The Police Officer Rocco Laurie Intermediate School 72
Jessica Jackson, Principal
33 Ferndale Avenue Staten Island, New York 10314
Phone: (718) 698-5757 www.IS72.org Fax: (718) 761-5928

Lissa Ambrosino, Assistant Principal, | KellyAnn DeSantis, Assistant Principal | Danielle Movsesian, Assistant Principal
Dennis Whitford, Assistant Principal Sean Benitez, Assistant Principal

Dear Parent/Guardian:

To help the registration process proceed smoothly, please note the following.

If your child is transferring from a Private, Parochial or Out of New York City Public School, please provide the following:

- Two documents verifying your address
- Immunization records
- Your child's most recent report card
- Child's birth certificate or passport
- Parent/Guardian photo identification
- A "Release of school records form" signed by the Parent/Guardian
- Your child must be present at registration

Please be sure to visit our website at www.is72.org for additional information.

Please understand that while every effort will be made to program your child to best meet his/her educational needs, adjustments may have to be made in the near future.

Thank you for your cooperation and Welcome to I.S. 72.

Registrationcoverletter/newNYCDOE

The Police Officer Rocco Laurie School

INTERMEDIATE SCHOOL 72

33 Ferndale Avenue Staten Island, NY 10314
(718) 698-5757 Fax: (718) 761-5928

JESSICA JACKSON
Principal

GUIDANCE PLACEMENT APPLICATION

DATE _____

NAME _____ DATE OF BIRTH _____

ADDRESS _____ TELEPHONE _____

_____

COMING FROM WHAT SCHOOL? _____ GRADE _____

ADDRESS OF PREVIOUS SCHOOL _____

IF **NOT** COMING FROM A NYC SCHOOL,
HAVE YOU EVER ATTENDED A NYC PUBLIC SCHOOL? _____ YES _____ NO

IF **YES**, NAME OF SCHOOL _____ DATE _____ GRADE _____

IF **NO**, HAVE YOU EVER ATTENDED A SCHOOL IN THE U.S.? _____ YES _____ NO

DATE OF U.S. ENTRY _____

FOREIGN LANGUAGE STUDIED _____ IF YES, HOW MANY YEARS? _____

LANGUAGE SPOKEN AT HOME _____ TALENT/INTERESTS _____

DO YOU RECEIVE RESOURCE SERVICES: IF YES, WHAT KIND? _____

WAS CHILD EVER HELD OVER? IF YES, WHAT GRADE(S) ? _____

(FOR SCHOOL USE ONLY)

CLASS _____ **BUS STOP# OR WALKER** _____

I.D. # _____ **READING SCORE** _____

IMMUNIZATION _____ **MATH SCORE** _____

NYC Department of Education

Student Registration Form

For Official Use
☐ ES ☐ MS ☐ HS
☐ GE ☐ SE ☐ ELL

To Be Completed by Parent/Guardian:

Student Information

LAST NAME	FIRST NAME	MIDDLE NAME	STUDENT ID #

HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP)	HOME PHONE NUMBER ( )

DATE OF BIRTH (mm/dd/yyyy)	AGE	GENDER (optional) M ☐ F ☐	PLACE OF BIRTH	HOME/NATIVE LANGUAGE

NAME, CITY, STATE OF LAST SCHOOL (or current school)	LAST GRADE COMPLETED

HEALTH INSURANCE INFORMATION: Does the student have health insurance?	HEALTH ALERT: Any health condition that affects participation in physical activities.
☐ YES ⇨ If YES, what type of coverage is it? ☐ Private Health Insurance ☐ Medicaid ☐ Child Health Plus B ☐ NO ⇨ If NO, would you like to be contacted about getting coverage? ☐ Yes ☐ No	☐ Yes ☐ No

SPECIAL EDUCATION INFORMATION: Does the student receive special education services?
☐ YES ⇨ If YES, do you have a copy of the Individualized Education Plan (IEP)? ☐ Yes ☐ No
☐ NO

Parent/Guardian Information

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT

HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP)	PARENT/GUARDIAN PREFERRED LANGUAGE WRITTEN: SPOKEN:

HOME PHONE NUMBER ( )	WORK/CELL PHONE NUMBER ( )	PARENT/GUARDIAN EMAIL

To Be Completed by Enrollment Staff:

