

Susan Erdman serdman@sachem.edu

Superintendent of Schools Christopher J. Pellettieri, Ed.D.

51 School Street Lake Ronkonkoma, NY 11779 631.471.7861 ext. 1145







Sachem Central School District

Central Registration

Documents Required to Register for Private School as a Sachem Resident

Original Birth Certificate with a raised seal

Parent or Guardian's photo identification

The parent or guardian of the child must be in attendance at the time of registration. If you are a stepparent, please bring your marriage certificate with you. It is not necessary for your child to be with you at the time of registration.

Proof of Residency from Parent/Guardian (all must provide first and second proof):

First Proof

- 1. Homeowners, Proof of Ownership
 - a. Current mortgage statement or
 - b. Current yearly property tax bill or
 - c. Indenture documents if registering within 90 days of closing

2. Renters in an Apartment Complex

a. Original lease must be signed by both the parent/guardian and complex management. The lease must be current. Registration cannot take place prior to the move in date.

3. Renting or Living in a Private Home that you do not own

a. Residents living in a privately owned home that he/she does not own must submit a Statement of Residence. The statement must be completed and signed by both the homeowner and the parent/guardian. The homeowner must also provide the current month's mortgage statement or current year's tax bill. Registration cannot take place prior to the move in date. The Statement of Residence form is available on the Sachem website as well as at the Central Registration Office.

Second Proof

- 1. Utility bill (electric, gas, cable, house telephone or water) or car insurance document dated within 30 days of registration.
- 2. If the above is not possible, three separate documents addressed to the residence are required. They must be dated within 30 days of registration. Examples of such are payroll stub, health insurance statement, cell phone bill, governmental agency letter, bank statement, medical bill, etc.

