

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
		<input type="checkbox"/> Yes <input type="checkbox"/> 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



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.¹

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.

¹ **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.

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.
 T&I-30775 PSE Form (English)

The New York City Department of Education

Parent/Guardian Home Language Identification Survey

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 (✓) the box that applies. If another language is used, please specify.

1. What language(s) does the child <u>understand</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
2. What language(s) does the child <u>speak</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
3. What language(s) does the child <u>read</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____ <input type="checkbox"/> Does not read
4. What language(s) does the child <u>write</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____ <input type="checkbox"/> Does not write
5. What language is spoken in the child's home or residence <u>most of the time</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
6. What language does the child speak with parents/guardians <u>most of the time</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
7. What language does the child speak with brothers, sisters, or friends <u>most of the time</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____
8. What language does the child speak with other relatives or caregivers (e.g., babysitters) <u>most of the time</u> ?
<input type="checkbox"/> English <input type="checkbox"/> Specify other language(s): _____

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <u>another country</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, specify: _____

PART 3. PARENT INFORMATION Responses to these supplementary questions will be used so that the NYC Department of Education can communicate with you in the language of your 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/Guardian Signature _____

Date _____



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
	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:

	Unaccompanied Youth - 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".

The New York City Department of Education Pre-Kindergarten Language Needs Survey

Dear Parent or Guardian of _____ (enter student name here),

This survey is an important piece of your pre-kindergarten enrollment package as it provides your new school with information about your family's language needs. Your assistance in answering the questions below is greatly appreciated. Please return this form to your school administrator, _____, and if you have questions, speak with _____ at _____.

Thank You Student ID: _____

PART 1. LANGUAGE NEEDS: This information will establish what language is used at home and the language of instruction requested by the family (if available).

1. Which language(s) do you speak at home? Please check (√) all that apply:	
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Bengali <input type="checkbox"/> Arabic <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Russian	<input type="checkbox"/> Urdu <input type="checkbox"/> French <input type="checkbox"/> Korean <input type="checkbox"/> Albanian <input type="checkbox"/> Punjabi <input type="checkbox"/> Polish <input type="checkbox"/> Other, please specify _____
2. What language does the child understand ?	
English <input type="checkbox"/> Other Home Language(s) <input type="checkbox"/>	
3. What language does the child speak ?	
English <input type="checkbox"/> Other Home Language(s) <input type="checkbox"/>	
4. What language does the child read ? Does not read yet <input type="checkbox"/>	
English <input type="checkbox"/> Other Home Language(s) <input type="checkbox"/>	
5. What language does the child write ? Does not write yet <input type="checkbox"/>	
English <input type="checkbox"/> Other Home Language(s) <input type="checkbox"/>	
6. What language is spoken in the child's home or residence most of the time ?	
English <input type="checkbox"/> Other Home Language(s) <input type="checkbox"/>	
7. What language does the child speak with parents/guardians most of the time ?	
English <input type="checkbox"/> Other Home Language(s) <input type="checkbox"/>	
8. What language does the child speak with brothers, sisters, or friends most of the time ?	
English <input type="checkbox"/> Other Home Language(s) <input type="checkbox"/>	
9. What language does the child speak with other relatives or caregivers (e.g., babysitters) most of the time ?	
English <input type="checkbox"/> Other Home Language(s) <input type="checkbox"/>	
10. Would you like your child to receive instruction using your home language (if available):	
<input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time	



The New York City Department of Education Pre-Kindergarten Language Needs Survey



PART 2. INSTRUCTIONAL PLANNING: Responses to these supplementary questions will be used for instructional planning. Enter the correct response for each of the following questions concerning your child.

1.	Is this your child's first time participating in an instructional program or group experience in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF NO:	
a.	Where did he/she go participate in daycare/preschool/play group?
b.	What was the date of enrollment?
c.	How long did he/she attend?
d.	Which language was used for instruction?
2.	Has your child participated in an instructional program or group experience in <u>another country</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES:	
a.	Where did he/she participate in daycare/preschool/play group?
b.	How long did he/she attend?
c.	Which language was used for instruction?
3.	Does your child have any conditions that require special help or attention in school? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, please check all that apply:	
<input type="checkbox"/> Hearing impaired	<input type="checkbox"/> Emotionally impaired
<input type="checkbox"/> Visually impaired	<input type="checkbox"/> Asthma
<input type="checkbox"/> Speech impaired	<input type="checkbox"/> Developmentally Disabled
<input type="checkbox"/> Physically impaired	<input type="checkbox"/> Other (Please Specify) _____
IF YES, what early intervention has your child received, if any?	
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)? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES: Which ones?	

