



ATS
ADMISSIONS/DISCHARGE/TRANSFER
FORM

DISTRICT # **21** BORO **R** SCHOOL # **101**
N.Y.C. STUDENT I.D. NUMBER

BE/ODP 9164 (10/03) MAC:PM5.0:ATS FORMS

STUDENT DATA	LAST NAME		FIRST NAME		MIDDLE NAME		N.Y.C. STUDENT I.D. NUMBER		
	BIRTHDATE (MM/DD/YY)		SEX (Circle One) M F		PROOF OF BIRTH		PLACE OF BIRTH		
	HOME ADDRESS: House Number and Street							Apartment Number	
	CITY		STATE	ZIP CODE		TELEPHONE NUMBER ()		SOCIAL SECURITY NUMBER (Optional)	
	DOES THIS STUDENT HAVE ANY CONDITION THAT MIGHT LIMIT PHYSICAL ACTIVITY?								
	PREVIOUS SCHOOL			PREVIOUS BORO/DIST/SCH. #		PREVIOUS SCHOOL ADDRESS			
	PREVIOUS HOME ADDRESS (Number, Street, Apt./Floor)					City, State, Zip Code			

SIBLINGS	BROTHERS:		OLDER	YOUNGER	SISTERS:		OLDER	YOUNGER	OTHER CHILDREN IN N.Y.C. SCHOOL SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	LAST NAME		FIRST NAME		SEX		DATE OF BIRTH		DISTRICT	SCHOOL

STUDENT RESIDES WITH ADULT LISTED IMMEDIATELY BELOW:

ADULT DATA	LAST NAME		FIRST NAME		MIDDLE NAME		AUTH CODE	RELATIONSHIP TO STUDENT	
	HOME TELEPHONE NUMBER ()			WORK ADDRESS (Number and Street)					
	CITY			STATE	ZIP CODE		WORK PHONE NUMBER ()		EXT.
	MAIDEN NAME				CELL PHONE NUMBER ()				
	BEEPER PHONE NUMBER ()				E-MAIL ADDRESS				

ADDITIONAL ADULT:

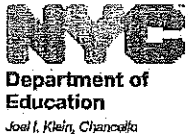
ADDITIONAL ADULT	LAST NAME		FIRST NAME		MIDDLE NAME		AUTH CODE	RELATIONSHIP TO STUDENT	
	HOME ADDRESS (House Number, Apt. #, and Street)							City, State, Zip Code	
	HOME TELEPHONE NUMBER ()		BORO CODE	WORK ADDRESS (Number and Street)				City, State, Zip Code	
	WORK PHONE NUMBER ()			EXT.	MAIDEN NAME				
	CELL PHONE NUMBER ()			BEEPER PHONE NUMBER ()		E-MAIL ADDRESS			

SIGNATURE OF ADULT				DATE		PROCESSED BY:				DATE	
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SCHOOL PERSONNEL WILL COMPLETE SHADED AREA BELOW

GEO. CODE	HOME DISTRICT	BORO CODE	TEMP HOUSING (Y/N)	HOME LANGUAGE		ETHNIC STATUS	HEALTH INSURANCE		CITIZEN (Y/N)	
ADMIT CODE	EFFECTIVE DATE		GRADE CODE	GR LVL	OFFICIAL CLASS	MEAL CODE	1 - Free Lunch 2 - Reduced Price Lunch		3 - Full Price Lunch 4 - No Form Returned	
DISCH. CODE	EFFECTIVE DATE		NEW BORO/DIST/SCH. #		NEW ADDRESS (Number, Street, Apt./Floor)					

STUDENT NAME				N.Y.C. STUDENT I.D. NUMBER				BIRTHDATE (MM/DD/YY)			
The above named student has been admitted to class _____ in room _____							SIGNATURE				
as of ____ / ____ / ____ (admission date).											



THE New York City DEPARTMENT OF EDUCATION
FEDERAL PARENT/GUARDIAN STUDENT ETHNIC & RACE IDENTIFICATION

FORM
PSE

- All students between 5 and 21 years of age have the right to a free 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 identity, pregnancy, immigration/citizenship status, disability, sexual orientation, religion, or ethnicity.¹

English Only

SCHOOL STAFF: PLEASE COMPLETE THIS SECTION

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

PARENT/GUARDIAN: PLEASE COMPLETE THIS SECTION

PLEASE ANSWER BOTH QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND.

For Question (1), check (✓) 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 American, or other Spanish culture or origin, regardless of race.

