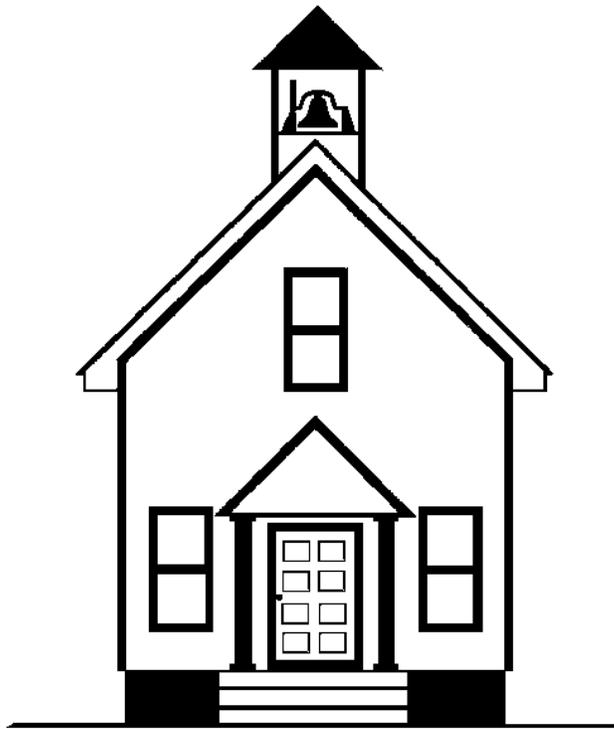


NASSAU COUNTY DIRECTORY OF SCHOOL DISTRICT REGISTRATION REQUIREMENTS



School Years

2021-2022 and 2022-2023

05/17/2022

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KINDERGARTEN

For children born in or after 2011, all school districts; except for Mineola and Plainview – Old Bethpage, have a birth date cut-off of December 1st or earlier for their Kindergarten Registration.

Please contact your local school district's registration office to confirm this information.

December 31st Mineola School District (516) 237-2031

December 31st Plainview – Old Bethpage CSD (516) 434-3045

03/01/2022

CPSE DIRECTORY

AMITYVILLE U.F.S.D.

CPSE CHAIRPERSON: Karen Fried

CPSE ADMINISTRATORS: Peter Paternostro, Administrator for PPS
ppaternostro@amityvilleufsd.org
 Virginia Figueroa, Asst. Administrator for PPS
vfigueroa@amityvilleufsd.org

CPSE TELEPHONE NUMBER: 631-565-6552

CPSE FAX NUMBER: 631-225-4614

CPSE REGISTRATION CONTACT: Brenda Clark
bclark@amityvilleufsd.org

CPSE MAILING ADDRESS: Amityville UFSD
 Pupil Personnel Services
 501 Route 110
 Amityville, NY 11701

REGISTRATION WITH SCHOOL DISTRICT: Yes No

CONTACT PERSON FOR REGISTRATION: Joanne Rodriguez
 631-565-6553
registration@amityvilleufsd.org

ADDRESS FOR REGISTRATION: Pupil Personnel Services
 501 Route 110
 Amityville, NY 11701

REGISTRATION HOURS: 8:00 a.m. to 11:00 a.m. weekdays

Registration packets are available at the

Pupil Personnel Office
 501 Route 110
 Amityville, New York 11701

*Homeless students/unaccompanied youth may be exempt from some/all of the above pre-entry requirements. Please contact the Administration Office at 631-565-6553 for further information.

CPSE DIRECTORY**BALDWIN U.F.S.D.**

CPSE CHAIRPERSON: Dana Cammarano

CPSE TELEPHONE NUMBER: 516-434-6056

CPSE FAX NUMBER: 516-434-6828

CPSE REGISTRATION CONTACT: Rutheria Morgan-Bean

CPSE MAILING ADDRESS: District Office
960 Hastings Street
Baldwin, NY 11510

REGISTRATION WITH SCHOOL DISTRICT: Yes ______ No _____

CONTACT PERSON FOR REGISTRATION: Marie Villela
516-434-6095
Fax: 516-434 6828

ADDRESS FOR REGISTRATION: District Office
960 Hastings Street
Baldwin, NY 11510

REGISTRATION HOURS: 8:30 a.m. to 2:00 p.m. weekdays
By appointment only
Year Round

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth Certificate with raised seal
- Proof of Residency – Three are required: deed/mortgage statement or lease and 2 utilities
- Parent Identification: green card, driver's license, passport
- Legal Guardianship papers
- Copies of most recent evaluations

CPSE DIRECTORY**BELLMORE U.F.S.D.**

CPSE CHAIRPERSON Dr. Diana Mitchell

CPSE TELEPHONE NUMBER(S): 516-679-2940
516-679-2941

CPSE FAX NUMBER: 516-783-2985

CPSE REGISTRATION CONTACT: Mary Giorgio

CPSE MAILING ADDRESS: Winthrop Avenue School:
Instructional Services Office
580 Winthrop Avenue
Bellmore, NY11710

E-MAIL ADDRESS; dmitchell@bellmoreschools.org

REGISTRATION WITH SCHOOL DISTRICT: Yes No

CONTACT PERSON FOR REGISTRATION: Mary Giorgio

ADDRESS FOR REGISTRATION: 580 Winthrop Avenue
Bellmore, NY11710

REGISTRATION HOURS: 8:00 a.m. to 4:00 p.m.

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Original Birth Certificate
- Proof of Residency ~ Mortgage Statement or Deed
- Tax Receipt/Lease
- Two Utility Bills

CPSE DIRECTORY

BETHPAGE U.F.S.D.

CPSE CHAIRPERSON: Dr. Kristin Lopez

CPSE TELEPHONE NUMBER: 516-644-4020/4022
Cher Lepre—contact person for CPSE

CPSE FAX NUMBER: 516-644-4076

CPSE MAILING ADDRESS: Bethpage UFSD
Pupil Personnel Services - CPSE
10 Cherry Ave.
Bethpage, NY 11714

E-MAIL ADDRESS: klopez@bethpage.ws

REGISTRATION WITH SCHOOL DISTRICT: Yes No

ADDRESS FOR REGISTRATION: Bethpage UFSD
Central Registration Office
10 Cherry Ave.
Bethpage, NY 11714

REGISTRATION HOURS: 8:00 a.m. to 2:30 p.m. weekdays
Year Round
***Call for appointment**

REGISTRATION PHONE: 516 644-4060

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- **One of the following:** birth certificate with raised seal, passport or baptismal certificate
- **Proof of Identity: driver's license (or other photo ID)**
- :and mortgage statement, tax receipt or lease
- **Plus two** of the following: utility bill, non-cellular phone bill, bank statement, insurance bill, voter registration card, income tax return or pay stub.
- **Legal guardianship** papers or court order
- **Copy of immunizations** record and health report

CPSE DIRECTORY

CARLE PLACE U.F.S.D.

CPSE CHAIRPERSON: Dr. Michele Pakula

CPSE TELEPHONE NUMBER: 516-622-6502, 516-622-6401

CPSE FAX NUMBER: 516-622-6540

CPSE MAILING ADDRESS: Carle Place UFSD
Pupil Personnel Services
168 Cherry Lane
Carle Place, NY 11514-1788

E-MAIL ADDRESS: pmolnar@cps.k12.ny.us
mpakula@cps.k12.ny.us

REGISTRATION WITH SCHOOL DISTRICT: Yes No

CONTACT PERSON FOR REGISTRATION: Sue Buffolino
516-622-6449

ADDRESS FOR REGISTRATION: Sue Buffolino - contact person for CPSE
Office of Instruction & Personnel
Carle Place UFSD
168 Cherry Lane
Carle Place, NY 11514-1788

REGISTRATION HOURS: Call Registration Office for Information

Then make appointment for review of registration material.

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth Certificate
- Completed, signed and notarized affidavit forms, obtained from Personnel Office
- From the owner: deed, mortgage statement or tax bill
- If you are a renter: legal documentation such as utility bill, bank statement, land line telephone bill, etc., with a lease
- Custodial Agreements/Divorce decree
- Immunization Record
- Custodial papers
- Emergency contact information

03/04/2022

CPSE DIRECTORY

COLD SPRING HARBOR CENTRAL S.D.

