

BETHPAGE UNION FREE SCHOOL DISTRICT

DAVID SCHNEIDER
SUPERINTENDENT OF SCHOOLS

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Bethpage, New York 11714

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SCHOOL YEAR 2023-2024 POST-ENROLLMENT INFORMATION*

- RELEASE OF STUDENT INFORMATION
- STUDENT RACIAL AND ETHNIC IDENTIFICATION
- CUSTODY INFORMATION

WAS STUDENT EVER ENROLLED IN THE BETHPAGE UNION FREE SCHOOL DISTRICT?

YES _____ NO _____ IF SO, WHEN & WHICH SCHOOL _____

☐ PUPIL PERSONNEL NOTIFIED TO OBTAIN OLD CHART

***Now that you have successfully demonstrated your *bona fide* residency within the District, you must provide the District with the requested post-enrollment information. Please submit the requested information within any time frames expressly set forth on the subsequent forms.**

SCHOOL REGISTRAR _____

SPECIAL
COMMENTS: _____

SCHOOL _____
GRADE _____
DOB _____
LAST NAME _____
FIRST NAME _____

BETHPAGE UNION FREE SCHOOL DISTRICT

Bethpage, New York

CONSENT TO RELEASE STUDENT INFORMATION

Access by third parties to student information is limited by, as applicable, Federal and State law, as well as the District's policies on the confidentiality of student records. The laws and policies do, however, provide for situations in which the District may and sometime must disclose information without a parent's consent and also permit disclosure with the parent's consent.

You may choose to grant the District the right to disclose student records to certain individuals and to grant certain individuals the right to disclose student records and/or information to the District in accordance with the aforementioned laws and District policy, by filling out and signing this consent form.

You have the right to revoke the permissions granted here at any time by submitting your written revocation to the Office of Pupil Personnel Services. Such revocation will not affect disclosures made by the District relying on your consent prior to receipt of such notice of revocation.

Student's Name: _____ Student's Address: _____

I have listed below the individual(s)/entities to which the District may release information from my child's education records:

Name: _____ Position: _____

Address & Telephone # _____

Purpose of Disclosure: _____

I have listed below the individual(s)/entities that may release educational records and/or information regarding the child to the Bethpage Union Free School District:

Name: _____ Position: _____

Address & Telephone # _____

Purpose of Disclosure: _____

School records may be examined by parent/guardian, or a student age 18 or older. A copy of this consent form will be provided upon request. **All of the student's educational records, which for purposes of this consent may include, without limitation, progress reports, report cards, disciplinary records, psychological reports, evaluations, 504 Plans, Individual Education Programs (I.E.P.'s), assessments, attendance records, and all medical records, may be released unless otherwise set forth below:**

Information that may NOT be released: _____

I understand this authorization takes effect the day I sign it and, if I am the student's parent/person in parental relation, it will remain in effect until the student reaches the age and capacity under the law to duly execute his/her own consent, or I revoke it. If the student is of an age and capacity to sign this consent, the consent will remain in effect until the student is discharged from the District's schools or until he/she revokes it. I also understand that I may change this authorization at any time by notifying the Executive Director of Pupil Personnel Services.

I understand that if records I consent to release include the release of medical records covered under Federal or State law, then my consent herein is sufficient for the appropriate release of such records in conformance with Federal or State law. I further understand that redisclosure of the medical records by the recipient may no longer be protected by applicable Federal or State law. Treatment, payment, enrollment, or eligibility of benefits from a health plan or health care provider may not be conditioned on obtaining this consent.

Parent/Person in Parental Relation signature (or student that reaches the majority and has the capacity under all applicable laws to sign on his or her own behalf (i.e. the age of majority in NY is 18 years old)).

BETHPAGE UNION FREE SCHOOL DISTRICT

Bethpage, New York

STUDENT RACIAL AND ETHNIC IDENTIFICATION

To the Parent/Guardian: The New York State Department of Education requires the collection and recording of the ethnic identify of students in accordance with the federal categories and definitions. The information will be used to:

- Provide 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. Please review the Racial/Ethnic definitions on the subsequent page. Put a (☑) in the box for the category or categories which best describe your child. The Bethpage School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or 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.

CONFIDENTIALITY PROCEDURES AND REGULATIONS

The information which you have provided on this form is confidential.

The Family Educational Rights and Privacy Act (1972) prohibits unauthorized access to student records and unauthorized release of any student record information unless otherwise required by law.