Registration (check one):
- ☐ New
- ☐ Re-admit to NYC DOE (less than 1 year)
- ☐ Re-admit to NYC DOE (longer than 1 year)
- ☐ Code 10 Return (If Code 10 Return):
  - ☐ Student has current transcript
  - ☐ Transcript request made to out-of–New York City school

Transfer Request (check one):
- ☐ Safety
- ☐ Medical
- ☐ Travel (HS only)
- ☐ Child Care (ES only)
- ☐ Sibling (ES only)
- ☐ Other (please specify):

Notes:

Disposition:

_____ _____
Enrolled School Name DBN

Referred to:

School Name DBN

1) _____ _____
2) _____ _____
3) _____ _____

I have met with a counselor and understand my options and the process for school placement. I understand the information presented and have received the information necessary to proceed.

Name/Signature of Parent/Guardian: _____ **Date:** _____

Name/Signature of Counselor: _____

NYC Department of Education

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			
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 (√)	Housing Questionnaire Choice	School Use Only ATS Code
	Doubled Up With another family or other person because of loss of housing or as a result of economic hardship	D
	Shelter Emergency or transitional shelter	S
	Hotel/Motel Living in what is NOT an emergency or transitional shelter **and** involves payment	H
	Other Temporary Living Situation Trailer park, campground, car, park, public places, abandoned building, street, or any other inadequate living space	T
	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
	Unaccompanied Youth Youth who is not in the physical custody of a parent or guardian	Enter "Y" if applicable

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".

NYC Department of Education

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.[2]

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 ◯ Other (specify): _____

◯ Guardian ◯ School Staff Observer (name): _____

[2] 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.

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www.is72.org
Jessica Jackson, Principal

Date: _____

To Whom It May Concern:

Please be advised that student _____ has enrolled in our _____ grade today.

Our records indicate that his/her birth date is _____.

Please fax or mail the following materials to our school as soon as possible.

~ _____ Student's Cumulative Records (Including most recent Report Card)

~ _____ Student Health Records (Nurse's Card)

Any additional information not listed here that is available would also be appreciated.

Sincerely,

Anna Rastetter
Pupil Accounting Secretary

_____
Parent/Guardian Authorization/Signature

NYC Department of Education

EMERGENCY CONTACT CARD

SCHOOL YEAR 20__ __ – 20 __ __

You can update your contact information online using your NYC Schools Account at schoolsaccount.nyc. Don't have an account? Check out schools.nyc.gov/nycsa.

STUDENT INFORMATION

Student Last Name | **Student First Name** | **M.I.**

Date of Birth (mm/dd/yyyy) | OSIS ID #

If you have filled out the information in NYCSA:

- ☐ **Emergency contact information is correct in NYCSA. No need to update form.**
- ☐ **Updated emergency contact information is below.**

This Guardian Can : ___ Be Contacted in Emergencies ___ Pick Up Student ___ Receive School Mailings (check all that apply).

Parent/Guardian Last Name (Student resides with) | **Parent/Guardian First Name** | **Relationship**

Parent's Preferred Language of Communication (Written) | Parent's Preferred Language of Communication (Oral)

Home Telephone | Work Telephone | Cell Phone | Y | N OK to Text

Email

Address (House Number) | Apartment #

City | State | Zip Code | Borough

This Guardian Can: ___ Be Contacted in Emergencies ___ Pick Up Student ___ Receive School Mailings (check all that apply).

Secondary Parent/Guardian Last Name | **Secondary Parent/Guardian First Name** | **Relationship**

Secondary Parent/Guardian's Preferred Language of Communication (Written) | Secondary Parent/Guardian's Preferred Language of Communication (Oral)

Secondary Home Telephone | Secondary Work Telephone | Secondary Cell Phone | Y | N OK to Text

Secondary Email

Secondary Address (House Number) | Apartment #

City | State | Zip Code | Borough

EMERGENCY CONTACTS

List below names of three additional people who may be called in case of emergency or if child is sick in school.

CHILD WILL BE RELEASED ONLY TO PEOPLE NAMED ON THIS CARD.

Name	E-mail	Telephone	Relationship

IMPORTANT – PLEASE COMPLETE NEXT PAGE >>

Updated: August 2021

NO ACCESS

If there is a person who may **NOT HAVE ACCESS** to child, please indicate:
Please submit a copy of the order of protection to your child's school.

