aid agencies or voluntary agencies, or other documentary evidence which can be used to determine a child’s age.

- **Parent/Guardian Verification**
  - Photo ID valid driver’s license, passport, military ID, resident card, or other government issued ID; or
  - Custodian Affidavit (if a judicial custody order is not available), if you are not the child’s parent or
  - DS-2999 Form (School District Notification of Child Entering Foster Care, Placed in a Foster Family, Agency Boarding, or Group Home)

- **Proof of Residency**
  - Homeowners
    - proof of ownership (deed, closing statement, tax bill, home insurance or mortgage statement); and
    - Two (2) documents verifying full name and address
  - Renters
    - Current signed residential lease agreement. If a lease is not available, a Landlord Affidavit signed by a property owner or landlord or a Third Party Affidavit; and
    - Two (2) documents verifying full name and address

The District will consider the following documents, including but not limited to, to establish proof of residency: pay stub, income tax form, utility or other bills, membership documents based on residency (i.e., library card), 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 service agency, Federal Office of Refugee Resettlement) or evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.

- **School Enrollment Verification Form**

  *Once complete, please call our office for an appointment*

  **516-876-5100**
Non-Public School Registration Application

Must be submitted by April 1 — deadline for transportation

Last Name: ___________________________ First Name: ____________________ MI ____
Date of Birth: ______________________   Gender: __________      Grade: __________
Address: ____________________________________  Home Phone: _______________________
Name of Non-Public School: ________________________________________________________
Address of Non-Public School: ______________________________________________________

Student resides with:  □ both parents  □ one parent  □ one parent and another adult  □ foster parents  □ a guardian(s)  □ alone with no adults

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)

□ Shelter
□ Hotel/motel
□ Car, park, bus, train, or campsite
□ With another family or other person because of loss of housing or as a result of economic hardship
(sometimes referred to as “doubled-up”)
□ Other temporary living situation (please describe): ________________________________
□ In permanent housing

Support Services
Check off any services that your child is currently receiving (check all that apply):

□ Math support   □ Reading support   □ English support (ELL)  □ Other __________________________

Does your child have an Individual Educational Plan (IEP)?  □ Yes  □ No

Check off any services that your child is currently receiving (check all that apply):

□ Special education   □ Speech/language   □ Physical therapy   □ Occupational therapy
Student’s Siblings:

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<tr>
<th>Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>School</th>
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Parent/Guardian 1:
Last Name: ___________________________ First Name: ____________________ MI ____
Date of Birth: ______________________ Gender: _________ Marital Status: ________
Address: ___________________________________________________________________
Home Phone: _____________________________ Cell Phone: ________________________
Relationship: ______________ Email Address: _____________________________________

Parent/Guardian 2:
Last Name: ___________________________ First Name: ____________________ MI ____
Date of Birth: ______________________ Gender: _________ Marital Status: ________
Address: ___________________________________________________________________
Home Phone: _____________________________ Cell Phone: ________________________
Relationship: ______________ Email Address: _____________________________________

Foster Parent and Foster Care Agency: please complete the following and provide a DSS-2999 Form.
Foster Parent’s Last Name: ___________________________
First Name(s): __________________________
Address: ___________________________________________________________________
Home Phone: _____________________________ Cell Phone: ________________________
Email Address: __________________________

Name of Agency: ___________________________ Caseworker: _________________________
Phone: ___________________________ Email Address: ____________________________
Emergency Contact #1
Last Name: ___________________________ First Name: ___________________________
Date of Birth: _______________   Gender: _____    Relationship: _______________
Address: ___________________________________________________________________
Phone: ___________________  Email Address: ____________________________________

Emergency Contact #2
Last Name: ___________________________ First Name: ___________________________
Date of Birth: _______________   Gender: _____    Relationship: _______________
Address: ___________________________________________________________________
Phone: ___________________  Email Address: ____________________________________

Emergency Contact #3
Last Name: ___________________________ First Name: ___________________________
Date of Birth: _______________   Gender: _____    Relationship: _______________
Address: ___________________________________________________________________
Phone: ___________________  Email Address: ____________________________________

If we are not able to reach you or your emergency contacts, what do you wish the school to do in case the student is sick or injured?
_____________________________________________________________________________
Transportation:

Student Name: _____________________________________  DOB: ________________

Address: _________________________________________________________________

To School:  
☐ Child will take bus to school from home address
☐ Child will take bus to school from childcare address*
☐ Parent will provide own transportation to school
☐ Walker/other arrangement: ________________________________________________

From School:  
☐ Child will take bus from school to home address
☐ Child will take bus from school to childcare address*
☐ Parent will provide own transportation from school
☐ Walker/other arrangement: ________________________________________________

* Childcare Information (if applicable)

Childcare provider’s name: ________________________________________________
Childcare provider’s address: ______________________________________________
Childcare provider’s phone: ________________________________________________