PART 3. PARENT INFORMATION: Responses to these supplementary questions will be used so that the NYC Department of Education can communicate with you in the language of your choice.

1.	What is your first language?			
	Parent/Guardian: _____	Parent/Guardian: _____		
	First language: _____	First language: _____		
2.	In what language would you like to receive written information from the school?			
3.	In what language would you prefer to communicate orally with school staff?			
<table style="width: 100%; border: none;"> <tr> <td style="border-top: 1px solid black; border-bottom: none; width: 70%;">Parent Signature</td> <td style="border-top: 1px solid black; border-bottom: none; width: 30%;">Date</td> </tr> </table>			Parent Signature	Date
Parent Signature	Date			



The New York City Department of Education Pre-Kindergarten Language Needs Survey



TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY

Date:		Name of Student/ID:	
Borough:	District:	School:	
Gender:	Ethnicity Code: (form PSE):	Date of Birth:	
Relationship of person providing information for survey (check one): <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Other (specify):			
If an interview is conducted, in what language is it conducted?			
Is a translator/interpreter used?			
OTELE Alpha Code			
Potential English Language Learner?			
Instruction will be provided in: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <input type="checkbox"/> Both English and the home language of _____			

Registration Checklist

Be sure to bring the following when you register for school.

- Proof of your child's age (child's birth certificate, passport, or record of baptism),
- Your child's immunization records (if available),
- Your child's latest report card/transcript (if available), and
- Two (2) of the documents below verifying proof of address:
 - Lease agreement, deed, mortgage statement for the residence;
 - A residential utility bill (gas or electric) in the resident's name issued by a utility company (such as National Grid or Con Edison) — must be dated within the past 60 days;
 - A bill for cable television services provided to the residence; must include the name of the parent and the address of the residence and be dated within the past 60 days;
 - Documentation or letter on letterhead from a federal, state, or local government agency, including the IRS, the City Housing Authority, the federal Office of Refugee Resettlement, the Human Resources Administration, or the Administration for Children Services (ACS), or an ACS subcontractor, indicating the resident's name and address — must be dated within the past 60 days;
 - A current property tax bill for the residence;
 - A water bill for the residence — must be dated within the past 90 days;
 - Rent receipt which includes the address of residence — must be dated within the past 60 days;
 - State, city, or other government issued identification (including an IDNYC card), which has not expired and includes the address of residence;
 - Income tax form for the last calendar year;
 - Official NYS Driver's License or learner's permit, which has not expired;
 - Official payroll documentation from an employer issued within the past 60 days, such as a paystub with home address, a form submitted for tax withholding purposes, or payroll receipt (a letter on the employer's letterhead is not adequate) — must include home address and be dated within the past 60 days;
 - Voter registration documents, which include the name of the parent and the address of residence;
 - Unexpired membership documents based upon residency (such as neighborhood residents' association), which include the name of the parent and the address of residence;
 - Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers; documents must have been issued within the past 60 days and include name of student and address of residence.

Note for Students in Temporary Housing

Students in temporary housing, as defined by McKinney-Vento, are not required to submit documentation (including address, proof of date of birth, and immunization) in order to enroll. Schools must provisionally pre-register the student and then work with the students in temporary housing DOE contact to obtain documentation.

