

# CONNETQUOT CENTRAL SCHOOL DISTRICT OF ISLIP

## 2019-2020 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:<br>Male _____<br>Female _____   | Age:   | Place of Birth (City, State, Country):       |
| Is the student Hispanic or Latino?<br><br>Yes _____ No _____  | Please indicate all race groups that apply:<br>American Indian or Alaskan Native _____ White _____ Asian _____<br>Native Hawaiian or Pacific Islander _____ Black or African American _____                                 |  | Office Use Only:<br>Proof of Birth:<br>_____ |
| Previously applied for services from Connetquot CSD:<br>Yes _____ No _____ Date _____   | Siblings registered in Connetquot CSD:<br>Yes _____ No _____ School _____   |  | Office Use Only:<br>Household Name:<br>_____ |
| Second language spoken at home:<br>Yes _____ No _____ Language _____  | Previous preschool/daycare provider:<br>_____   | Office Use Only:   |  |
| Receiving Special Education or Related Services, <i>please check</i> :<br>IEP _____ Resource Room _____ Special Class _____ Speech _____ Counseling _____ Other _____ |   |  |  |
| HOUSEHOLD INFORMATION   |   |  |  |
| Residence Type:<br>Own _____ Rent _____   | Office Use Only:<br>Mortgage/Deed/Tax Bill _____ Notarized Yearly Lease _____ Notarized Affidavit w/Documentation _____<br>Photo ID _____ Utility Bill _____ Other Bill _____ Sale Contract _____ Supervisor Approval _____ |  | Office Use Only:<br>Home School<br>_____     |
| Home Address:<br>_____, Apt. # _____, Town _____, State _____, Zip Code _____<br>Street   |   |  | Mailing Address:<br>P.O. Box _____           |
| Student Resides with:<br>Both Mother & Father _____<br>Mother _____ Father _____<br>Stepparent _____ Foster Parent _____<br>Guardian _____ <i>relationship</i> ,      | Marital Status of Parents:<br>Married _____<br>Separated _____<br>Divorced _____<br>Never Married _____   | Court Order, Divorce or Separation Agreement:<br>Yes ___ No ___ Stipulations: _____ Order of Protection End Date _____<br>Residential Parent: _____ Non-Residential Parent: _____<br>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 \_\_\_\_\_