



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



#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 **Date of Birth** _____

2. Asian

3. Black **Birth City and State** _____

4. White

5. Native Hawaiian/ Pacific Islander **Household Language if not English** _____

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)

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)

- *****
- * **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 courtorder)
 - * **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

APPLICATION FOR TRANSPORTATION

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 2022-2023 _____

School the student will be attending in September 2023 _____

Grade entering September 2023 _____ Date of Birth _____

Name of Parent/Guardian: _____

Home Telephone Number _____ Work Telephone Number _____

TRANSPORTATION INFORMATION

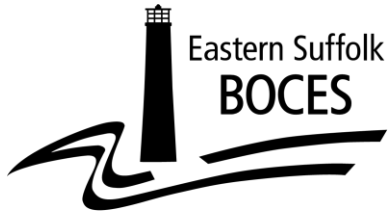
In accordance with the laws of New York State, I hereby formally request transportation for my child to:

Name of School _____

Address of School _____

School Hours for September 2023 _____

Signature of Parent/Guardian _____



Eastern Suffolk
BOCES

Educational Services That Transform Lives

**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 _____

Nonpublic School _____

Name of Student _____ Grade _____

Address _____

Telephone Number () - _____

The above-named student has requested textbooks from the Eastern Suffolk BOCES Nonpublic School Textbook Program for the 20 - 20 school year. Your signature below indicates (1) verification that the student has provided proof of residency to your district, (2) permission to distribute textbooks to the student, and (3) your understanding that you will be billed for these textbooks.

_____ / _____
Print Name of Authorized District Personnel Title of Authorized District Personnel

_____/_____/20
Signature of Authorized District Personnel Date Approved

Brentwood
Phyllis Lionetti, ESBOCES Adult Education Center
100 Second Avenue, Brentwood, NY 11717
(631) 233-4435 Fax (631) 233-4401
Email: plionett@esboces.org

Commack
Noelle Tennant, Hubbs Administration Building
480 Clay Pitts Road, East Northport, NY 11731
(631) 368-5857 Fax (631) 368-4851
Email: ntennant@esboces.org

Lindenhurst
Bryan Giaquinto, Lindenhurst Textbook Center
887 Kellum Street, Lindenhurst, NY 11757
(631) 240-8923 Fax (631) 240-8925
Email: bgiaquin@esboces.org

Oakdale
Steve Erickson, Edward J. Milliken Technical Center
375 Locust Avenue, Oakdale, NY 11769
(631) 218-5430 Fax (631) 218-5431
Email: serickso@esboces.org

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

Westhampton Beach
Dorothy Hickey, Raymond DeFeo Building
215 Old Riverhead Road, Westhampton Beach, NY 11978
(631) 288-2669 Fax (631) 288-2774
Email: dhickey@esboces.org

NONPUBLIC SCHOOL TEXTBOOK PROGRAM			
Maria Christ, Textbook Program Coordinator	(631) 687-3062	Fax (631) 289-2381	mchrist@esboces.org
Christine Taylor, Senior Administrative Assistant	(631) 687-3116	Fax (631) 289-2381	ctaylor@esboces.org