

CONNETQUOT CENTRAL SCHOOL DISTRICT OF ISLIP

2017-2018 Universal Pre-Kindergarten Program Application

Date _____ Application Number _____ Student ID _____ Program Location _____

STUDENT INFORMATION			
First Name:		Middle Name:	Last Name: Grade: UPK
Date of Birth:	Select: Male _____ Female _____	Age:	Place of Birth (City, State, Country): <i>If applicable, Date Entered USA:</i>
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 _____