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#WeAreSachem

# 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.

**Sachem Central School District  
Student Registration Form**

**Office Use Only**

Registration Date: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Residency Proof: \_\_\_\_\_

Age Verification: \_\_\_\_\_

Immunizations: \_\_\_\_\_

Records Requested: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

OSS   \_\_\_\_\_  
 NO YES

Other: \_\_\_\_\_

**STUDENT INFORMATION: LIST NAME AS APPEARS ON BIRTH CERTIFICATE**

\_\_\_\_\_  
**Last Name of Student                      First Name of Student                      Middle Name (not initial)**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Mailing Address if Different**

**IS THE STUDENT HISPANIC, LATINO, OR OF SPANISH ORIGIN? \_\_\_\_\_ YES \_\_\_\_\_ NO**

**Child's Ethnic Code (Circle all that apply)                      Gender: M or F**

1. American Indian/ Alaskan Native
2. Asian
3. Black
4. White
5. Native Hawaiian/ Pacific Islander

**Date of Birth** \_\_\_\_\_

**Birth City and State** \_\_\_\_\_

**Household Language if not English** \_\_\_\_\_

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**Parent/Guardian #1**

\_\_\_\_\_  
**Last Name                      First Name                      Marital Status                      Relationship to Child**

\_\_\_\_\_  
**Address (Write SAME if not different from child)                      Email Address**

\_\_\_\_\_  
**Home Phone    1 2 3                      Cell Phone    1 2 3                      Work Phone    1 2 3**

(Please circle the order of preference that you would like to be contacted in for each telephone number provided)

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**Parent/Guardian #2 (Please list all parents on the birth certificate even if address is unknown)**

\_\_\_\_\_  
**Last Name                      First Name                      Marital Status                      Relationship to Child**

\_\_\_\_\_  
**Address (Write SAME if not different from child)                      Email Address**

\_\_\_\_\_  
**Home Phone    1 2 3                      Cell Phone    1 2 3                      Work Phone    1 2 3**

(Please circle the order of preference that you would like to be contacted in for each telephone number provided)

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 \* Who does child live with? Parents \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_ Legal Guardian \_\_\_\_\_

\* Is either parent a member of the Armed Forces and on active duty? If yes, please indicate the date mother and/or father started active duty. \_\_\_\_\_

\* Are there any special custody regulations regarding your child? (Circle One) YES NO (if yes, please provide a copy of the court order)

\* Is enrollment related to homelessness? (Circle One) YES NO

\* Name and Address of Current or Previous School \_\_\_\_\_ Grade \_\_\_\_\_

\* Has this child ever attended Sachem Schools, applied for transportation from Sachem or applied for services before including as a pre-schooler?

(Circle One) YES NO If yes, please list last date and school attended \_\_\_\_\_

\* Does this child receive any Special Education services? (Circle One) YES NO \*Has your child been declassified with support services? YES NO

If yes, please check type of service(s) received. SPECIAL CLASS \_\_\_\_\_ RESOURCE ROOM \_\_\_\_\_ RELATED SERVICES \_\_\_\_\_

\* Does this child receive any ESL/ENL Services? (Circle One) YES NO \*Has your child ever received ESL Services? YES NO

\* Please list all brothers and sisters that live in your home under the age of 21. If none, please write N/A.

Name of Sibling	Date of Birth	Grade	School	Name of Sibling	Date of Birth	Grade	School

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# HOUSING QUESTIONNAIRE

Name of LEA: Susan Erdman

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last First Middle

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

**The answer you give below may help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act may also be entitled to transportation and other services.**

Where is the student currently living? (Please check **one**)

\_\_\_\_\_ In Permanent Housing (house, apartment, trailer)

\_\_\_\_\_ In a Shelter

\_\_\_\_\_ With Another Family because of loss of housing or as a result of economic hardship

\_\_\_\_\_ In a Hotel/Motel

\_\_\_\_\_ In a Car, Park, Bus, Train or Campsite

\_\_\_\_\_ Other (please describe) \_\_\_\_\_

\_\_\_\_\_  
**Print** Name of Parent, Guardian  
(or Student if Unaccompanied Youth)

\_\_\_\_\_  
**Signature** of Parent, Guardian  
(or Student if Unaccompanied 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

*Joseph Cervone, Transportation Supervisor*

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## APPLICATION FOR TRANSPORTATION

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### 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 School Year 2021-2022 \_\_\_\_\_

School the student will be attending in September 2022 \_\_\_\_\_

Grade entering September 2022 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_

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**TRANSPORTATION INFORMATION**

In accordance with the laws of New York State, I hereby formally request transportation for my child to:

Name of School \_\_\_\_\_

Address of School \_\_\_\_\_

School Hours for September 2022 \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

