

# CONNETQUOT CENTRAL SCHOOL DISTRICT OF ISLIP

## 2018-2019 Universal Pre-Kindergarten Program Application

Date \_\_\_\_\_ Application Number \_\_\_\_\_ Student ID \_\_\_\_\_ Program Location \_\_\_\_\_

STUDENT INFORMATION					
First Name:		Middle Name:		Last Name:	Grade: <b>UPK</b>
Date of Birth:	Select: Male _____ Female _____	Age:	Place of Birth (City, State, Country):		<i>If applicable,</i> Date Entered USA:
Is the student Hispanic or Latino? Yes _____ No _____		Please indicate all race groups that apply: American Indian or Alaskan Native _____ White _____ Asian _____ Native Hawaiian or Pacific Islander _____ Black or African American _____			Office Use Only: Proof of Birth: _____
Previously applied for services from Connetquot CSD: Yes _____ No _____ Date _____		Siblings registered in Connetquot CSD: Yes _____ No _____ School _____			Office Use Only: Household Name: _____
Second language spoken at home: Yes _____ No _____ Language _____		Previous preschool/daycare provider: _____		Office Use Only: _____	
Receiving Special Education or Related Services, <i>please check</i> : IEP _____ Resource Room _____ Special Class _____ Speech _____ Counseling _____ Other _____					
HOUSEHOLD INFORMATION					
Residence Type: Own _____ Rent _____	Office Use Only: Mortgage/Deed/Tax Bill _____ Notarized Yearly Lease _____ Notarized Affidavit w/Documentation _____ Photo ID _____ Utility Bill _____ Other Bill _____ Sale Contract _____ Supervisor Approval _____				Office Use Only: Home School _____
Home Address: _____, _____, _____, _____, _____ Street Apt. # Town State Zip Code					Mailing Address: P.O. Box _____ _____
Student Resides with: Both Mother & Father _____ Mother _____ Father _____ Stepparent _____ Foster Parent _____ Guardian _____ <i>relationship</i> , _____	Marital Status of Parents: Married _____ Separated _____ Divorced _____ Never Married _____	Court Order, Divorce or Separation Agreement: Yes ___ No ___ Stipulations: _____ Order of Protection End Date _____ Residential Parent: _____ Non-Residential Parent: _____ Non-Residential Parent Address: _____			
CONTACT INFORMATION					
Parent/Guardian	Mother			Father	
Name					
Home Phone					
Cell Phone					
Work Phone					
Email					
Occupation					
Employer's Name & Address					
PERSONS TO BE CALLED IN THE EVENT PARENT CANNOT BE REACHED					
Emergency Contact					
Relationship to Student					
Home Phone					
Cell Phone					
Address					
MEDICAL CONTACT					
	Physician			Dentist (Optional)	
Name					
Phone Number					
Address					

Parents have the responsibility of presenting to the District a certified copy of any order, decree of legally binding instrument affecting custody or other parental rights and, without one, school officials will assume that both parents may see the child and both parents will have access to school records.

**I grant permission for the Connetquot Central School District to request all school records from any school previously attended.**

Signature or Parent/Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_