CPSE CHAIRPERSON: Tina Smith

CPSE TELEPHONE NUMBER: 631-367-5936

CPSE FAX NUMBER: 631-692-8011

CPSE MAILING ADDRESS: 75 Goose Hill Road
Cold Spring Harbor, NY 11724

E-MAIL ADDRESS: tsmith@csh.k12.ny.us

REGISTRATION WITH SCHOOL DISTRICT: Yes ___**X**___ No _____

CONTACT PERSON FOR REGISTRATION: Michelle Goldstein

ADDRESS FOR REGISTRATION: 75 Goose Hill Road
Cold Spring Harbor, NY 11724

REGISTRATION HOURS: Call for appointment
Year Round

Contact Person for Referral: Michelle Goldstein

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth Certificate with raised seal
- Proof of Residency – Two are required: Deed, lease, LIPA bill, driver’s license, tax bill
Photo ID
- Physical exam within one year
- Immunization Record
-

CPSE DIRECTORY

EAST MEADOW U.F.S.D.

CPSE CHAIRPERSON: Carrie Kelsey, Chairperson
Danielle Betz, Alternate Chairperson

CPSE TELEPHONE NUMBER: 516-478-5535
CPSE FAX NUMBER: 516-478-5543

CPSE MAILING ADDRESS: Special Education/PPS Office
East Meadow School District
The Campo Salisbury Center
718 The Plain Road
Westbury, NY 11590

E-MAIL ADDRESS: ckelsey@emufsd.us

REGISTRATION WITH SCHOOL DISTRICT: Yes No

CONTACT PERSON FOR REGISTRATION: Carly Sorrantonio
516-478-5526

ADDRESS FOR REGISTRATION: All Registration is conducted through the
Registration Portal on www.emufsd.us.

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

Proof of Immunization: Immunization records must be signed and stamped by physician.

Proof of Age: Original Birth Certificate

Proof of Residency: To obtain List of acceptable documents from East Meadow School
District, please see our website at www.eastmeadow.k12.ny.us

03/02/2022

CPSE DIRECTORY**EAST ROCKAWAY U.F.S.D.**

CPSE CHAIRPERSON:	Ann Marie Chapur (on leave)
PPS DIRECTOR:	Vincent Healy
PPS ASST. DIRECTOR:	Robert Kennedy
CPSE/CSE SECRETARY:	Lisa Fodera
CPSE TELEPHONE NUMBER:	516-887-8300 ext.543
CPSE FAX NUMBER:	516-599-0753
CPSE MAILING ADDRESS:	East Rockaway Jr/Sr High School 443 Ocean Avenue East Rockaway, NY 11518
E-MAIL ADDRESS:	lfodera@eastrockawayschools.org
REGISTRATION WITH SCHOOL DISTRICT:	Yes ___ X ___ No _____
CONTACT PERSON FOR REGISTRATION:	Nereyda Amaya-Moran 516-887-8300 X 433
ADDRESS FOR REGISTRATION:	East Rockaway Jr/Sr High School 443 Ocean Avenue East Rockaway, NY 11518 516-887-8300 ext. 440
REGISTRATION HOURS:	8:00 a.m. to 3:30 p.m. weekdays

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth Certificate
- Proof of Residency – Two are required: deed, lease, utility bill, rental receipt, etc.
- Legal Guardianship Papers

THE FOLLOWING INFORMATION MUST BE PROVIDED PRIOR TO EVALUATION:

- Physical Exam within One Year
- Immunization Record

CPSE DIRECTORY

EAST WILLISTON U.F.S.D.

CPSE CHAIRPERSON: Thomas Sposato

CPSE TELEPHONE NUMBER: 516-333-5769

CPSE FAX NUMBER: 516-333-5973

CPSE MAILING ADDRESS: The Wheatley School
11 Bacon Road
Old Westbury, NY 11568

REGISTRATION WITH SCHOOL DISTRICT: Yes ___X___ No _____

CONTACT PERSON FOR REGISTRATION: Steven Kimmel
516-333-1707

ADDRESS FOR REGISTRATION: The Wheatley School
11 Bacon Road
Old Westbury, NY 11568
[East Williston Register Online](#)

REGISTRATION HOURS: 8:00 a.m. to 2:00 p.m. weekdays
Year Round

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Proof of Residency – Four are required: deed, lease, utility bill, rent receipt, bank statement, homeowner’s insurance, property tax bill, etc.
- Birth Certificate

CPSE DIRECTORY

ELMONT U.F.S.D.

CPSE CHAIRPERSON: Helisse Palmore

CPSE TELEPHONE NUMBER: 516-326-5580 option 5
Christina Cairo-Contact person for CPSE

CPSE FAX NUMBER: 516-326-6127

CPSE MAILING ADDRESS: 1735 Hempstead Turnpike
Elmont, NY 11003

E-MAIL ADDRESS: hpalmore@elmontschools.org

REGISTRATION WITH SCHOOL DISTRICT: Yes ___**X**___ No _____

CONTACT PERSON FOR REGISTRATION: Sharon Woitko
516-326-5580, extension 42247

ADDRESS FOR REGISTRATION: 1735 Hempstead Turnpike
Elmont, NY 11003

REGISTRATION HOURS: 9:00 a.m. to 3:30 p.m. weekdays
Year Round

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth Certificate or Baptismal Certificate
- Proof of Residency – Four are required: deed, lease, utility bill, rent mortgage statement (Tax bill, Bank Statement, Legal Mail)
- Legal Guardianship Papers
- Immunization Record
- Physical Exam with recent PPD (Mantoux testing)
- Notarized District Registration Papers
- Physicals, immunizations, and prescriptions with Physician signature and stamp

CPSE DIRECTORY

FARMINGDALE U.F.S.D.

CPSE DIRECTOR: Mr. Donald Cassidy

CPSE CHAIRPERSON: Ms. Gina Callesano

CPSE TELEPHONE NUMBER: (516) 434-5189

CPSE FAX NUMBER: (516) 752-6746

CPSE MAILING ADDRESS: Howitt Middle School
Preschool Special Education
50 Van Cott Avenue
Farmingdale, NY 11735

E-MAIL ADDRESS: gcallesano@farmingdaleschools.org

REGISTRATION WITH SCHOOL DISTRICT: Yes No

CPSE CONTACT PERSON FOR REGISTRATION: Ms. Gina Callesano

ADDRESS FOR REGISTRATION: Howitt Middle School
Census/Enrollment
50 Van Cott Avenue
Farmingdale, NY 11735
(516) 434-5112

REGISTRATION HOURS: School year:
8:00 a.m. to 2:30 p.m. weekdays

July & August:
8:00 a.m. to 2:30 p.m. M-Th;
8:00 to 11:30 a.m. Fri

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Social Security Number, if known
- Original Birth Certificate
- Proof of Residency – One is required: deed, lease, utility bill
- Legal Guardianship Papers
- Foster Care DS2999

CPSE DIRECTORY

FLORAL PARK - BELLEROSE U.F.S.D.

CPSE CHAIRPERSONS: Kerrie Murray
Dr. Juli Mulcahy – retiring 06/30/2022

CPSE TELEPHONE NUMBER: 516-434-2774

CPSE FAX NUMBER: 516-327-9453

CPSE MAILING ADDRESS: Floral Park-Bellerose School
Office of Special Services
2 Larch Avenue, Rm. 5
Floral Park, NY 11001

E-MAIL ADDRESS: surispoli@floralpark.k12.ny.us

REGISTRATION WITH SCHOOL DISTRICT: Yes No

CONTACT PERSON FOR REGISTRATION: Susan Rispoli – retiring 06/30/2022

ADDRESS FOR REGISTRATION: Floral Park-Bellerose School
Office of Special Services
2 Larch Avenue, Room 5
Floral Park, NY 11001

REGISTRATION HOURS: 8:30 a.m. to 3:30 p.m. weekdays
Year Round

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth Certificate with raised seal
- Proof of Residency – Two are required:
Owner: Deed, mortgage statement or tax bill and two utility bills
Renter: Notarized lease and/or letter from owner and owner's deed or tax bill
- Legal Guardianship Papers
- Immunization Record
- Physical Exam within One Year
- Photo I.D. of Parent/Guardian (i.e., driver's license or passport)

CPSE DIRECTORY

FRANKLIN SQUARE U.F.S.D.