Student Registration Form

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? <input type="checkbox"/> YES ⇒ If YES, what type of coverage is it? <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Child Health Plus B <input type="checkbox"/> NO ⇒ If NO, would you like to be contacted about getting coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No			HEALTH ALERT: Any health condition that affects participation in physical activities. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPECIAL EDUCATION INFORMATION: Does the student receive special education services? <input type="checkbox"/> YES ⇒ If YES, do you have a copy of the Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NO				

STUDENT NAME: LAST

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

FIRST

To Be Completed by Enrollment Staff:

Registration (check one): <input type="checkbox"/> New <input type="checkbox"/> Re-admit to NYC DOE (less than 1 year) <input type="checkbox"/> Re-admit to NYC DOE (longer than 1 year) <input type="checkbox"/> Code 10 Return (If Code 10 Return): <input type="checkbox"/> Student has current transcript <input type="checkbox"/> Transcript request made to out-of – New York City school Transfer Request (check one): <input type="checkbox"/> Safety <input type="checkbox"/> Medical <input type="checkbox"/> Travel (HS only) <input type="checkbox"/> Child Care (ES only) <input type="checkbox"/> Sibling (ES only) <input type="checkbox"/> Other (please specify): Notes:	Disposition: _____ Enrolled School Name DBN
	Referred to: _____ School Name DBN 1) _____ 2) _____ 3) _____

DATE:

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: _____

Additional Comments: _____

To Be Completed by Enrollment Staff:

Name of Staff Completing Registration: _____

Documents Presented (Check all that apply)		
Proof of residence may be verified by any <u>two</u> of the following:		
<input type="checkbox"/> Residential Utility Bill (electric/gas issued by National Grid, Con Edison or the Long Island Power Authority; must be dated within the past 60 days)		
<input type="checkbox"/> Documentation or letter on letterhead from a federal, state or local government agency, including the Internal Revenue Service (IRS), City Housing Authority, Human Resources Administration (HRA), the Administration for Child Services (ACS), or an ACS subcontractor indicating that resident's name and address; must be dated within the past 60 days		
<input type="checkbox"/> An original lease agreement, deed, or mortgage statement for the residence		
<input type="checkbox"/> A current property tax bill for the residence		
<input type="checkbox"/> A water bill for the residence; must be dated within the past 90 days		
<input type="checkbox"/> Official payroll documentation from an employer such as a form submitted for tax withholding purposes or payroll receipt; a letter on the employer's letterhead will not be accepted; must be dated within the past 60 days		
<input type="checkbox"/> Parent Affidavit of Residency, if applicable, as per CR A-101		
Proof of Birth: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Transcript/Report Card	<input type="checkbox"/> Doctor's Letter	<input type="checkbox"/> Agency Letter
<input type="checkbox"/> Immunization Records	<input type="checkbox"/> Occurrence Report	<input type="checkbox"/> Notarized letter from employer
<input type="checkbox"/> IEP (Individualized Education Program)	<input type="checkbox"/> Safety Transfer Summary of Investigation	<input type="checkbox"/> 504 Accommodation Plan
<input type="checkbox"/> Parent Affidavit	<input type="checkbox"/> Safety Transfer Intake Form	<input type="checkbox"/> Other (Specify: _____)
<input type="checkbox"/> Non-Parent Custodian Affidavit	<input type="checkbox"/> Police Report/Docket #	<input type="checkbox"/> Other (Specify: _____)
<input type="checkbox"/> Affidavit of Emancipation	<input type="checkbox"/> Court Documentation	<input type="checkbox"/> Other (Specify: _____)
<input type="checkbox"/> Transfer Form ("T-Form")	<input type="checkbox"/> Notarized letter from child care provider	<input type="checkbox"/> Other (Specify: _____)

** Updated proof of address requirements are reflected in Chancellor's Regulation A-101.*

Interview Notes (Please Include all applicable information):

- School History:** Grade Level, Credits, Test scores, Choice Process participation, Regents/RCTs, Discharge Info, HSAPs Info
- Entitled Services:** Special Education Services, ELL Services, etc.
- Special Circumstances:** Agency Involvement/Contact, Temporary Housing, Foster Care, etc.
- School Interests:** Parent Preferences, Academic Interests, Requests

To be completed by Enrollment Counselor, if applicable:

Indicate if any court order exists which affects a parent's access to the student's records:

Name (first & last): _____ Documentation Presented (court order, etc.): _____

STATUS OF DISPOSITION (Check one): Registered Referred No Action Info Given Pending

Other (Specify): _____

Comments:

STUDENT NAME: LAST

FIRST

DATE: