

CONNETQUOT CENTRAL SCHOOL DISTRICT OF ISLIP

2021-22 UNIVERSAL PRE-KINDERGARTEN APPLICATION

PLEASE PRINT CLEARLY Application Number _____ Date _____ Program Location _____

STUDENT INFORMATION										
First Name:			Middle Name:			Last Name:			Grade: UPK	
Date of Birth:	Male _____ Female _____	Age:	Place of Birth: _____ City, Town State or Country		Is the student Hispanic or Latino? Yes _____ No _____		Office Use Only:	Proof of Birth:	Re-entry: N/A	Cohort Year: N/A
Please indicate all race groups that apply: American Indian _____ Native Hawaiian _____ African American _____ or Native Alaskan _____ White _____ Asian _____ or Pacific Islander _____ or Black _____					Date Applied: N/A	Start Date: N/A	Student ID#			
Previously applied for services from Connetquot CSD: Yes _____ No _____ Siblings registered in Connetquot CSD: Yes _____ No _____ School _____			Previous preschool/daycare provider: _____			Office Use Only:				
Second language spoken at home: Yes _____ No _____ Language _____			Receiving Special Education or Related Services, please check: IEP _____ Resource Room _____ Special Class _____ Speech _____ Other _____				HH Name: _____			
Is the parent/guardian a member of the Armed Forces AND on active duty? Yes _____ No _____ Entered date _____ Exit Date _____										
HOUSEHOLD INFORMATION										
Residence Type: Own _____ Rent _____ Other _____		Office Use Only: Mortgage/Deed/Tax Bill _____ Yearly Complex Lease _____ Notarized Affidavit _____ Yearly Notarized Lease _____ Photo ID _____ Utility Bill _____ Other Bill _____ Contract of Sale _____ Supervisor Approval _____					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 _____		Marital Status of Parents: Married _____ Separated _____ Divorced _____ Never Married _____		Court Order, Divorce or Separation Agreement: Yes _____ No _____ Stipulations: _____ Residential Parent: _____ Non-Residential Parent: _____ Address: _____ Order of Protection: _____						
CONTACT INFORMATION										
	MOTHER			FATHER			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>I grant permission for the Connetquot Central School District to request all school records from any school previously attended.</i> <div style="text-align: right; margin-top: 10px;"> X _____ Parent/Guardian Signature Date </div>			
Name										
Home Phone										
Cell Phone										
Work Phone										
Email										
Occupation										
Employer's Name & Address										
EMERGENCY CONTACTS										
Relation to Student							Physician	Dentist (optional)		
Name										
Home Phone										
Cell Phone										
Address										

PARENT/GUARDIAN AFFIDAVIT STATEMENT

Your Deponent understands that the facts contained in this registration packet are made under oath; that the statements contained are true; that the Connetquot Board of Education will rely thereon, and that in the event there are misstatements of fact in this packet, such misstatements entitle the Board of Education to levy charges of perjury, a crime, as well as holding the parent/guardian responsible for the tuition for such a student.

X _____
Parent/Guardian Signature

_____ Date School Personnel