CPSE CHAIRPERSON: Kristin Stallone

CPSE TELEPHONE NUMBER: 516-481-4100 ext. 3371

CPSE FAX NUMBER: 516-481-4133

CPSE MAILING ADDRESS: Washington Street School
760 Washington Street
Franklin Square, NY 11010

E-MAIL: kstallone@franklinsquare.k12.ny.us

REGISTRATION WITH SCHOOL DISTRICT: Yes ___**X**___ No _____

CONTACT PERSON FOR REGISTRATION: Carolyn Mione
516-481-4100 x 3539

ADDRESS FOR REGISTRATION: CPSE Office
Washington Street School
760 Washington Street
Franklin Square, NY 11010

REGISTRATION HOURS: Call for Proof of Residency PKT
Completed packet can be mailed
or dropped off in main office
M-F 9:00 am and 3:00 pm

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

Explained in Proof of Residency Packet

CPSE DIRECTORY**FREEPORT U.F.S.D.**

CPSE CHAIRPERSON: Monica Campos

CPSE TELEPHONE NUMBER: 516-867-8900 ext. 4717

CPSE FAX NUMBER: 516-867-5337

CPSE MAILING ADDRESS: 150 North Columbus Avenue
Freeport, NY 11520

REGISTRATION WITH SCHOOL DISTRICT: Yes X No

CONTACT PERSON FOR REGISTRATION: Hanna Palotta
516-867-8900 ext. 4716
Fax: 516-771-3310

ADDRESS FOR REGISTRATION: Central Registry Verification Office
Caroline Atkinson School
58 W. Seaman Avenue
Freeport, NY 11520
Contact Evelyn or Iris
516-867-5254

REGISTRATION HOURS: 8:30 a.m. to 3:00 p.m. weekdays
September to June
8:00 a.m. to 2:00 p.m. weekdays
Summer

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth Certificate with raised seal
- Proof of Residency – Three are required: deed, lease, utility bill, rent receipt, etc.
- Legal Guardianship Papers
- Immunization Record
- Physical Exam within One Year

CPSE DIRECTORY

GARDEN CITY PUBLIC SCHOOLS

CPSE CHAIRPERSON: Happy Arstark

CPSE TELEPHONE NUMBER: 516-478-1050 ext. 1

CPSE FAX NUMBER: 516-294-5009

CPSE MAILING ADDRESS: Administration Building
56 Cathedral Avenue
Garden City, NY 11530

E-MAIL ADDRESS: arstarkh@gcufsd.net
kavouriasr@gcufsd.net

REGISTRATION WITH SCHOOL DISTRICT: Yes No

CONTACT PERSON FOR REGISTRATION: Rae Kavourias

ADDRESS FOR REGISTRATION: Administration Building
56 Cathedral Avenue
Garden City, NY 11530

REGISTRATION HOURS: 8:30 a.m. to 4:30 p.m. weekdays
September to June
8:00 a.m. to 3:00 p.m. weekdays
Summer

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth Certificate with raised seal
- Proof of Residency – Deed/Contract of Sale/Lease and Three (3) utility bills
- Legal Guardianship Papers
- Immunization Record
- Physical Exam within One Year
- Social Security Number
- Photo (requested)

THE FOLLOWING INFORMATION MUST BE PROVIDED PRIOR TO EVALUATION:

- Consent to Evaluate

CPSE DIRECTORY

GLEN COVE SCHOOL DISTRICT

CPSE CHAIRPERSON: Frances Casciano

CPSE TELEPHONE NUMBER: 516-801-7053

CPSE FAX NUMBER: 516-801-7059

CPSE REGISTRATION CONTACT: Emila Roussine
516-801-7053

CPSE MAILING ADDRESS: Glen Cove School District
Carriage House
152 Dosoris Lane
Glen Cove, NY 11542

CPSE E-MAIL: fcascia@glencove.k12.ny.us
eroussin@glencove.k12.ny.us

REGISTRATION WITH SCHOOL DISTRICT: Yes ___X___ No _____

CONTACT PERSON FOR REGISTRATION: Reyna Bonilla

REGISTRATION TELEPHONE NUMBER: 516-801-7001

ADDRESS FOR REGISTRATION: Glen Cove Schools
Thayer House
150 Dosoris Lane
Glen Cove, NY 11542

REGISTRATION HOURS: **Please call for appointment.**
September to June:
8:30 a.m. to 4:15 p.m. weekdays
Summer:
8:30 a.m. to 2:00 p.m. weekdays

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

Registration is required and must be completed with Central Administration. You may pick up the registration packet, which will include detailed instructions, at the Thayer House. Contact Ms. Cala for a registration appointment. Once your child, you must contact the CPSE Office for an intake appointment.

CPSE DIRECTORY

GREAT NECK PUBLIC SCHOOLS

CPSE CHAIRPERSON: Dr. Craig Gootman

CPSE TELEPHONE NUMBER: 516-441-4385

CPSE FAX NUMBER: 516-441-4398

CPSE REGISTRATION CONTACT: DeDe Adams

CPSE MAILING ADDRESS: 10 Campbell St.
New Hyde Park, NY 11040

E-MAIL: cgootman@greatneck.k12.ny.us
dadams@greatneck.k12.ny.us

REGISTRATION WITH SCHOOL DISTRICT: Yes ______ No _____

CONTACT PERSON FOR REGISTRATION: Joseph Cangialosi

ADDRESS FOR REGISTRATION: Parkville School Early Childhood\
Center Attendance Office
345 Lakeville Road
Great Neck, NY 11020
516-441-4080

REGISTRATION HOURS: 9:00 a.m. to 4:00 p.m. weekdays
September to June
9:00 a.m. to 3:00 p.m. weekdays
Summer

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth Certificate with raised seal and if born outside US, a passport
- Proof of Residency – Four are required:
 - Owners: Deed or closing statement and three others (utility bill, tax receipts, voter registration, etc.)
 - Renters: Lease and three others
- Legal guardianship papers
- Immunization record
- Physical and dental may follow

CPSE DIRECTORY

HEMPSTEAD

CPSE CHAIRPERSON: Dr Bernardo Flores

CPSE TELEPHONE NUMBER: 516-434-4000 ext. 4087

CPSE FAX NUMBER: 516-564-0350

CPSE MAILING ADDRESS: 185 Peninsula Blvd, B9
Hempstead, NY11550

E-MAIL ADDRESS: bflores@hempsteadschools.org

REGISTRATION WITH SCHOOL DISTRICT: Yes ______ No _____

CONTACT PERSON FOR REGISTRATION: Edith Diaz
(516) 434-4160 or 4163

ADDRESS FOR REGISTRATION: Dr Bernardo Flores Contact person for
CPSE
516-434-40 87
436 A Front Street
Hempstead, NY 11550

REGISTRATION HOURS: 9 am -12 pm
Weekdays Year Round

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth Certificate with raised seal
- Proof of Residency – Deed or current lease and two others are required: utility bill, renter’s insurance bill, Social Security correspondence, etc.
- Legal guardianship papers
- Immunization record
- Photo ID
- Physical Exam within one year

THE FOLLOWING INFORMATION MUST BE PROVIDED PRIOR TO EVALUATION:

- Dental Exam

Registration is required and must be completed with Central Administration. You may download the registration packet from the district website www.hempsteadschools.org.

Contact Ms. Jimenez at (516) 434-4083 for an appointment for intake.

CPSE DIRECTORY

HERRICKS U.F.S.D.

CPSE DIRECTOR: Lois Jankeloff

CPSE CHAIRPERSON: Danielle Macpherson

CPSE CONTACT PERSON AFTER REGISTERING WITH THE SCHOOL DISTRICT: MaryJane Yackel

CPSE TELEPHONE NUMBER: 516-305-8904

CPSE FAX NUMBER: 516-248-3131

CPSE MAILING ADDRESS: Administration Building
999-B Herricks Road
New Hyde Park, NY 11040-1355

CPSE E-MAIL: dmacpherson@herricks.org
www.herricks.org

REGISTRATION WITH SCHOOL DISTRICT: Yes ___X___ No _____

CONTACT PERSON FOR REGISTRATION: Pat Lewis
516-305-8900

ADDRESS FOR REGISTRATION: Administration Building
999-B Herricks Road – Room 210
New Hyde Park, NY 11040-1355

REGISTRATION HOURS: 9:00 a.m. to 4:00 p.m. weekdays
Year Round

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth Certificate
- Proof of Residency – Three are required: Driver’s license and insurance card, lease, utility bill, etc.
- Legal guardianship papers
- Call Maryjane Yackel, Secretary, at 305-8938 after registering with the school district

