



William A. Morris  
Intermediate School 61

445 Castleton Avenue  
Staten Island, New York 10301  
(718)727-8481 Fax(718) 447-2112  
IS61Knights.org



Date of Registration \_\_\_\_\_ Student's Name \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Original Date of Entry to the U.S. \_\_\_\_\_

Language Spoken at Home \_\_\_\_\_

Parent/Guardian Information Mother's Full Name \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Home Address \_\_\_\_\_ Staten Island, NY \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email

**Does student reside with someone other than a Parent : (If not leave blank)**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Relationship \_\_\_\_\_

Does student have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

**School History (Only the last 2 or three schools) If out of city/state please give School phone no.**

Grade 8 \_\_\_\_\_

Grade 4 \_\_\_\_\_

Grade 7 \_\_\_\_\_

Grade 3 \_\_\_\_\_

Grade 6 \_\_\_\_\_

Grade 2 \_\_\_\_\_

Grade 5 \_\_\_\_\_

Grade 1 \_\_\_\_\_

**For office use only** Date of Admission \_\_\_\_\_

Reading Score \_\_\_\_\_ Date \_\_\_\_\_

Class/Homeroom \_\_\_\_\_

Math Score \_\_\_\_\_ Date \_\_\_\_\_

Student OSIS No. \_\_\_\_\_

Temporary Class for the Day \_\_\_\_\_



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**Federal Parent/Guardian Student Ethnic and Race Identification**

- All students between 5 and 21 years of age have the right to a free and public education.
- Federal law requires the New York City Department of Education to collect and record the ethnic identity and race(s) of public school students.
- Children may not be refused admission to a public school because of race, color, creed, national origin, gender, gender identify, pregnancy, immigration/citizenship status, disability, sexual orientation, religion, or ethnicity.<sup>2</sup>

**SCHOOL STAFF: PLEASE COMPLETE THIS SECTION**

Student Name: \_\_\_\_\_  
*(Last name, first name, middle initial)*

Date of Birth: \_\_\_/\_\_\_/\_\_\_  
*(Month/Day/Year)*

Name of School: \_\_\_\_\_

District Borough Number: \_\_\_\_\_

Grade level: \_\_\_\_\_

Official Class Code: \_\_\_\_\_

NYC Student Identification Number: \_\_\_\_\_

**PARENT OR GUARDIAN: PLEASE COMPLETE THIS SECTION**

Please answer **both** questions 1 and 2. Please read them before you respond.

*For question 1, mark the box that best describes your child.*

- 1. Is the student Hispanic, Latino, or of Spanish origin?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Dominican, Mexican, Puerto Rican, Central or South America, or other Spanish culture or origin, regardless of race.

- YES, Hispanic  
 NO, not Hispanic

*For question 2, mark all boxes that apply to your child.*

- 2. Select one or more races from the following five racial groups.**

- AMERICAN INDIAN OR ALASKAN NATIVE:** A person having origins in any of the original peoples of North America and South America (including Central America). **(ATS Code: B)**
- ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Sub-Continent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. **(ATS Code: C)**
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, or other Pacific Islands. **(ATS Code: D)**
- BLACK:** A person having origins in any of the Black racial groups of Africa. **(ATS Code: E)**
- WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. **(ATS Code: F)**

Signature of Parent/Guardian/Other/School Staff Observer: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to student:

- Parent  
 Guardian  
 Other (specify): \_\_\_\_\_  
 School Staff Observer (name): \_\_\_\_\_

<sup>2</sup> 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.  
T&I-30775 PSE Form (English)



**Federal Parent/Guardian Student Ethnic and Race Identification**  
(PSE Form)

To the Parent or Guardian:

Federal law requires the New York City Department of Education to collect and record the ethnic identity and race of public school students. This information is used to determine funding for your school, among other things, and is kept safe and private.

We need your help to accomplish this task. Please respond to the ethnicity and race identification questions on the back of this page. The first question gives you a chance to share if your child is of Hispanic, Latino, or Spanish origin. The second question gives you a chance to share your child's race or races. The federal government provides the options that you will choose from. Please respond to both questions.

We understand the sensitive nature of this process. The options may not represent a perfect or complete portrayal of your family's own ethnic or race identification. We encourage you to select the options using your best judgment. If you choose not to answer, federal guidelines require New York City Department of Education school staff to respond on your behalf.

Race and ethnicity information for students is protected by the confidentiality regulations cited at the bottom of this page.<sup>1</sup>

Thank you for your cooperation.

**Directions for parents and guardians:**

Please complete the form on the other side of this page and return it to your child's school.

**Directions for school staff:**

File the completed form in the student's cumulative folder as confidential information.

<sup>1</sup> **Confidentiality Procedures and Regulations:** the Family Educational Rights and Privacy Act (FERPA) 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.



Chancellor's Regulation A-101  
Housing 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. The district cannot disclose housing status information without parental consent.

Student Name & Information:

Last Name		First Name		Middle Name
OSIS Number	Date of Birth (MM/DD/YY)	School		

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

Check (√)	Housing Questionnaire Choice	(School Use Only) ATS Code
<input type="radio"/>	<b>Doubled Up</b> - With another family or other person because of loss of housing or as a result of economic hardship	<b>D</b>
<input type="radio"/>	<b>Shelter</b> - Emergency or transitional shelter	<b>S</b>
<input type="radio"/>	<b>Hotel/Motel</b> - Living in what is NOT an emergency or transitional shelter and involves payment	<b>H</b>
<input type="radio"/>	<b>Other Temporary Living Situation</b> - Trailer park, campground, car, park, public places, abandoned building, street, or any other inadequate living space	<b>T</b>
<input type="radio"/>	<b>Permanent Housing</b> - Student who is living in a fixed, regular, and adequate housing situation	<b>P</b>

If the student is NOT living in permanent housing, also indicate if the below applies:

<input type="checkbox"/>	<b>Unaccompanied Youth</b> - Youth who is not in the physical custody of a parent or guardian	(School Use Only) Enter "Y" if Applicable
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Parent/Guardian (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 do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. After the student has been enrolled, the new school must contact the last school attended to request the student's educational records, including immunization records, and Students in Temporary Housing (STH). Liaison(s) must help the student get any other necessary documents or immunizations. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other 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 & Youth".