Name	Relationship	Order of Protection Exists?	Effective Date of Court Order
		☐ Yes ☐ No	

HEALTH INFORMATION

Name of Physician/Clinic: _____ Telephone _____

☐ Allergist/Immunologist ☐ Cardiologist ☐ Dermatologist ☐ Development/Behavioral Specialist
☐ Neurologist ☐ Pulmonologist ☐ Other _____

Health Alert

Does child have any health condition that may affect participation in physical activities? ☐ Yes ☐ No

Limitations _____
(e.g., stair climbing, participation in gym)

Known Diagnoses (please check all that apply)

☐ Asthma ☐ Seizures ☐ Allergies/Anaphylaxis ☐ Diabetes ☐ None ☐ Other _____

Allergies (select all that apply)

☐ Milk ☐ Eggs ☐ Peanuts ☐ Tree Nuts (Other Nuts) ☐ Fish
☐ Shellfish ☐ Soy ☐ Wheat ☐ Other _____

My child has (X any that apply): ☐ Private health insurance ☐ Medicaid ☐ No health insurance

If "No Health Insurance," are you willing to share contact information from this card to learn about insurance options? ☐ Yes ☐ No

_____

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail.
The recommendation of the parent as indicated above will be respected as far as possible.

SIBLINGS

Sibling's Last Name	Sibling's First Name	Sibling's School of Attendance

SIGNATURE OF PARENT/GUARDIAN

☐ By checking this box, I agree to be contacted by elected School, District, and/or City-wide parent leader volunteers regarding events, updates, and other matters connected to my school community.

☐ By checking this box, I agree that my contact information can be shared with elected School, District, and/or City-wide parent leader volunteers so I can be updated on events and other matters connected to my school community.

Principal will be notified in writing of any changes to information on this card _____
Signature of Parent/Guardian

FOR OFFICE USE ONLY

To be completed by school staff only.

Grade _____ Class _____ Room No. _____ Teacher _____

List below contacts made for emergency, illness or injury. Relevant records from Health Record _____

Date	Contact	Reason	Disposition

NYC Department of Education

Dear Parent or Guardian,

In order to provide your child with the best education possible, we need to determine how well he or she understands, speaks, reads, and writes English. In order to keep you informed, we would like to know your language preference when receiving important information from the school. Your assistance in answering the questions below is greatly appreciated. Thank you.

PART 1. NYSITELL ELIGIBILITY

This information provided below will be used along with other information provided to determine your child's home language and eligibility for the New York State Identification Test for English Language Learners (NYSITELL). Check (V) the box that applies. If another language is used, please specify.

1. What language(s) does the child **understand**? ☐English ☐Specify Other Language _____
2. What language(s) does the child **speak**? ☐English ☐Specify Other Language _____
3. What language(s) does the child **read**? ☐English ☐Specify Other Language _____ ☐Does not read
4. What language(s) does the child **write**? ☐English ☐Specify Other Language_____ ☐Does not write
5. What language is spoken in the child's home or residence **most of the time**? ☐English ☐Specify Other Language _____
6. What language does the child speak with parents/guardians **most of the time**? ☐English ☐Specify Other Language _____
7. What language does the child speak with brothers, sisters, or friends **most of the time**?
   ☐English ☐Specify Other Language _____
8. What language does the child speak with other relatives or caregivers (e.g., babysitters) **most of the time**?
   ☐English ☐Specify Other Language _____

PART 2. PRIOR EDUCATIONAL INFORMATION

Responses to these questions will be used for instructional planning. Enter the information for each of the following questions concerning your child.

1. Is this the first time the child has attended a school in the United States? ☐Yes ☐No If NO, answer questions below:
   - Where did he/she go to school? _____
   - How long did he/she attend school? _____
   - How many hours each day? _____
   - How many years of school did he/she attend? _____
   - Which language was used for instruction? _____
   - Has there ever been a time when your child missed school for an extended time? If yes, please describe.
2. Has the child attended school in another country? ☐Yes ☐No If YES, answer questions below:
   - Where did he/she go to school? _____
   - How long did he/she attend school? _____
   - Which language was used for instruction? _____
3. Did the child participate in any group experience prior to entering school (e.g., daycare, pre-school)?
   ☐Yes ☐No If YES, what language was used? _____
4. Does the child use any other form(s) of communication, such as American Sign Language or Augmentative Communication Device (e.g., communication board-manual/electronic)?
   ☐Yes ☐No If YES, specify: _____

PART 3. PARENT INFORMATION

Responses to these questions help the DOE communicate with parents/guardians in the language of their choice.