CPSE DIRECTORY

HEWLETT-WOODMERE PUBLIC SCHOOLS

CPSE CHAIRPERSON: Rose Belia

CPSE TELEPHONE NUMBER: 516-792-4834

CPSE FAX NUMBER: 516-792-4864

CPSE MAILING ADDRESS: 1 Johnson Place
Woodmere, NY 11598

CPSE E-MAIL ADDRESS: Lruta@hewlett-woodmere.net

REGISTRATION WITH SCHOOL DISTRICT: Yes No

CONTACT PERSON FOR REGISTRATION: Lisa Ruta
516-792-4834

ADDRESS FOR REGISTRATION: 1 Johnson Place – Room 209
Woodmere, NY 11598

REGISTRATION HOURS: 8:30 a.m. – 3:30 p.m. weekdays
Year round

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Original Birth Certificate with raised seal or current passport
- Proof of Residency –
Owner: Must have deed or tax bill
Renter: Lease with landlord’s name and phone number
Plus two of the following: LIPA, Keyspan or water bill, bank statement with new address, voter registration, mortgage statement (no telephone, no cable)
- Legal guardianship papers, if relevant
- Immunization record /medical -physical
- Paid moving bill if new to district
- Custody papers if divorce or separated
- District will supply an affidavit that must be filled out and notarized

03/04/2022

CPSE DIRECTORY**HICKSVILLE PUBLIC SCHOOLS****ADMINISTRATOR:****CPSE CHAIRPERSON:** Stephanie Novick**CPSE TELEPHONE NUMBER:** 516-733-2160**CPSE FAX NUMBER:** 516-733-6683**CPSE MAILING ADDRESS:** Administration Building
200 Division Avenue
Hicksville, NY 11801**CPSE E-MAIL ADDRESS:****REGISTRATION WITH SCHOOL DISTRICT:** Yes ___X___ No _____**CPSE REGISTRATION CONTACT** Anne-Marie Granger
516-733-2160**ADDRESS FOR REGISTRATION:** Administration Building
200 Division Avenue
Hicksville, NY 11801**REGISTRATION HOURS:** 12:00 Noon - 3:00 pm (Sept-Jun.)
8:30 am – 11 am (July-Aug)

Registration Packets and information are available at the Administration Building located at 200 Division Avenue, Hicksville NY 11801

See Website for full Requirements:
www.hicksvillepublicschools.org

CPSE DIRECTORY

ISLAND PARK U.F.S.D.

CPSE CHAIRPERSON: Jacob Russum

CPSE TELEPHONE NUMBER: 516-434-2620

CPSE FAX NUMBER: 516-431-8422

CPSE MAILING ADDRESS: Island Park UFSD
150 Trafalgar Blvd.
Island Park, NY 11538

CPSE E-MAIL: jrussum@islandparkschools.org

REGISTRATION WITH SCHOOL DISTRICT: Yes ___**X**___ No _____

CONTACT PERSON FOR REGISTRATION: Mrs. Karen Wilson

ADDRESS FOR REGISTRATION: Island Park UFSD
150 Trafalgar Blvd.
Island Park, NY 11538

REGISTRATION HOURS: Year-Round - 8:30 a.m. to 3:30 p.m.
Weekdays
Summer Hours—8:30 a.m.–1:30 p.m.

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

Deed or Lease

- Child's **Original** Birth Certificate with raised seal
- Two of the following: Utility bill, bank statement, IRS statement or driver's license
- Completed updated medical form with record of immunization
- Legal guardianship papers

ISLAND TREES U.F.S.D.

CPSE CHAIRPERSON: Elaine Jung

CPSE REGISTRATION CONTACT: Judyann Giacobelli

CPSE TELEPHONE NUMBER: 516-520-2175

CPSE REGISTRATION E-MAIL ADDRESS: jgiacobelli@islandtrees.org

CPSE FAX NUMBER: 516-731-3846

CPSE MAILING ADDRESS: 45 Wantagh Avenue South, Rm. 170
Levittown, NY 11756

REGISTRATION WITH SCHOOL DISTRICT: Yes No

CONTACT PERSON FOR REGISTRATION: Patricia Jorgensen
516-520-2111

ADDRESS FOR REGISTRATION: Island Trees UFSD
Registration Office
74 Farmedge Road
Levittown, NY 11756

REGISTRATION HOURS: 7:30 a.m. to 3:30 p.m. Weekdays
By Appointment Year Round

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth certificate with raised seal or Baptismal certificate
- Proof of Residency – one is required: Deed, utility bill, lease/rent receipt, etc.
- Legal guardianship papers
- Immunization record

THE FOLLOWING INFORMATION MUST BE PROVIDED PRIOR TO EVALUATION:

- Physical exam within six months

CPSE DIRECTORY

JERICHO U.F.S.D.

CPSE CHAIRPERSON: Michael Karmin

CPSE TELEPHONE NUMBER: 516-203-3600 ext. 3505

CPSE FAX NUMBER: 516-203-3604

CPSE MAILING ADDRESS: 99 Cedar Swamp Road
Jericho, NY 11753

CPSE E- MAIL: MKarmin@jerichoschools.org

REGISTRATION WITH SCHOOL DISTRICT: Yes No

CONTACT PERSON FOR REGISTRATION:

Cantiague:	Laura Staton
Jackson:	Marianne D’Alto
Seaman:	Mary Leissing
CPSE:	Doreen Bianco

ADDRESS FOR REGISTRATION: Each Individual Home Elementary School

REGISTRATION HOURS: School hours

THE FOLLOWING INFORMATION MUST BE PROVIDED PRIOR TO CPSE EVALUATION:

- Birth Certificate
- Proof of Residency – One is required: Deed, utility bill, lease/rent receipt, etc.
- Physical Exam within one year
- Immunization record

03/07/2022

CPSE DIRECTORY

LAWRENCE U.F.S.D.

CPSE COORDINATOR: Susan McNulty
CPSE COORDINATOR PHONE NUMBER: (516) 295-6414

CPSE TELEPHONE NUMBER: (516) 295-6414
CPSE E-MAIL ADDRESS: smcnulty@lawrence.k12.ny.us

PUPIL PERSONNEL SUPERVISOR:
PUPIL PERSONNEL TELEPHONE NUMBER: (516) 295-7085
PUPIL PERSONNEL E-MAIL ADDRESS:

CPSE FAX NUMBER: 516-812-6428

CPSE MAILING ADDRESS: No. 4 School
 Attn: CPSE Office
 87 Wanser Avenue
 Inwood, NY 11096

REGISTRATION WITH SCHOOL DISTRICT: Yes ___X___ No _____

CONTACT PERSON FOR REGISTRATION: Anne Strunk
 516-295-7017
astrunk@lawrence.k12.ny.us

ADDRESS FOR REGISTRATION: No. Four School
 Dept. of Transportation
 87 Wanser Avenue
 Inwood, NY 10096

REGISTRATION HOURS: You must call for an appointment.
 8:30 a.m. to 3:30 p.m.

FAMILIES MUST CONTACT THE CPSE OFFICE BEFORE REGISTRATION

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth Certificate with raised seal
- Proof of Residency
 - Owners: Deed or current tax bill and three others are required
 - Renters: Lease and three others are required
 - Photo ID
- Legal guardianship papers
- Updated physical exam
- Immunization record

CPSE DIRECTORY

LEVITTOWN SCHOOL DISTRICT

DIRECTOR OF PUPIL PERSONNEL:	Dr. Susan Farber
ASSISTANT DIRECTORS:	Ms. Dawn Wang; Dr. Matthew Jurgens
CPSE CHAIRPERSON:	Mr. Rocco Ognibene
CPSE TELEPHONE NUMBER:	516 434-7050 dial 0
CPSE FAX NUMBER:	516 450-3555
CPSE MAILING ADDRESS:	LMEC, CPSE Special Education Office 150 Abbey Lane Levittown, NY 11756
CPSE E-MAIL:	jkraivitz@levittownschoools.com
REGISTRATION WITH SCHOOL DISTRICT:	Yes ___ X ___ No _____
CONTACT PERSON FOR REGISTRATION:	Joanne Kravitz, CPSE Secretary jkraivitz@levittownschoools.com
ADDRESS FOR REGISTRATION:	LMEC – Special Ed. Dept. 150 Abbey Lane Levittown, NY 11756

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth Certificate/ Legal Guardianship Papers (Foster/Adopted)
- Proof of residency – two is required, e.g., deed, utility bill, lease/rent receipt, etc.
- Child’s Social Security number, if available

CPSE DIRECTORY

LOCUST VALLEY C.S.D.