Office Use Only		Sachem Central School District Student Registration Form					
Registration Date:		CTUDENT INFOR			C ON PURELL CE	DEVELO A EV	
Student ID#:		STUDENT INFOR	IVIATION: LIST NA	ME AS APPEAR	S ON BIRTH CE	RTIFICATE	L.
Residency Proof:		Last Name of Student	First Name	e of Student	Middle	e Name (no	t initial)
Age Verification:							
Immunizations:		Address					
Records Requested:		Mailing Address if Different					
School:		IS THE STUDENT HISPANIC	, LATINO, OR OF SI	PANISH ORIG	IN?	YES	NO
Grade:		Child's Ethnic Code (Circle all	that apply)	Geno	ler: M or F		
oss		1. American Indian/ Alaska	an Native	Date of Birth _			
NO YES		2. Asian3. Black		Birth City and	State		
Other:		 White Native Hawiian/ Pacific 1 	[slander	Household Lan	guage if not Eng	glish	
		*******					-
Parent/Guardia	<u>an #1</u>						
Last Name		First Name		Mar	rital Status	Relatio	onship to Child
Eust i unic		I Hot I will			iui suus	T.C.III.	onsinp to child
Address (Write SA	ME if not diffe	erent from child)		Ema	ail Address		
							2 2
Home Phone 1	2 3	Call Phone	1 2 3		Wark P		
Home Phone 1		Cell Phone			Work Pl		2 3
(Please circle the	order of prefe	erence that you would like to be	contacted in for each	************	ımber provided	1)	
(Please circle the	order of prefe	erence that you would like to be	contacted in for each	if address is	ımber provided	********	
(Please circle the ************************************	order of prefe	erence that you would like to be the second	contacted in for each	if address is	umber provided	********	*********
(Please circle the Parent/Guardia	order of prefe	erence that you would like to be the second	contacted in for each	if address is	umber provided	********	*********
Parent/Guardis Last Name Address (Write SA	man #2 (Please	erence that you would like to be the second	contacted in for each certificate even	if address is Mar Ema	umber provided unknown) ital Status nil Address	Relat	ionship to Child
(Please circle the ************************************	ME if not diffe	erence that you would like to be the list all parents on the birth First Name Perent from child)	contacted in for each certificate even	Man Ema 3 h telephone nu	unknown) ital Status nil Address Weather provided	Relations Phone	ionship to Child
Parent/Guardis Last Name Address (Write SA Home Phone 1 (Please circle the ***********************************	ME if not diffe	First Name Perence that you would like to be First Name Perent from child)	Cell Phone 1 2 3 contacted in for eac	if address is Mar Ema 3 h telephone nu	unknown) ital Status nil Address where provided	Relat	ionship to Child
Parent/Guardis Last Name Address (Write SA Home Phone 1 (Please circle the ***********************************	ME if not diffe	First Name Perence that you would like to be the list all parents on the birth First Name Perent from child) Perence that you would like to be the list would like to be t	Cell Phone 1 2 contacted in for eac Legal Guardian If yes, please indi	Mar Ema 3 h telephone nu	unknown) ital Status iil Address when provided	Relationk Phone	ionship to Child
(Please circle the ************************************	ME if not diffe	First Name erence that you would like to be rent from child) erence that you would like to be make Mom Dad e Armed Forces and on active duty egulations regarding your child?	Cell Phone 1 2 contacted in for each certificate even. Legal Guardian Legal Guardian Circle One) YES	Mar Ema 3 h telephone nu	unknown) ital Status iil Address when provided	Relationk Phone	ionship to Child 1 2 3 ed active duty.
(Please circle the ************************************	ME if not diffe 2 3 order of preference with? Parer member of the exial custody reted to homeless	First Name rence that you would like to be First Name rent from child) rence that you would like to be ats Mom Dad e Armed Forces and on active duty egulations regarding your child? sness? (Circle One) YES	Cell Phone 1 2 3 contacted in for eac Legal Guardian Place one YES NO	Ema 3 h telephone nu cate the date m	unknown) rital Status nil Address We amber provided the status of the	Relation Rel	ionship to Child 1 2 3 and active duty. f the courtorder)
Parent/Guardis Last Name Address (Write SA Home Phone 1 (Please circle the ***********************************	ME if not diffe 2 3 order of preference with? Parer member of the exial custody reted to homeless as of Current of	First Name Perence that you would like to be the list all parents on the birth First Name Perent from child) Perence that you would like to be the list all parents on the birth Perence that you would like to be the list all parents on child? Perence that you would like to be the list all parents on the list all parents on the birth list all parents on the bi	Cell Phone 1 2 3 contacted in for each certificate even in the certificate eve	Mar Ema 3 h telephone nu cate the date m	ital Status iil Address Womber provided	Relation Rel	ionship to Child 1 2 3 and active duty. f the courtorder)
Parent/Guardis Last Name Address (Write SA Home Phone 1 (Please circle the ***********************************	ME if not diffe 2 3 order of preference with? Parer member of the exial custody reted to homeless as of Current or attended Sach	First Name First Name Tenne that you would like to be with the birth of the birth	Cell Phone 1 2 3 contacted in for eac Legal Guardian (Circle One) YES NO	Mar Ema 3 h telephone nu cate the date m NO (if y	ital Status iil Address We amber provided where the control of t	Relate ork Phone I) ther started de a copy of cluding as	ionship to Child 1 2 3 and active duty. Grade a pre-schooler?
