

**Islip Public Schools  
215 Main Street  
Islip, New York 11751**

**REQUEST FOR NON-PUBLIC STUDENT SERVICES**

**I hereby request that out of district transportation and/or textbooks be provided for my child to:**

**School Name:** \_\_\_\_\_

**Located at:** \_\_\_\_\_

**For the School Year:** \_\_\_\_\_

**NAME OF STUDENT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**Telephone Nos.: (Home):** \_\_\_\_\_ **(Cell):** \_\_\_\_\_

**GRADE (AS OF SEPTEMBER):** \_\_\_\_\_

**School Bldg. Child Would Attend if Enrolled at Islip:** \_\_\_\_\_

**AGE & DATE OF BIRTH:** \_\_\_\_\_

**School Hours:** \_\_\_\_\_

**School Telephone No.:** \_\_\_\_\_

**Date School Will Start:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Print:** \_\_\_\_\_  
(Name of Parent or Guardian)

**Date:** \_\_\_\_\_

**Students need to be registered with the Islip UFSD in order to receive all non-public school student services.**

**PLEASE INDICATE IF TRANSPORTATION WILL BE NEEDED: YES (    ) NO (    )**

**Please return this application to:**  
**Islip Public Schools**  
**Student Support Services**  
**215 Main Street**  
**Islip, NY 11751**  
**for textbook inquiries: (631) 650-8400**  
**for busing inquiries: (631) 650-8275**

**\*Please note: First time requests require 2 proofs of residency (mortgage statement, tax bill or notarized lease agreement and a utility bill) as well as a copy of the child's birth certificate and the parent/guardian's license.**