1. In what language would you like to receive written information from the school? _____
2. In what language would you prefer to communicate orally with school staff? _____

Parent Signature:_____ **Date**_____

Department of Education

Parent/Guardian Home Language Identification Survey

TO BE COMPLETED BY SCHOOL PERSONNEL

Please do not place student information sticker on this form.

District: __ Borough: _____ School Number: ___ Date: _____

Student Last Name: _____ Student First Name: _____

Student ID: _____ Grade: __ Official Class: ____

Relationship of Person Providing Information from Survey (check one):

☐Mother ☐Father ☐Guardian ☐Self (Student – 18 years or older) ☐Other _____

MANDATED INTERVIEW WITH STUDENT AND PARENT

(Interview must be in English and, if applicable, the parent's preferred language)

☐English ☐Specify Home Language

Print full names and titles of trained pedagogue(s) conducting interview in English and home language with student and parent:

_____ _____ _____ _____

_____ _____ _____ _____

If an interpreter other than the above pedagogue(s) is used, print full name and title or relationship to student, if applicable: _____ _____

☐ Check here if over-the-phone Translation & Interpretation Unit services were used in lieu of school-based personnel.

TWO-LETTER OTELE ALPHA CODE:

NYSITELL ELIGIBILITY

Print full name and title of trained pedagogue determining NYSITELL eligibility (if student has an IEP, indicate date the *Language Proficiency Team NYSITELL Determination Form* was sent to the Language Proficiency Team). NOTE: Only students whose home language is other than English are eligible for NYSITELL-eligibility determination.

_____ _____

Signature:_____ Date: _____

Eligible for NYSITELL testing: ☐YES ☐NO

☐Check here if this student has an IEP.

Date Language Proficiency Team NYSITELL Determination Form was sent to LPT:

FURTHER SIFE SCREENING

Is the student eligible for further SIFE screening? (OTELE Code must be other than "NO"): ☐Yes ☐No

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BUS SCHEDULE

Dear Parent/Guardian:

Attached you will find a list of tentative bus stops that will be used for the fall term of 2025. Please review the stops and place the bus stop code and P.M. Slot Number on the tear-off below. **PLEASE KEEP THE ATTACHED LIST FOR YOUR RECORDS SO THAT IN SEPTEMBER YOU WILL REMEMBER WHAT STOP YOUR CHILD WILL BE USING.**

Times listed are tentative and may change in the fall. To be safe, it is suggested that children be at their stops 10 minutes before scheduled time. It should also be noted that some slots may change. The 6th grade teachers will review the list with the students on the first day of school and inform them of any changes.

Please note that busing is only available for eligible students. You can learn about transportation eligibility here:
https://www.schools.nyc.gov/school-life/transportation/bus-eligibility

Please check www.IS72.org in September for an updated schedule.

TEAR OFF AND RETURN

BUS STOP CODE NUMBER _____

P.M. SLOT NUMBER _____

_____ _____
(Parent's Signature) (Date)

_____ _____ _____
(Child's Last Name) (First Name) (Elementary School)

tr/busscheduleltr

The Police Officer Rocco Laurie Intermediate School 72
Jessica Jackson, Principal

Bell Schedule 2025 - 2026

	Regular	Minutes	Half Day	Minutes
Breakfast	7:30 - 8:00		7:30 - 8:00	
Entry #1	8:00		8:00	
Entry #2	8:02		8:02	
Period 1	8:05 - 8:54	49	8:05 - 8:32	27
Period 2	8:57 - 9:40	43	8:35 - 8:56	21
Period 3	9:43 - 10:26	43	8:59 - 9:20	21
Period 4	10:29 - 11:12	43	9:23 - 9:44	21
Period 5	11:15 - 11:58	43	9:47 - 10:08	21
Period 6	12:01 - 12:44	43	10:11 - 10:32	21
Period 7	12:47 - 1:30	43	10:35 - 10:56	21
Period 8	1:33 - 2:16	43	10:59 - 11:16	21
Dismissal #1 2nd Floor 4th Floor	2:16		11:16	
Dismissal #2 1st Floor 3rd Floor	2:18		11:18	
Staff Dismissal	2:20		11:20	