Parent/Guardis Last Name Address (Write SA Home Phone 1 (Please circle the ***********************************	ME if not diffe 2 3 order of preference with? Parer member of the exial custody reted to homeless as of Current or attended Sach	First Name First Name The crent from child) First Name First N	Cell Phone 1 2 contacted in for each certificate even. Cell Phone 1 2 contacted in for each certificate in form Sachem or colattended.	Mar Ema 3 h telephone nu cate the date m NO (if y	unknown) ital Status iil Address Wimber provided other and/or far //es, please provided rvices before in	Relation Rel	ionship to Child 1 2 3 ed active duty f the courtorder) Grade a pre-schooler?
Parent/Guardis Last Name Address (Write SA Home Phone 1 (Please circle the ***********************************	ME if not diffe 2 3 order of preference with? Parer member of the exial custody reted to homeless as of Current or attended Sach	First Name First Name Tenne that you would like to be with the birth of the birth	Cell Phone 1 2 contacted in for each certificate even. Cell Phone 1 2 contacted in for each certificate in form Sachem or colattended.	Mar Ema 3 h telephone nu cate the date m NO (if y	unknown) ital Status iil Address Wimber provided other and/or far //es, please provided rvices before in	Relation Rel	ionship to Child 1 2 3 ed active duty f the courtorder) Grade a pre-schooler?
(Please circle the ************************************	ME if not difference with? Parer member of the exial custody reted to homeless as of Current of attended Sach (TES NO eive any Special custody special custody reted to homeless as of Current of the exial custody reted to homeless as of Current of the exial custody reted to homeless as of Current of the exial custody reted to homeless as of Current of the exial custody reted to homeless as of Current of the exial custody reted to homeless as of Current of the exial custody retends to homeless as of Current of the exial custody retends to homeless as of Current of the exial custody retends to homeless as of Current of the exial custody retends to homeless as of Current of the exial custody retends to homeless as of Current of the exial custody retends to homeless as of Current of the exial custody retends to homeless as of Current of the exial custody retends to homeless as of Current of the exial custody retends to homeless as of Current of the exial custody retends to homeless as of Current of the exial custody retends to homeless as of Current of the exial custody retends to homeless as of Current of the exial custody retends to homeless as of Current of the exial custody retends to homeless as of Current of the exial custody retends to homeless as of Current of the exial custody retends to homeless as of Current of the exial custody retends to homeless as of Current of the exial custody retends to homeless as of the exial custody retends to homeles	First Name First Name The crent from child) First Name First N	Cell Phone 1 2 contacted in for each certificate even in certificate in for each contacted in for each certificate even in certifi	Mar Ema 3 h telephone nu cate the date m NO (if y	unknown) ital Status iil Address We amber provided the status of the	Relate the started de a copy of cluding as with suppo	ionship to Child 1 2 3 ad active duty. Grade a pre-schooler? rt services? YES N
Parent/Guardis Last Name Address (Write SA Home Phone 1 (Please circle the ***********************************	ME if not diffe 2 3 order of preference with? Parer member of the exial custody reted to homeless as of Current or attended Sach (YES NO eive any Special cuck type of seck t	First Name First Name The crent from child) First Name First N	Cell Phone 1 2 3 contacted in for eac Cell Phone 1 2 3 contacted in for eac Legal Guardian Plays, please indi (Circle One) YES NO ation from Sachem or colattended e) YES NO *Hase CLASS F	The state of the s	unknown) ital Status iil Address We amber provided the status of the	Relate relationship in the	ionship to Child 1 2 3 ad active duty. Grade a pre-schooler? rt services? YES N
Parent/Guardis Last Name Address (Write SA Home Phone 1 (Please circle the ***********************************	ME if not diffe 2 3 order of preference with? Parer member of the exial custody reted to homeless as of Current of a rattended Sach (ES NO eive any Special eck type of steeling to the exist of the ex	First Name First Name Perent from child) Perence that you would like to be contained by the presence of the	Cell Phone 1 2 3 contacted in for eac Cell Phone 1 2 3 contacted in for eac Legal Guardian Perform Sachem or colattended Experiments of the property of th	Mar Ema 3 h telephone nu cate the date m NO (if y applied for se s your child bee RESOURCE RO r child ever rec	unknown) ital Status iil Address We unber provided www	Relate relationship in the	ionship to Child 1 2 3 dactive duty. f the courtorder) Grade a pre-schooler? rt services? YES N TED SERVICES
Parent/Guardis Last Name Address (Write SA Home Phone 1 (Please circle the ***********************************	ME if not diffe 2 3 order of preference with? Parer member of the exial custody reted to homeless as of Current of a rattended Sach (ES NO eive any Special eck type of steeling to the exist of the ex	First Name First Name First Name Frence that you would like to be Brence that you would like to be Bren	Cell Phone 1 2 3 contacted in for eac Cell Phone 1 2 3 contacted in for eac Legal Guardian Perform Sachem or colattended Experiments of the property of th	Man Ema 3 h telephone nu cate the date m NO (if y applied for se s your child bee RESOURCE RO r child ever recease write N/A.	unknown) ital Status iil Address We unber provided www	Relate relationship in the	ionship to Child 1 2 3 dactive duty. f the courtorder) Grade a pre-schooler? rt services? YES N TED SERVICES

