

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

<u>Documents Required to Register for Private School as a Sachem Resident</u>

Original Birth Certificate with a raised seal

Parent or Guardian's photo identification

The residential 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-must be in parent/guardian's name

- 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
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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 eac	************	ımber provided	1)	
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(Please circle the ************************************	order of prefe	erence that you would like to be the second	contacted in for eac	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 eac	if address is	umber provided	********	*********
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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 Joan Uettwiller

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	nool Year 2023-202	24	
School the student w	rill be attending in	September 2024	
Grade entering Septe	ember 2024	Date of Birth	
Name of Parent/Gua	rdian:		
_		_	Number
TRANSPORTATIO			
In accordance with the	he laws of New Yo	ork State, I hereby formally requ	nest transportation for my child to:
Name of School			
Address of School			
School Hours for Sep	ptember 2024		
Signature of Parent/O	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 <u>20</u> -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