



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

**PLEASE CHECK REQUEST:**      ☐ **TRANSPORTATION**      ☐ **TEXTBOOKS**  
**SCHOOL YEAR** \_\_\_\_\_ **(Submit before April 1<sup>st</sup>)**      **(Submit before June 30<sup>th</sup>)**

**\*\*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](mailto:RBERNARDINI@CCSDLI.ORG) OR [REGISTRATION@CCSDLI.ORG](mailto:REGISTRATION@CCSDLI.ORG)**

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

**Date Registered** \_\_\_\_\_ **Start Date** \_\_\_\_\_ **Student ID#** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_

| STUDENT INFORMATION                                      |                            |   |                 |                                     |                                       |
|--|----------------------------|---|-----------------|-------------------------------------|---------------------------------------|
| First Name:  |                            | Middle Name:  |                 | Last Name:                          |                                       |
| Date of Birth:   | Male _____<br>Female _____ | Age:  | Place of Birth: |                                     | Grade:                                |
|  |                            | City/Town _____ State or Country _____  |                 | Office Use Only:<br>Proof of Birth: |                                       |
| Is the student Hispanic or Latino?<br>Yes _____ No _____ |                            | Please indicate all race groups that apply:<br>American Indian or Alaskan Native _____ White _____ Asian _____<br>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 \_\_\_\_\_