YES, Hispanic

NO, not Hispanic

For Question (2), check (✓) 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):

See reverse side for an important message to parents/guardians and for confidentiality procedures and regulations

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:

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

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

	School Use Only
<input type="checkbox"/>	Unaccompanied Youth Youth who is not in the physical custody of a parent or guardian
Enter "Y" if applicable	

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 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."**

**Office of Early Childhood
New Kindergarten Admit Questionnaire**

School Staff: Please Complete This Section

Borough District School Name of School The Verrazano School

Date of Birth (Month/Day/Year) Gender NYC Student Identification Number

Student Name: Last, First, Middle Initial _____

Pre-Reg Date (Month/Day/Year) Date Entered in ATS (Month/Day/Year)

Parent/Guardian: Please Complete This Section

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

Question 1:

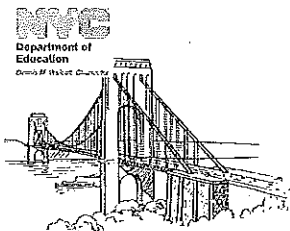
What kind of care or early education did your child receive during the year before kindergarten?			Office Use Only
Check <input checked="" type="checkbox"/> all that apply			
<input type="checkbox"/>	A	My child was cared for only in a home setting (either by me, by another family member, or by a non-relative such as a babysitter or nanny).	ATS: J
<input type="checkbox"/>	B	My child was in a Pre-Kindergarten setting that I paid for (for example, a community center, day care center, licensed family day care setting, parochial school, etc.).	ATS: K
<input type="checkbox"/>	C	A combination of A and B.	ATS: L
<input type="checkbox"/>	D	I lived outside of NYC the year before Kindergarten.	ATS: M
<input type="checkbox"/>	E	Free, DOE-Funded Pre-Kindergarten.	ATS: N

Question 2:

What is the main reason you did not enroll your child in a free pre-k program the year prior to kindergarten?			Office Use Only
Check <input checked="" type="checkbox"/> all that apply			
<input type="checkbox"/>	A	I did not know about free Pre-Kindergarten.	ATS: J
<input type="checkbox"/>	B	The application process for free Pre-Kindergarten was too difficult.	ATS: K
<input type="checkbox"/>	C	There were no free Pre-Kindergarten options in my neighborhood.	ATS: L
<input type="checkbox"/>	D	I applied for free Pre-Kindergarten but my child did not get admitted in the program that was my top choice.	ATS: M
<input type="checkbox"/>	E	The free Pre-Kindergarten programs available for my child were half-day and I needed a full-day program.	ATS: N
<input type="checkbox"/>	F	The free pre-kindergarten programs available for my child were full-day and I needed a half-day program.	ATS: P
<input type="checkbox"/>	G	I wanted to keep my child at home.	ATS: Q
<input type="checkbox"/>	H	I preferred to keep my child in the same educational setting as the year before pre-kindergarten.	ATS: R
<input type="checkbox"/>	I	None of the above.	ATS: S
<input type="checkbox"/>	J	I had concerns about the quality of DOE-funded Pre-kindergarten available to me.	ATS: T
<input type="checkbox"/>	K	Pre-kindergarten services were not available at my zoned District School.	ATS: U

Signature of Parent: _____ Date: _____

Entered in ATS By: _____



P.S. 101
THE VERRAZANO SCHOOL
"Bridging Education and the World"
2360 Benson Avenue, Brooklyn, NY 11214
www.ps101k.com
(718) 372-0221 FAX (718) 372-1873

Gregg Korrol
Principal
Elisa Kane
Assistant Principal
Patricia Percaccio
Assistant Principal

RESIDENT FORM FOR NEW ENTRANTS

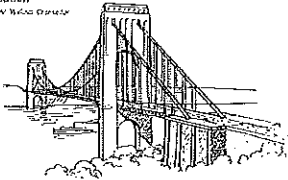
I understand that if any information given during the pre-registration and/or registration of my child at PS 101 concerning place of residence has been falsified or is not correct, my child will be discharged from PS 101 and sent to the appropriate zoned school.

Child's Name: _____ DOB: _____ Grade: _____

Parent's Signature: _____ Date: _____

GK:jt

如要獲得這份文件的中文版本，請找職員。
Por favor acérquese a un miembro del personal para obtener la traducción al español de este documento.
Для получения перевода этого документа на русский язык обращайтесь к
сотрудникам Департамента образования.
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IMPORTANT !

Dear Parents/Guardians:

April 2019

Welcome to PS 101's Kindergarten program for the 2019-2020 school year. Although you are registering and accepting placement for your child, it is important that he/she reports to PS 101 on the first day of school, Wednesday, September 4th.

PS 101 will not be holding seats in kindergarten. If your child is not present on the first day of school, regardless if you have travel plans or reservations, difficulty in returning from an extended vacation, celebration or a family illness, you will forfeit your child's kindergarten seat.

If you are planning a family trip this summer, please ensure you return by September 4, 2019. The first day of school in kindergarten and parent orientation are big first steps for all. Please ensure you comply with our school policy for a smooth start to your child's academic and social learning.

It is a parent's responsibility to make sure his/her child arrives at school on time everyday in accordance with NYS law.

Sincerely,

A handwritten signature in black ink, appearing to read "Gregg Korrol".

Gregg Korrol
Principal

GK:jt

I understand the above letter and I am aware that if my child is not in attendance on the first day of school, he or she will forfeit his/her seat. I am aware there is a waitlist and other children can benefit from these absences.

(Child's Name)

(Parent Signature)

(Date)

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