PLEASE COMPLETE THE FORM ON THE SUBSEQUENT PAGE

STUDENT RACIAL AND ETHNIC IDENTIFICATION

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Name of School:				
Student Name:	Last	First	Middle	
Grade Level:	Date of Birth:	Month	Day	Year

**Please answer questions (1) and (2).
PLEASE READ BOXES 1 & 2 BEFORE YOUR RESPOND.**

1	2
<p><i>(<input checked="" type="checkbox"/>) CHECK THE BOX THAT BEST DESCRIBES YOUR CHILD.</i></p> <p>IS THE STUDENT HISPANIC, LATINO, OR OF SPANISH ORIGIN?</p> <p>Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.</p> <p>() YES, HISPANIC</p> <p>() NO, NOT HISPANIC</p>	<p><i>(<input checked="" type="checkbox"/>) CHECK <u>ALL</u> GROUPS THAT APPLY TO YOUR CHILD; CHECK AT LEAST ONE BOX.</i></p> <p>SELECT ONE OR MORE RACES FROM THE FOLLOWING FIVE RACIAL GROUPS</p> <p>() AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.</p> <p>() ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p>() NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p>() BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.</p> <p>() WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p>

Signature of Parent/Guardian/Person in Parental Relation

Date

Relationship to Students (please check one box below):

() Mother () Father () Guardian () Person in Parental Relationship (specify): _____

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Bethpage, New York

CUSTODY INFORMATION

**COURT PAPERS RELATED TO CUSTODY MUST BE PRESENTED TO:
REGISTRAR AND BUILDING PRINCIPAL**

PLEASE PRINT LEGIBLY OR TYPE

CHILD'S NAME (Last, First)

SCHOOL

GRADE

THE BETHPAGE UNION FREE SCHOOL DISTRICT RECOGNIZES THAT BOTH CUSTODIAL AND NON-CUSTODIAL PARENTS HAVE CERTAIN RIGHTS AND RESPONSIBILITIES. IN ORDER TO COMPLY WITH THE LAW, WE NEED THE FOLLOWING ADDITIONAL INFORMATION.

Has either parent's rights to view educational records been limited by any legally binding instrument? (i.e. Court order, decree of divorce, separation or custody.) ☐ YES ☐ NO

If yes, please explain the limitation and provide a copy of the relevant legally binding instrument.

Has either parent's rights to educational decision making been limited by any legally binding instrument?

☐ YES ☐ NO If yes, please explain the limitation and provide a copy of the relevant legally binding instrument.

Has either parent's rights to obtain the release of the student been limited by any legally binding instrument?

☐ YES ☐ NO If yes, please explain the limitation and provide a copy of the relevant legally binding instrument.

Have either parent's rights to access the school grounds and/or be in the proximity of the student while he/she is on school grounds, be limited by any legally binding instrument?

☐ YES ☐ NO If yes, please explain the limitation and provide a copy of the relevant legally binding instrument.

MARITAL STATUS ☐ MARRIED ☐ DIVORCED ☐ LEGALLY SEPARATED ☐ OTHER _____

RELATIONSHIP TO CHILD ☐ NATURAL PARENT ☐ STEP-PARENT

DATE OF LEGAL SEPARATION / DIVORCE DECREE _____

VISITATION RIGHTS ☐ YES ☐ NO JOINT CUSTODY ☐ YES ☐ NO

CUSTODIAL PARENT HOUSEHOLD INFORMATION

RELATIONSHIP:

[] Mother [] Father [] Deceased (Please show Certificate of Death) [] Other _____

LAST NAME		FIRST NAME		MIDDLE
CELL PHONE	WORK PHONE	E-MAIL		PREFERRED LANGUAGE
HOME PHONE	HOUSE # / STREET			TOWN/ZIP

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CUSTODY INFORMATION

COURT PAPERS RELATED TO CUSTODY MUST BE PRESENTED TO:
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NON-CUSTODIAL PARENT HOUSEHOLD INFORMATION

RELATIONSHIP:

☐ Mother ☐ Father ☐ Deceased (Please show Certificate of Death) ☐ Other _____

LAST NAME		FIRST NAME		MIDDLE
CELL PHONE	WORK PHONE	E-MAIL		PREFERRED LANGUAGE
HOME PHONE	HOUSE # / STREET			TOWN/ZIP

IF THE STUDENT IS LIVING WITH SOMEONE OTHER THAN PARENT OR LEGALLY APPOINTED GUARDIAN, GIVE ADDRESS AND TELEPHONE NUMBER OF ANY LIVING NATURAL PARENTS/GUARDIANS IN SPACES BELOW, IF BOTH PARENTS ARE DECEASED, PLEASE PROVIDE COPIES OF DEATH CERTIFICATES.

NAME (RELATIONSHIP)	ADDRESS (Town/Zip)	PHONE
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NAME (RELATIONSHIP)	ADDRESS (Town/Zip)	PHONE
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DATE	PERSON IN PARENTAL RELATION
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