



# SACHEM CENTRAL SCHOOL DISTRICT

## Central Registration

Administrative Office

51 School Street, Lake Ronkonkoma, NY 11779

631-471-7861, fax (631)471-1772

Office hours when school is in session are 8:00am - 2:00pm  
Office hours when school is not in session are 8:00am - 1:00pm\*

### **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 step-parent, 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)**

\_\_\_\_\_  
**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)**

\_\_\_\_\_  
**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 2018-2019 \_\_\_\_\_

School the student will be attending in September 2019 \_\_\_\_\_

Grade entering September 2019 \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

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

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**TRANSPORTATION INFORMATION**

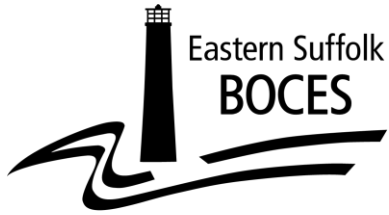
In accordance with the laws of New York State, I hereby formally request transportation for my child to:

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

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

School Hours for September 2019 \_\_\_\_\_

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 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**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

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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
Signature of Authorized District Personnel	/ /20 Date Approved

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