The following people have my permission to pick up my child from school or the bus stop:

Name: ____________________________________  Phone: _________________________
Name: ____________________________________  Phone: _________________________
Name: ____________________________________  Phone: _________________________

Parent or Guardian Oath:

I certify that I do not maintain a residence outside the boundaries of the Westbury Union Free School District (WUFSD). I understand that if the child set forth in these student registration materials is found not to be a resident of WUFSD, I may be legally responsible for paying the District’s tuition rate for the period of improper enrollment, retroactive to the first day of admission, along with any costs associated with enrolling such child. I further understand that it is my responsibility to notify the district if I change my residence. I understand that the district reserves the right to make announced and unannounced home visits for any lawful purpose, including the verification of residency.

Name of parent/guardian completing this form: _______________________________________

Signature of parent/guardian: ____________________________________ Date: ______________
LANDLORD AFFIDAVIT
AFFIDAVIT BY LANDLORD TO CONFIRM RESIDENCY

Instructions
This is a legal document. Any person giving false information may be subject to prosecution for the crimes of perjury and/or offering a false instrument.

Please answer all questions.

STATE OF NEW YORK )
 ) ss:

COUNTY OF NASSAU )

I, ____________________________,

[Please check the appropriate box below]

☐ am the recorded owner (or authorized master tenant/leaseholder) of the property

☐ am duly designated agent for the owner of the property

☐ am a relative, family member, or family friend renting my home

at: _____________________________________________________________________________which is located within the territorial boundaries of the Westbury Union Free School District.

This rental/living arrangement began on __________ and will end on ________________

☐ there is a written lease for the premises.

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

Parent/Guardian ____________________________________________________________

Parent/Guardian ____________________________________________________________

Child(ren) ________________________________________________________________

Seeking to Enroll __________________________________________________________

________________________________________

________________________________________

________________________________________
☐ 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 Westbury 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

______________________________
Printed name

Sworn to before me this ____
day of ____________, 20__

______________________________
Notary Public
Westbury Union Free School District  
Office of Central Registration 545 Dryden Street, Westbury, NY 11590  
(516) 876-5100

THIRD-PARTY AFFIDAVIT  
AFFIDAVIT BY THIRD PARTY TO CONFIRM RESIDENCY

Instructions

This is a legal document. Any person giving false information may be subject to prosecution for the crimes of perjury and/or offering a false instrument. In addition, if you make untruthful statements knowing that the student does not meet the legal standards for enrollment, you may be liable for the payment of tuition costs for the student. The information provided by you will be used by the Westbury Union Free School District to determine whether a child is entitled to a free public education in the District’s Schools.

Please answer all questions.

IN THE MATTER OF THE RESIDENCY OF:

______________________________________
Student’s Name

STATE OF NEW YORK  )
} ss.
COUNTY OF NASSAU   )

The undersigned individual, being duly sworn, deposes and says, under penalties of perjury, as follows:

1. My name is: _____________________________________________________________.

2. My telephone number is: ________________________________________________.

3. My current home address is: ____________________________________________.

4. My relationship to the student’s family is: ________________________________.

5. The name(s) of the student’s natural parent(s) is (are): 
__________________________________________________________________________

6. The name(s) of the student’s legal guardian(s) or custodian(s) is (are) [answer only if applicable]:__________________________________________________________________________

7. The student lives at:

(Address of Residence) ___________________________(City, State, Zip Code)

with ____________________________________________________________.

(Insert the names of parent(s)/legal guardian(s)/custodian(s))
8. _______________________ lives at this residence with the following persons:

(Student’s Name)

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<th>Relationship to Student</th>
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9. I know the student lives at this residence with the following persons listed in Question 8 because:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

10. The student has lived at this residence since ________________________________.

11. I expect the student to live at this residence until: ____________________________.

   *Date. If you do not know. Write “Indefinitely.”*

12. I understand that the Westbury Union Free School District will rely upon the truthfulness of the statements made in this document in deciding whether or not to enroll the student in the public schools of the School District.

   ____________________________
   Signature

   ____________________________
   Printed name

Sworn to before me this ___

day of _____________, 20___

__________________________
Notary Public
WESBURY UNION FREE SCHOOL DISTRICT
Office of Central Registration 545 Dryden Street, Westbury, NY 11590
(516) 876-5100

SCHOOL ENROLLMENT VERIFICATION

TO BE COMPLETED BY AUTHORIZED PERSONNEL AT THE NON-PUBLIC SCHOOL

Student's Name: ____________________________________   DOB: _______________
Name of School: _______________________________________
Name of School: _______________________________________
Grade: __________
Address of School: ___________________________________________________
First Day of School: ______________________________
This institution has ACCEPTED the above named student for the school year ___________

_______________________________                             _____________________________
Name             Title
_______________________________                             _____________________________
Signature                      School Phone Number

Date