



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
****RENEWAL FOR STUDENTS PREVIOUSLY REGISTERED ONLY****

PLEASE CHECK REQUEST:
SCHOOL YEAR _____

TRANSPORATION
 (Submit before April 1st)

TEXTBOOKS
 (Submit before June 30th)

****Only students who are already registered with the district and have NOT had a change of address may submit a request for services using this form.****

Complete, sign and submit request to Central Registration, via fax 631 244- 2294, mail to above address or email to rbernardini@ccsqli.org.

STUDENT INFORMATION			
First Name:	Middle Name:	Last Name:	Date of Birth:
Name of previous school if transferring TO a new school:	Office Use: Student ID#	School:	Grade:
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 _____