Date_

Parent/Guardian Signature_

HOUSING QUESTIONNAIRE

Name of LEA:	Susan Erdman	1			
Name of School:					
Name of Student:	Loot			M: JJL	
	Last		First	Middle	
Gender: Male	Female	_ Date of Birth	/	Grade:	_
Address:			Ph	none	_
	der the McKinne	y-Vento Act. St	idents who are	ervices you or your c protected under the	
vento net may an	so be entitled to the	ransportation an	d other service.	76	
Where is the stude	nt currently living	? (Please check o	ne)		
In Permane	ent Housing (house	e, apartment, traile	er)		
In a Shelter	•				
With Anoth	ner Family because	e of loss of housir	g or as a result o	of economic hardship	
In a Hotel/I	Motel				
In a Car, Pa	ark, Bus, Train or (Campsite			
Other (plea	se describe)				
Print Name of Par (or Student if Unac	· · · · · · · · · · · · · · · · · · ·		gnature of Pare r Student if Una	nt, Guardian ccompanied Youth)	
Date					

If the student is NOT living in permanent housing, please ensure that a Designation Form is completed.



SACHEM CENTRAL SCHOOL DISTRICT

Transportation Office 51 School Street Lake Ronkonkoma, NY 11779 (631) 471-1380

FOR PRIVATE & PAROCHIAL STUDENTS THAT ARE BEING TRANSPORTED FOR THE FIRST TIME, INCLUDING KINDERGARTEN STUDENTS.

Student's Name			
	First	Middle	Last
Home Address			
E-Mail Address			
School Attended Sch	hool Year 2021-202	2	
School the student w	vill be attending in S	September 2022	
Grade entering Septe	ember 2022	Date of Birth	
Name of Parent/Gua	ardian:		
Home Telephone Nu	umber	Work Telephone N	Number
TRANSPORTATIO			
In accordance with t	he laws of New Yor	rk State, I hereby formally requ	nest transportation for my child to:
Name of School			
Address of School			
School Hours for Se	ptember 2022		

Signature of Parent/Guardian _____



Verification of District Residency to Request Textbooks

Board of Cooperative Educational Services First Supervisory District of Suffolk County 201 Sunrise Highway Patchogue, NY 11772

INSTRUCTIONS FOR COMPLETING FORM

- 1. Parent/guardian completes top left side of form.
- 2. Parent/guardian brings form to appropriate school district, along with any documentation required for proof of residency.
- 3. Parent/guardian or authorizing school district mails or faxes completed form to the appropriate textbook center.
- 4. Please contact the appropriate textbook center if you have any questions.

Student's School District of Residence	□	Brentwood
Nonpublic School		Phyllis Lionetti, ESBOCES Adult Education Center 100 Second Avenue, Brentwood, NY 11717
Name of Student Grade		(631) 233-4435 Fax (631) 233-4401 Email: plionett@esboces.org
Address	□	Commack Noelle Tennant, Hubbs Administration Building
Telephone Number _ () -		480 Clay Pitts Road, East Northport, NY 11731
* * * * * * * * * * * * * * * * * * * *		(631) 368-5857 Fax (631) 368-4851 Email: ntennant@esboces.org
The above-named student has requested textbooks from the Eastern Suffolk BOCES Nonpub School Textbook Program for the 20 -20 school year. Your signature below indicate		Lindenhurst
(1) verification that the student has provided proof of residency to your district, (2) permission	to	Bryan Giaquinto, Lindenhurst Textbook Center
distribute textbooks to the student, and (3) your understanding that you will be billed for the textbooks.	se	887 Kellum Street, Lindenhurst, NY 11757 (631) 240-8923 Fax (631) 240-8925
		Email: bgiaquin@esboces.org
	□	Oakdale
Print Name of Authorized District Personnel Title of Authorized District Personnel		Steve Erickson, Edward J. Milliken Technical Center 375 Locust Avenue, Oakdale, NY 11769 (631) 218-5430 Fax (631) 218-5431
/ /20		Email: serickso@esboces.org
Signature of Authorized District Personnel Date Approved	🖂	Stony Brook
		William Ludeker, Stony Brook Textbook Center 200 Nicolls Road, Stony Brook, NY 11790
		(631) 689-6860 Fax (631) 689-6862
		Email: wludeker@esboces.org
NONPUBLIC SCHOOL TEXTBOOK PROGRAM		Westhampton Beach
Maria Christ, Textbook Program Coordinator (631) 687-3062 Fax (631) 289-2381 mchrist@esboces.org		Dorothy Hickey, Raymond DeFeo Building 215 Old Riverhead Road, Westhampton Beach, NY 11978
Christine Taylor, Senior Administrative Assistant (631) 687-3116 Fax (631) 289-2381 ctaylor@esboces.org		(631) 288-2669 Fax (631) 288-2774
		Email: dhickey@esboces.org