



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 (1<sup>st</sup> time) REGISTRATIONS ONLY\*\***

PLEASE CHECK REQUEST:  
SCHOOL YEAR \_\_\_\_\_

☐ TRANSPORTATION  
(Submit before April 1<sup>st</sup>)

☐ TEXTBOOKS  
(Submit before June 30<sup>th</sup>)

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

### ALL CURRENT and ORIGINAL

Homeowners	Renters
<b>Submit ONE:</b> <ul style="list-style-type: none"><li>- Deed</li><li>- Mortgage Statement</li><li>- Current Tax Bill</li></ul>	<b>Submit ONE:</b> <ul style="list-style-type: none"><li>- Yearly Apartment Complex Lease</li><li>- Notarized Yearly Lease, if private home must be submitted WITH the homeowner's deed, current tax bill or mortgage statement</li><li>- Notarized Affidavit of Residence must be submitted WITH the homeowner's deed, current tax bill or mortgage statement</li></ul>
<b>Submit TWO:</b> <ul style="list-style-type: none"><li>- Current Utility Bills from two different providers no cell phone bills accepted</li></ul>	<b>Submit TWO:</b> <ul style="list-style-type: none"><li>- Current Utility Bills 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*</li></ul>
<b>Submit ONE:</b> <ul style="list-style-type: none"><li>- Valid NYS Driver's License with current district address</li><li>- NYS Non-Driver's Photo ID with current district address</li></ul>	<b>Submit ONE:</b> <ul style="list-style-type: none"><li>- Valid NYS Driver's License with current district address</li><li>- NYS Non-Driver's Photo ID with current district address</li></ul>

Date Registered \_\_\_\_\_ Start Date \_\_\_\_\_ Student ID# \_\_\_\_\_ School \_\_\_\_\_

STUDENT INFORMATION					
First Name:		Middle Name:		Last Name:	
Date of Birth:		Male _____ Female _____	Age:	Place 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 _____			Grade:  Office Use Only: Proof of Birth:  Re-entry: _____ Household Name: _____
HOUSEHOLD INFORMATION					
Home Address: _____ Street _____ Apt. # _____ Town _____ State _____ Zip Code _____					
PARENT/GUARDIAN CONTACTS					
Contact	Mother		Father		Emergency Contact
Name					
If not living in household, Address					
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 \_\_\_\_\_