



CONNETQUOT CENTRAL SCHOOL DISTRICT
 Central Registration • John Pearl Elementary (Entrance on Church Street)
 1070 Smithtown Avenue, Bohemia, NY 11716 • 631 244-2340 ext. 3938

APPLICATION FOR PRIVATE OR PAROCHIAL SERVICES

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

PLEASE CHECK REQUEST: **TRANSPORTATION** **TEXTBOOKS**
SCHOOL YEAR _____ (Submit before April 1st) (Submit before June 30th)

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

FAX TO 631 244-2294 OR EMAIL TO RBERNARDINI@CCSDLI.ORG OR REGISTRATION@CCSDLI.ORG

Homeowners	Renters
Submit ONE: - Deed - Mortgage Statement - Current Tax Bill	Submit ONE: - Yearly Apartment Complex Lease - Notarized Yearly Lease, if private home must be submitted WITH the homeowner's deed, current tax bill or mortgage statement - Notarized Affidavit of Residence must be submitted WITH the homeowner's deed, current tax bill or mortgage statement
Submit TWO: - Current Utility Bills from two different providers no cell phone bills accepted	Submit TWO: - 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*
Submit ONE: - Valid NYS Driver's License with current district address - NYS Non-Driver's Photo ID with current district address	Submit ONE: - Valid NYS Driver's License with current district address - NYS Non-Driver's Photo ID with current district address

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 _____	Grade:
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 _____			Office Use Only: Proof of Birth:
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					Relationship to student:
Email					
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 _____