CPSE CHAIRPERSON: Erin Goldthwaite

CPSE TELEPHONE NUMBER: 516-277-5050

CPSE REGISTRATION CONTACT: Melissa McAree
516-277-5050

CPSE FAX NUMBER: 516-277-5098

CPSE MAILING ADDRESS: Administration Office
22 Horse Hollow Road
Locust Valley, NY 11560

CPSE E-MAIL ADDRESS: mmcaree@lvcsd.k12.ny.us

REGISTRATION WITH SCHOOL DISTRICT: Yes ___X___ No _____

CONTACT PERSON FOR REGISTRATION: Anna Rivadeneria
516-277-5065
ARivadeneira@lvcsd.k12.ny.us

ADDRESS FOR REGISTRATION: 22 Horse Hollow Road.
Locust Valley, NY 11560

REGISTRATION HOURS: By appointment

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Proof of Residency – One is required: deed, utility bill, lease/rent receipt, etc.
- Birth Certificate
- Utility Bill
- Affidavit of Residency or Lease Agreement

CPSE DIRECTORY**LONG BEACH SCHOOLS**

CPSE CHAIRPERSON: Maria Vazquez-Wright

CPSE SECRETARY: Kerry Ennis

CPSE TELEPHONE NUMBER: 516-897-2207

CPSE FAX NUMBER: 516-897-2171

CPSE MAILING ADDRESS: 237 Lido Boulevard
Lido Beach, NY 11561

E-MAIL: mvazquez-wright@lbeach.org

REGISTRATION WITH SCHOOL DISTRICT: Yes No

CONTACT PERSON FOR REGISTRATION: Lisa Marry

ADDRESS FOR REGISTRATION: 237 Lido Boulevard
Lido Beach, NY 11561

PHONE FOR REGISTRATION: 516-897-2212

REGISTRATION HOURS: Open Year-Round – Weekdays - Call for an appointment

WEB SITE: www.lbeach.org

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Original Birth Certificate
- Proof of Residency – Two are required: mortgage, lease/rent receipt and utility bill
- Immunization record

CPSE DIRECTORY

LYNBROOK U.F.S.D.

DIRECTOR OF SPECIAL SERVICES: Susan Saban

CPSE CHAIRPERSON: Keri Kelleher

CPSE/CSE CHAIRPERSON: Patricia Schwetz

CPSE TELEPHONE NUMBER: 516-887-0260 or 516-887-0261

CPSE FAX NUMBER: 516-593-6595

CPSE MAILING ADDRESS: Office of Special Services
111 Atlantic Avenue
Lynbrook, NY 11563

CPSE E-MAIL: Keri.kelleher@lynbrookschools.org

REGISTRATION WITH SCHOOL DISTRICT: Yes ___X___ No _____

CONTACT PERSON FOR REGISTRATION: Keri Kelleher

CPSE REGISTRATION CONTACT: Cathy McEntee

ADDRESS FOR REGISTRATION: Office of Special Services
111 Atlantic Avenue
Lynbrook, NY 11563

REGISTRATION HOURS: By appointment:
8:00 a.m. to 4:00 p.m. weekdays
September to June
8:00 a.m. to 2:00 p.m.
Summer

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth certificate with raised seal
- Proof of Residence – Three are required: Deed, lease, LIPA bill, telephone bill, etc.
- Legal guardianship papers, if applicable
- Physical exam within one year
- Immunization Record

CPSE DIRECTORY**MALVERNE U.F.S.D.**

CPSE CHAIRPERSON: Emma Copp

CPSE TELEPHONE NUMBER: 516-887-6415

CPSE FAX NUMBER: 516-255-1007

CPSE MAILING ADDRESS: H.T. Herber Middle School
75 Ocean Avenue
Malverne, NY 11565

REGISTRATION WITH SCHOOL DISTRICT: Yes ___X___ No _____

CONTACT PERSON FOR REGISTRATION: Maureen Madden
516-887-6480

CPSE REGISTRATION CONTACT: JoAnne Renzull

ADDRESS FOR REGISTRATION: Malverne High School
80 Ocean Avenue
Malverne, NY 11565

REGISTRATION HOURS: 8:00 a.m. to 2:00 p.m. weekdays
September to June

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth certificate with raised seal
- Proof of Residency – Three are required: Deed, lease, LIPA bill, telephone bill, etc.
- Legal guardianship papers, if applicable
- Physical exam within one year
- Immunization record

CPSE DIRECTORY**MANHASSET U.F.S.D.**

CPSE CHAIRPERSONS: Kim Jappell
Anne Soldano

CPSE TELEPHONE NUMBER: 516-267-7467

CPSE FAX NUMBER: 516-627-2148

CPSE MAILING ADDRESS: Manhasset School District
27A Shelter Rock Road
Manhasset, NY 11030

CPSE E-MAIL: kim-marie_jappell@manhassetsschools.org
Anne_soldano@manhassetsschools.org

REGISTRATION WITH SCHOOL DISTRICT: Yes ___X___ No _____

CONTACT PERSON FOR REGISTRATION: Janice McGrath
Secretary to the CPSE Chairperson

ADDRESS FOR REGISTRATION: Manhasset School District
27A Shelter Rock Road
Manhasset, NY 11030

REGISTRATION HOURS: 8:30 a.m. to 3:30 p.m. weekdays
@ Central Registration
516-267 7777

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth Certificate or Passport if foreign born
- Proof of Residency – Four are required: Deed, lease, utility bill, telephone bill, etc.
- Physical less than 12 months old and Immunizations

CPSE DIRECTORY

MASSAPEQUA UFSD

CPSE CHAIRPERSON:	Kristen Catalano
CPSE TELEPHONE NUMBER:	516-308-5569
CPSE REGISTRATION CONTACT:	Jodi Neubauer—contact person for CPSE
CPSE FAX NUMBER:	516-308-5559
CPSE MAILING ADDRESS:	McKenna Elementary School Student support Services 210 Spruce St Massapequa Park, NY 11762
CPSE E-MAIL ADDRESS:	jneubauer@msd.k12.ny.us
REGISTRATION WITH SCHOOL DISTRICT:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
ADDRESS FOR REGISTRATION:	Centralregistrar@msd.k12.ny.us
REGISTRATION HOURS:	By Appointment

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth Certificate
- Proof of Residency – Three are required: Deed, lease, utility bill, tax bill, etc.
- Photo Id – Driver’s License
- Completed, Signed and Notarized Affidavit Forms
- Completed Residency Packet
- Medical form and Immunizations

THE FOLLOWING INFORMATION MUST BE PROVIDED PRIOR TO EVALUATION:

- Consent to Evaluate

CPSE DIRECTORY**MERRICK U.F.S.D.**

CPSE CHAIRPERSON: Dr. Jill Henriksen

CPSE TELEPHONE NUMBER: 516-992-7294

CPSE FAX NUMBER: 516-771-0039

CPSE REGISTRATION CONTACT: Lisa Licato

CPSE MAILING ADDRESS: 21 Babylon Road
Merrick, NY 11566

CPSE E-MAIL: CPSE@merrick.k12.ny.us
Jhenriksen@merrick.k12.ny.us

REGISTRATION WITH SCHOOL DISTRICT: Yes ______ No _____

CONTACT PERSON FOR REGISTRATION: Dr. Salvatore Dossena

ADDRESS FOR REGISTRATION: 21 Babylon Road
Merrick, NY 11566

REGISTRATION HOURS: By appointment

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Proof of age
- Proof of Residency
- Immunization Record

CPSE DIRECTORY

MINEOLA U.F.S.D.

CPSE CHAIRPERSON: Laurie Melesh

CPSE SECRETARY: Mariela Knight

CPSE TELEPHONE NUMBER: 516-237-2040

CPSE FAX NUMBER: 516-237-2048

CPSE MAILING ADDRESS Mineola Central Office - PPS
121 Jackson Avenue
Mineola, NY 11501

CPSE E-MAIL: lmelesh@mineola.k12.ny.us

REGISTRATION WITH SCHOOL DISTRICT: Yes No

CONTACT PERSON FOR REGISTRATION: Michelle Rescigno, Registrar

ADDRESS FOR REGISTRATION: Central Office
121 Jackson Ave., Room 220
Mineola, NY 11501

REGISTRATION HOURS: 8:00 a.m. to 3 p.m. Monday thru Friday

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

HOMEOWNER	RENTER	FAMILY LIVING WITH
Contract of Purchase/Deed/Mortgage Statement <i>OR</i> Property Tax Receipt <i>AND</i> Student's Birth Certificate Custody Papers as appropriate	Formal written lease <i>OR</i> Landlord/tenant forms signed and notarized by landlord and tenant. These forms will be provided by the Mineola Union Free School District <i>AND</i> Property Tax Receipt from landlord or the village of residence <i>AND</i> Student's Birth Certificate Custody Papers as appropriate	Landlord/tenant forms signed and notarized by landlord and tenant. These forms will be provided by the Mineola Union Free School District <i>AND</i> Property Tax Receipt from landlord or the village of residence <i>AND</i> Student's Birth Certificate Custody Papers as appropriate

CPSE DIRECTORY

NEW HYDE PARK – GARDEN CITY PARK U.F.S.D.

