



CONNETQUOT CENTRAL SCHOOL DISTRICT OF ISLIP
 Central Registration · 1200 Montauk Hwy Oakdale, NY 11769 · 631 244-2215 ext. 3938

APPLICATION FOR PRIVATE OR PAROCHIAL SERVICES

****USE FOR NEW (1st time) REGISTRATIONS ONLY****

PLEASE CHECK REQUEST:
SCHOOL YEAR _____

TRANSPORATION
 (Submit before April 1st)

TEXTBOOKS
 (Submit before June 30th)

****NEW REGISTRANTS MUST SUBMIT: ORIGINAL BIRTH CERTIFICATE
 GUARDIANSHIP DOCUMENTATION, if applicable
 PROOF OF RESIDENCE REQUIRED (see below)**

ALL CURRENT and ORIGINAL

Homeowners	Renters
Submit ONE: - Deed - Mortgage Statement - Current Tax Bill	Submit ONE: - Yearly Apartment Complex Lease - Notarized Yearly Lease, <i>if private home must be submitted WITH the homeowner's deed, current tax bill or mortgage statement</i> - Notarized Affidavit of Residence <i>must be submitted WITH the homeowner's deed, current tax bill or mortgage statement</i>
Submit TWO: - Current Utility Bills <i>from two different providers no cell phone bills accepted</i>	Submit TWO: - Current Utility Bills <i>if utilities are included in your rental agreement, then two other bills must be submitted (i.e. car insurance, bank statement, credit card bill, government agency documents) *no cell phone bills accepted*</i>
Submit ONE: - Valid NYS Driver's License <i>with current district address</i> - NYS Non-Driver's Photo ID <i>with current district address</i>	Submit ONE: - Valid NYS Driver's License <i>with current district address</i> - NYS Non-Driver's Photo ID <i>with current district address</i>

Date Registered _____ Start Date _____ Student ID# _____ School _____

STUDENT INFORMATION					
First Name:		Middle Name:		Last Name:	Grade:
Date of Birth:	Male _____ Female _____	Age:	Place of Birth:	Office Use Only: Proof of Birth:	
		City/Town _____ State or Country _____			
Is the student Hispanic or Latino? Yes _____ No _____	Please indicate all race groups that apply: American Indian or Alaskan Native _____ White _____ Asian _____ Native Hawaiian or Pacific Islander _____ Black or African American _____			Re-entry:	Household Name:
HOUSEHOLD INFORMATION					
Home Address:					
Street _____		Apt. # _____	Town _____	State _____	Zip Code _____
PARENT/GUARDIAN CONTACTS					
Contact	Mother		Father		Emergency Contact
Name					
<i>If not living in household, Address</i>					
Email					Relationship to student:
Home Phone					
Cell Phone					

Additional Information: House located between _____ and _____ streets.
 Located on North East South West side of street. Special concern _____

In accordance with the laws of New York State and requirements of the Boces textbook program, I hereby formally request transportation and/or textbooks for my child, for the ensuing school year.

Your Deponent understands that the facts contained in this registration are made under oath; that the statements contained are true; that the Connetquot Board of Education will rely thereon, and that in the event there are misstatements of fact in this packet, such misstatements entitle the Board of Education to levy charges of perjury, a crime, as well as hold the parent/guardian responsible for any and all charges related to such.

Signature of Parent/Guardian _____ Printed Name _____ Date _____