CPSE CHAIRPERSON: Kim Levy

CPSE TELEPHONE NUMBER: 516- 434-2308

CPSE REGISTRATION CONTACT: Debbie Brower

CPSE FAX NUMBER: 516- 352-1728

CPSE MAILING ADDRESS: New Hyde Park-Garden City Park UFSD
Pupil Personnel Services
1950 Hillside Avenue
New Hyde Park, NY 11040

CPSE E-MAIL: klevy@nhp-gcp.org

REGISTRATION WITH SCHOOL DISTRICT: Yes ___X___ No _____

*****CALL FOR REGISTRATION PACKET AND APPOINTMENT*****

Debbie Brower 516-34-2308

ADDRESS FOR REGISTRATION: New Hyde Park-Garden City Park UFSD
Pupil Personnel Services
1950 Hillside Avenue
New Hyde Park, NY 11040

REGISTRATION HOURS: 9:00 a.m. to 3:00 p.m. weekdays September to June
9:00 a.m. to 2:00 p.m. Summer

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth Certificate with raised seal or record of baptism or Passport
- Proof of Residency (2 required from below):
 - Homeowner – (tax bill, deed, or current mortgage statement)
 - Renter/Other (notarized statement (sworn or unsworn) of landlord or owner or resident from whom the parent/guardian leases or shares property and copy of lease, if applicable)
 - Statement by third parties relating to parent/guardian’s physical presence in the district (must be notarized and sworn to)
 - Other (i.e., paystub, income tax return, utility or other bill, membership documents based on residency, learner’s permit, state/other government issued identification)
- Complete medical form with record of immunizations
- Any prior evaluations, if possible

CPSE DIRECTORY

NORTH BELLMORE U.F.S.D.

CPSE CHAIRPERSON: Kristen Marino
516-992-3000 ext. 3022

CPSE TELEPHONE NUMBER: 516-992-3000 ext 3022 or 3012

CPSE FAX NUMBER: 516-992-3021

CPSE REGISTRATION CONTACT: Kim Cavanagh
516-992-3000 ext. 3022

CPSE MAILING ADDRESS: 2616 Martin Avenue
North Bellmore, NY 11710

CPSE E-MAIL: kmarino@northbellmoreschools.org

REGISTRATION WITH SCHOOL DISTRICT: Yes No

CONTACT PERSON FOR REGISTRATION: Kim Cavanagh 516-992-3000 x3012

ADDRESS FOR REGISTRATION: 2616 Martin Avenue
North Bellmore, NY 11710

REGISTRATION HOURS: Call First, Appointment is needed
516-992-3000 x3049
Laurice Gunnels.

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth Certificate with raised seal
- Proof of residency
- Legal Guardianship papers

<p>Proof of Residency One of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mortgage document for residence <input type="checkbox"/> Notarized rent/lease document for residence 	<p>Proof of Residency – AND Any two of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Driver’s license of parent/guardian <input type="checkbox"/> Telephone bill of residence <input type="checkbox"/> Utility bill of residence: electric, oil, cable, etc. <input type="checkbox"/> Most recent income tax document <input type="checkbox"/> Updated voter’s registration card <input type="checkbox"/> Paid tax bill
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CPSE DIRECTORY**NORTH MERRICK U.F.S.D.**

CPSE CHAIRPERSON: Dr. Edward Murphy

CPSE TELEPHONE NUMBER: 516-868-4902

CPSE FAX NUMBER: 516-868-4906

CPSE MAILING ADDRESS: 1057 Merrick Avenue
North Merrick, NY 11566

CPSE E-MAIL: Rmarti2@nmerrick.org

REGISTRATION WITH SCHOOL DISTRICT: Yes No

CONTACT PERSON FOR REGISTRATION: Roe Marti

ADDRESS FOR REGISTRATION: Old Mill Rd School
1775 Old Mill Rd
North Merrick, NY 11566

REGISTRATION HOURS: September – June 8am – 4pm
July and August 8am – 1:30pm
(Call before arrival)

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth Certificate
- Proof of Residency – One are required: tax bill or deed
- Legal Guardianship Papers
- Physical Exam within One Year

CPSE DIRECTORY

NORTH SHORE U.F.S.D.

CPSE CHAIRPERSON Susan Liberstein

DIRECTOR OF SPECIAL EDUCATION: Christopher Marino

CPSE TELEPHONE NUMBER: 516-277-7900

CPSE FAX NUMBER: 516-277-7905

CPSE MAILING ADDRESS: Special Education Department
280 Carpenter Avenue
Sea Cliff, NY 11579

CPSE E-MAIL: Libersteins@northshoreschools.org

REGISTRATION WITH SCHOOL DISTRICT: Yes No

CONTACT PERSON FOR REGISTRATION: Katherine Miller

ADDRESS FOR REGISTRATION: Central Office
112 Franklin Ave.
Sea Cliff, NY 11579
516-277-7824

REGISTRATION HOURS: **By appointment only**
8:30 a.m. to 3:30 p.m. weekdays
September to June
8:00 to 2:30 p.m. weekdays
July and August

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Legal Guardianship Papers
- Completed residency packet

OCEANSIDE U.F.S.D.

CPSE CHAIRPERSON: Robin Trichon

CPSE TELEPHONE NUMBER: 516-678-1218
or
516-678-1219

CPSE FAX NUMBER: 516-678-8015

CPSE REGISTRATION CONTACT: Lisa Prokop

CPSE MAILING ADDRESS: 145 Merle Avenue
Oceanside, NY 11572

CPSE E-MAIL: Lprokop@oceansideschools.org
Rtrichon@oceansideschools.org

REGISTRATION WITH SCHOOL DISTRICT: Yes ___X___ No _____

CONTACT PERSON FOR REGISTRATION: Phyliss Amisano

ADDRESS FOR REGISTRATION: 145 Merle Avenue
Oceanside, NY 11572

REGISTRATION HOURS: 8:30 a.m. to 3:30 p.m.

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Deed or lease
- Child's Birth Certificate
- Two are required: Utility bill, bank statement, IRS statement, driver's license, etc.
- Completed medical form with record of immunization

CPSE DIRECTORY

OYSTER BAY – EAST NORWICH C.S.D.

DIRECTOR OF SPECIAL SERVICES: Ellen Loewy

ASSISTANT DIRECTOR: Dr. Matthew A. Jurgens

CPSE CHAIRPERSON: M Defreitas

CPSE TELEPHONE NUMBER: 516-861-3202

CPSE FAX NUMBER: 516-802-8031

CPSE MAILING ADDRESS: 150 East Main Street
Oyster Bay, NY 11771

CPSE E-MAIL: mdefreitas@obenschools.org
pmitchell@obenschools.org

REGISTRATION WITH SCHOOL DISTRICT: Yes ___X___ No _____

CONTACT PERSON FOR REGISTRATION:

ADDRESS FOR REGISTRATION: Oyster Bay-East Norwich
Central School District
150 East Main Street
Oyster Bay, NY 11771

REGISTRATION HOURS: 9:00 a.m. to 3:00 p.m.

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth Certificate with raised seal
- Proof of Residency - Two are required: Deed, lease, utility bill, tax bill, or notarized affidavit, etc.
- Physical Exam within one year
- Legal Guardianship papers
- Immunization record

03/07/2022

CPSE DIRECTORY

PLAINVIEW – OLD BETHPAGE U.F.S.D.

CPSE CHAIRPERSONS: Kristin Durante – Asst Director
 Rachel Newman – CPSE Chair
 Lindsey Ednick – CPSE Chair
 Michelle Price – CPSE Chair

CPSE TELEPHONE NUMBER: 516-434-3028
 Debra Riemann-contact person for CPSE

CPSE FAX NUMBER: 516-937-6329

CPSE MAILING ADDRESS: Plainview Old Bethpage CSD
 Administrative Annex
 33 Bedford Road
 Plainview, NY 11803

E-MAIL ADDRESS: Kdurante@pobschools.org
Despinosa@pobschools.org

REGISTRATION WITH SCHOOL DISTRICT: Yes ______ No _____

ADDRESS FOR REGISTRATION: Contact Pupil Personnel
 Bonnie McGowan
 516-434-3045

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth Certificate with raised seal
- Proof of Residency – Three are required: Deed, lease, utility bill, rent receipt, etc.
- Immunization record
- Legal guardianship papers

CPSE DIRECTORY

PORT WASHINGTON U.F.S.D.

CPSE CHAIRPERSONS: Administrator-Amity Howard Reiss
CPSE/Chair/Psychologist-Dr. Alisa Samuels-Stein

CPSE TELEPHONE NUMBER: 516-767-4900

CPSE FAX NUMBER: 516-767-4919

CPSE REGISTRATION CONTACT: Susan Paulsen

CPSE MAILING ADDRESS: Administration Annex
 90 Avenue C
 Port Washington, NY 11050

CPSE E-MAIL: ahoward-reiss@portnet.org
asmuels-stein@portnet.org

REGISTRATION WITH SCHOOL DISTRICT: Yes ___X___ No _____

CONTACT PERSON FOR REGISTRATION: Central Registration
 516-767-5470

ADDRESS FOR REGISTRATION: Administration Annex
 90 Avenue C
 Port Washington, NY 11050

REGISTRATION HOURS: 8:30 a.m. to 3:30 p.m.

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth Certificate with raised seal
- Proof of Residency - Two are required: Deed, utility bill, lease/rent receipt, etc.
- Legal guardianship papers

CPSE DIRECTORY

ROCKVILLE CENTRE U.F.S.D.

CPSE CHAIRPERSON: Dr. Orly Gadon
Michele Vivona

E-MAIL ADDRESS: ogadon@rvcschools.org
mvivona@rvcschools.org

CPSE TELEPHONE NUMBER: 516-255-8942
516-255-8815

CPSE FAX NUMBER: 516-764-0219

CPSE MAILING ADDRESS: Administration Building
128 Shepherd Street
Rockville Centre, NY 11570

CPSE SECRETARY: Karyn Frantz
kfranz@rvcschools.org

CPSE REGISTRATION CONTACT: Karyn Franz

WEB SITE: www.rvcschools.org

REGISTRATION WITH SCHOOL DISTRICT: Yes _____ No X

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- CPSE Evaluation Material will be provided upon request from CPSE chairperson

CPSE DIRECTORY

ROOSEVELT U.F.S.D.

CPSE CHAIRPERSON:	Mrs. Alicia Podlaha, Assistant Director of Special Education & CPSE Chair Simone Allen
CPSE SUPPORT:	Danielle Sepulveda
CPSE TELEPHONE NUMBER:	516-345-7723
CPSE FAX NUMBER:	516-345-7860
CPSE MAILING ADDRESS:	335 East Clinton Avenue Roosevelt, NY 11575
CPSE E-MAIL:	dsepulveda@rufsd.org
SCHOOL DISTRICT CONTACT PERSON FOR REGISTRATION:	Census Office Mrs. Stacy Dewar Johnson or Josefina Chawla
ADDRESS FOR REGISTRATION:	335 E. Clinton Avenue Roosevelt, NY 11575
REGISTRATION:	Registration forms and additional information available on our website: www.RooseveltUFSD.org

THE FOLLOWING MUST BE PROVIDED PRIOR TO EVALUATION:

- Interview with chairperson
- Consent to evaluate

CPSE DIRECTORY
ROSLYN U.F.S.D.

CPSE CHAIRPERSON: Cindy Samide

CPSE TELEPHONE NUMBER: 516-801-5060

CPSE REGISTRATION CONTACT: Noelle Vogel

CPSE FAX NUMBER: 516-801-5068

CPSE MAILING ADDRESS: Roslyn School District
PPS/Special Education Office
Roslyn Middle School
375 Locust Lane
Roslyn Heights, NY 11577

CPSE E-MAIL ADDRESS: csamide@roslynschools.org
nvogel@roslynschools.org

REGISTRATION WITH SCHOOL DISTRICT: Yes No

CONTACT PERSON FOR SCHOOL DISTRICT REGISTRATION: Anne-Marie Monahan
516-801-5070

ADDRESS FOR REGISTRATION: Roslyn School District
PPS/Special Education Office
Roslyn Middle School
375 Locust Lane
Roslyn Heights, NY 11577

REGISTRATION HOURS: By appointment only

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth Certificate with raised seal or original passport
- Proof of residency: Notarized Deed, current Tax Bill, or current Mortgage statement plus
- two supporting residency documents (cable bill, PSEG/National Grid, water bill, homeowners or auto policy)
- New York State Driver's License
- Physical Exam and Immunization record within one year
- Notarized Disclosure Statement
- HLQ

CPSE DIRECTORY

SEAFORD U.F.S.D.

CPSE CHAIRPERSON:	Dr. Andrea Kantor
CPSE TELEPHONE NUMBER	516-592-4360
CPSE FAX NUMBER:	516-592-4305
CPSE REGISTRATION CONTACT:	Debbie Marino
CPSE MAILING ADDRESS:	Seaford High School PPS Dept. 1575 Seamans Neck Road, Seaford, NY 11783
CPSE E-MAIL ADDRESS:	akantor@seaford.k12.ny.us
REGISTRATION WITH SCHOOL DISTRICT:	Yes ___X___ No _____
CONTACT PERSON FOR REGISTRATION:	Heidi Barbara
ADDRESS FOR REGISTRATION:	Seaford Manor School Central Administration 1590 Washington Ave. Seaford NY 11783
REGISTRATION HOURS:	By appointment 516 592-4011

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- **Birth Certificate with raised seal**
- **Proof of residency: Two are required – Deed, lease, utility bill, rent receipt, etc.**
- **Legal guardianship papers**

CPSE DIRECTORY

SYOSSET U.F.S.D.

CPSE CHAIRPERSON: Christine DeStefanis

CPSE TELEPHONE NUMBER: 516-364-5620

CPSE REGISTRATION CONTACT: Dana Malvey
Bridget Perlmutter

CPSE FAX NUMBER: None

CPSE MAILING ADDRESS: HB Thompson Middle School
CPSE Office
98 Ann Drive
Syosset, NY 11791-9029

CPSE E-MAIL: DMalvey@syossetschools.org
bperlmutter@syossetschools.org

REGISTRATION WITH SCHOOL DISTRICT: Yes ___X___ No _____

CONTACT PERSON FOR REGISTRATION: MaryAnn Smith
516-364-5669

ADDRESS FOR REGISTRATION: South Woods Middle School
99 Pell Lane
Syosset, NY 11791

REGISTRATION HOURS: 9:00 a.m. to 3:00 p.m. weekdays
Year Round (by appointment)

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth Certificate with raised seal
- Proof of residency: One is required – Deed or lease and two others – Utility bill, rent receipt, etc.
- Legal guardianship papers

THE FOLLOWING INFORMATION MUST BE PROVIDED PRIOR TO EVALUATION:

- Physical Exam within one year
- Immunization record
- Teacher report form
- Referral form

CPSE DIRECTORY**UNIONDALE U.F.S.D.**

CPSE CHAIRPERSON: Sagrario Feliz

COORDINATOR FOR SPECIAL SERVICES: Carol DelValle

CPSE TELEPHONE NUMBER: 516-560-8969

CPSE FAX NUMBER: 516-918-2375

CPSE MAILING ADDRESS: Cornelius Court School
1060 Cornelius Court
Uniondale, NY 11553-1426

REGISTRATION WITH SCHOOL DISTRICT: Yes ___**X**___ No _____

CONTACT PERSON FOR REGISTRATION: Gregory Singer

ADDRESS FOR REGISTRATION: Cornelius Court School
1060 Cornelius Court
Uniondale, NY 11553

REGISTRATION HOURS: 7:30 a.m. to 2:30 p.m. weekdays
Call 516-560-8813

Registration forms with the requirements are available on line at: www.uniondaleschools.org

CPSE DIRECTORY

VALLEY STREAM U.F.S.D. #13

CPSE CHAIRPERSON: Dr. Lisa Dunn

CPSE TELEPHONE NUMBER: 516-568-6260

CPSE REGISTRATION CONTACT: Laura DeMartini

CPSE FAX NUMBER: 516-564-5427

CPSE MAILING ADDRESS: Willow Road School
880 Catalpa Drive
Franklin Square, NY 11010

REGISTRATION WITH SCHOOL DISTRICT: Yes ___**X**___ No _____

**CONTACT PERSON FOR REGISTRATION:
ADDRESS FOR REGISTRATION:** Nicholas Luciano
USCH5D
One Kent Road
Valley Stream, NY 11580
516-872-5694

REGISTRATION HOURS: 8:00 a.m. to 4:00p.m.

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth Certificate
- Proof of residency – One is required: Deed, lease/rent receipt, utility bill, etc.
- Legal guardianship papers
- Consent to test
- Consent to share information
- Choice of evaluation site

CPSE DIRECTORY

VALLEY STREAM U.F.S.D. #24

CPSE CHAIRPERSON: Traci Ritterband

CPSE TELEPHONE NUMBER: 516-434-2871

CPSE REGISTRATION CONTACT: Teri DeAngelis

CPSE FAX NUMBER: 516-791-0932

CPSE MAILING ADDRESS: Committee on Preschool Special Education
R.W. Carbonaro School
50 Hungry Harbor Road
Valley Stream, NY 11581

E-MAIL: CPSE@VS24.org

REGISTRATION WITH SCHOOL DISTRICT: Yes No

CPSE CONTACT PERSON: Teri DeAngelis, Sr. Typist Clerk, Secretary

**CONTACT PERSON FOR REGISTRATION:
ADDRESS FOR REGISTRATION:** Newville Roberts
VSCHSD
One Kent Road
Valley Stream, NY 11580
(516) 872-5694

REGISTRATION HOURS: 8:00 a.m. to 4:00 p.m.

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Completed notarized registration forms “A” and “B” must be brought in person to the Valley Stream Residency officer noted above.
- Proof of residency – One is required: Deed, lease/rent receipt, utility bill, etc.
- Original Birth Certificate
- Valid photo ID of parent, guardian or custodian
- Legal guardianship papers DSS299 or BSW 241
- Consent to test
- Consent to share information
- Choice of evaluation site

THE FOLLOWING INFORMATION MUST BE PROVIDED PRIOR TO EVALUATION:

- Immunization record
- Recent physical exam

CPSE DIRECTORY

VALLEY STREAM U.F.S.D. #30

CPSE CHAIRPERSON: Dr. Nicole Schimpf

CPSE TELEPHONE NUMBER: (516) 434-3600

CPSE REGISTRATION CONTACT: Peggy Goroly

CPSE FAX NUMBER: (516) 992-8602

CPSE MAILING ADDRESS: 175 North Central Avenue
Suite 100
Valley Stream, NY 11580

CPSE E-MAIL ADDRESS: nschimpf@vs30.org
pgoroly@vs30.org

REGISTRATION WITH SCHOOL DISTRICT: Yes ___X___ No _____

CONTACT PERSON FOR REGISTRATION: Peggy Goroly

ADDRESS FOR REGISTRATION: 175 North Central Avenue
Valley Stream, NY 11580

REGISTRATION HOURS: 8:00 a.m. to 4:00 p.m.
(Weekdays)

Note: CPSE Registration Packets can be Emailed, Mailed, Picked Up or Printed from the Valley Stream 30 Website.

Appointments should be made for return of completed packets by calling 516-434-3626

03/31/2022

CPSE DIRECTORY**WANTAGH U.F.S.D.**

CPSE CHAIRPERSON: Dr. Melissa Bennett

CPSE TELEPHONE NUMBER: 516-765-4163

CPSE REGISTRATION CONTACT: Annie Newbery
516-765-4164

CPSE FAX NUMBER: 516-765-4169

CPSE MAILING ADDRESS: Wantagh Public Schools
3297 Beltagh Avenue
Wantagh, NY 11793

CPSE E-MAIL: bennettm@wantaghschools.org

REGISTRATION WITH SCHOOL DISTRICT: Yes No

ADDRESS FOR REGISTRATION: Pupil Personnel Services
3090 Beltagh Avenue
Wantagh, NY 11793

REGISTRATION FORMS: WWW.WANTAGHSCHOOLS.ORG
Click on Central Registration for forms,
residency requirements, and proof of birth.

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Birth Certificate
- Proof of residency: Deed or tax bill, lease/rent receipt, etc.
- Legal guardianship papers

CPSE DIRECTORY

WEST HEMPSTEAD U.F.S.D.

CPSE CHAIRPERSON: Marissa O'Brien, CPSE Chairperson

CPSE TELEPHONE NUMBER: 516-390-3240

CPSE FAX NUMBER: 516-390-3245

CPSE MAILING ADDRESS: 400 Nassau Blvd.
West Hempstead, NY 11552

REGISTRATION WITH SCHOOL DISTRICT: Yes No

CONTACT PERSON FOR REGISTRATION: Patti DiStefano, CPSE Secretary
(will refer new registrant to a person in Central office)

ADDRESS FOR REGISTRATION: Central Administration
Ana Seeley, District Registrar, 516-390-3120
252 Chestnut Street
West Hempstead, NY 11552
(PLEASE CALL TO MAKE AN APPOINTMENT)

REGISTRATION HOURS: 8:30 a.m. to 3:00 p.m. weekdays

THE FOLLOWING INFORMATION MUST BE PROVIDED AT REGISTRATION:

- Proof of parent/guardian's identity – one is required: New York State driver's license, passport, alien registration card, birth certificate
- Proof of student's identity - Social Security number and one other: Birth certificate, guardianship documents, passport
- Proof of Residency – Three are required: Mortgage, deed, lease (must include a rent receipt with an original notarized letter from landlord stating number of children) or official letter from Department of Social Services; and two others: W-2 form, voter registration card, utility bill.
 - *Telephone bills are not accepted as proof of residency.*

Note: District registrar will inform of any additional requirements

CPSE DIRECTORY

WESTBURY U.F.S.D.

- CPSE CHAIRPERSON:** Karla M. Paz M.A., CCC-SLP, M.Ed.
- CPSE TELEPHONE NUMBER:** 516-876-5119
- CPSE FAX NUMBER:** 516-876-5118
- CPSE MAILING ADDRESS:** Office of Pupil Personnel
6 Hitchcock Lane
Old Westbury, NY 11568
- CPSE E-MAIL ADDRESS:** kpaz@westburyschools.org Chairperson
ldestefan@westburyschools.org Secretary
- REGISTRATION WITH SCHOOL DISTRICT:** Yes X No
- CONTACT FOR REGISTRATION:** See below
- PROCEDURE FOR REGISTRATION:**

**** Must call to make an appointment****

1. Office of Central Registration (516-876-5100) to register w/ the district. All registrations go through this main office first.
2. Once cleared from Central Registration they can contact the Office of Special Education to move forward with the CPSE evaluation process (516-876-5119).

ADDRESS AND CONTACT INFORMATION FOR REGISTRATION:

**** Must call to make an appointment****

1) Register in the District with the school district first:

Office of Central Registration is located at:
545 Dryden Street
Westbury, NY 11590
T: 516.876.5100
F: 516.874.1695

OFFICE HOURS

Monday - Friday
8:00 am. - 3:00 pm

SUMMER HOURS

Monday - Friday
8:00 am - 2:00 pm

Westbury UFSD (continued)

****Must call to make an appointment****

2) CPSE referrals registration (once cleared from Central Registration):

Parents/Guardians can call us to receive the CPSE referral packet via mail, by email, or can come in-person and pick it up.

Office of Pupil Personnel/Special Education
6 Hitchcock Lane
Old Westbury, NY 11568
516-876-5119 telephone
516-876-5118 fax

REGISTRATION HOURS:

OFFICE HOURS

Monday - Friday
8:30 am - 3:00 pm

SUMMER HOURS

Monday - Friday
8:30 am - 2:00 pm

THE FOLLOWING INFORMATION MUST BE PROVIDED AT CENTRAL REGISTRATION (516-876-5100):

- ***Birth Certificate***
- ***District registration packet (can be found online at <https://www.westburyschools.org>)***
- ***Picture ID of parent/guardian***
- ***Proof of residency: Deed, utility bill, lease/rent receipt, etc. -- * Must be notarized ****
- ***Immunization record***
- ***Legal guardianship papers, if relevant***
- ***Physical exam within one year***