

**SMITHTOWN CENTRAL SCHOOL DISTRICT
Smithtown, New York 11787**

ENROLLMENT FORM

Student Name: Phone:

Address: Town: Zip

Nearest Street Intersection to Home:

Date of Birth: Sex: Place of Birth:
City State/Country

Entering School Grade Foreign Exchange Student

Has child attended the Smithtown Central School District previously?

If Yes, list School, Grade, Year:

Previous Out of District School Attended:

<input type="text"/>	<input type="text"/>
Address	Grade(s)

Mother's Name: Father's Name:

Employer's Name: Employer's Name:

Employer's Address: Employer's Address:

Cell Phone #: Cell Phone #:

Daytime Phone #: Daytime Phone #:

E-Mail Address: E-Mail Address:

- | | | |
|------------------------------------------------------------|----------------------------------------------|--|
| ETHNICITY (must select one): | RESIDENCY/HOUSING: | |
| Hispanic Origin <input type="checkbox"/> | Other Situation <input type="checkbox"/> | |
| Not Hispanic Origin <input type="checkbox"/> | Abandoned Apartment <input type="checkbox"/> | |
| | In a Motel/Hotel <input type="checkbox"/> | |
| | In a Shelter <input type="checkbox"/> | |
| RACE (must select <u>at least one</u>): | Temporary Housing <input type="checkbox"/> | |
| African American <input type="checkbox"/> | Train/ Bus Station <input type="checkbox"/> | |
| American Indian / Alaskan Native <input type="checkbox"/> | With Relative <input type="checkbox"/> | |
| Asian <input type="checkbox"/> | Permanent Housing <input type="checkbox"/> | |
| Native Hawaiian /Pacific Islander <input type="checkbox"/> | Train/Bus/Car <input type="checkbox"/> | |
| White <input type="checkbox"/> | Park/Campsite <input type="checkbox"/> | |

Languages spoken in the home:

Mailing required in a language other than English? Yes No

Are there any Divorce, Separation, Guardianship or Adoption issues? Yes No

Parent I.D. : _____

Home Language Questionnaire (HLQ)—Page Two

<i>Educational History</i>
8. Indicate the total number of years that your child has been enrolled in school _____
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. Yes* No Not sure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *If yes, please explain: _____ How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes - Type of services received: _____ Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.) _____ _____ _____
12. In what language(s) would you like to receive information from the school? _____

_____ Month: _____ Day: _____ Year: _____
Signature of Parent or of Person in Parental Relation *Date*
 Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ							
NAME: _____	POSITION: _____						
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:							
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW							
NAME: _____	POSITION: _____						
ORAL INTERVIEW NECESSARY: No Yes							
**DATE OF INDIVIDUAL INTERVIEW: _____ MO. DAY YR.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">OUTCOME OF INDIVIDUAL INTERVIEW:</td> <td style="padding: 5px;">ADMINISTER NYSITELL</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">ENGLISH PROFICIENT</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">REFER TO LANGUAGE PROFICIENCY TEAM</td> </tr> </table>	OUTCOME OF INDIVIDUAL INTERVIEW:	ADMINISTER NYSITELL		ENGLISH PROFICIENT		REFER TO LANGUAGE PROFICIENCY TEAM
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	ENGLISH PROFICIENT						
	REFER TO LANGUAGE PROFICIENCY TEAM						
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL							
NAME: _____	POSITION: _____						
DATE OF NYSITELL ADMINISTRATION: _____ MO. DAY YR.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">PROFICIENCY LEVEL ACHIEVED ON NYSITELL:</td> <td style="padding: 5px;">ENTERING</td> <td style="padding: 5px;">EMERGING</td> <td style="padding: 5px;">TRANSITIONING</td> <td style="padding: 5px;">EXPANDING</td> <td style="padding: 5px;">COMMANDING</td> </tr> </table>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL:	ENTERING	EMERGING	TRANSITIONING	EXPANDING	COMMANDING
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FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:							

**SMITHTOWN CENTRAL SCHOOL DISTRICT
Smithtown, New York 11787**

ENROLLMENT FORM

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Date of Birth: Sex: Place of Birth:
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SMITHTOWN CENTRAL SCHOOL DISTRICT
APPLICATION FOR PRIVATE AND PAROCHIAL SCHOOL TRANSPORTATION

THIS FORM MUST BE FILED PRIOR TO **APRIL 1** PRECEDING THE NEW SCHOOL YEAR

***New Private & Parochial** students or anyone changing school or address must register in person at
SCSD Central Registration Office- 26 New York Ave Smithtown 11787.

Returning Private & Parochial students, without any changes from last year, may mail their completed application to
26 New York Ave Smithtown 11787 (attn: Transportation)

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DATE OF APPLICATION _____

NAME OF STUDENT _____
(Last) (First)

LEGAL ADDRESS: _____
(Street) (Town) (Zip)

DATE OF BIRTH: ____/____/____ GRADE ENTERING IN SEPTEMBER **2019** _____

NAME OF PARENT/GUARDIAN: _____

HOME NUMBER: _____ WORK NUMBER: _____

EMERGENCY CONTACT NAME: _____ CONTACT NUMBER: _____

SCHOOL THE STUDENT IS CURRENTLY ATTENDING OR TRANSFERRING FROM: _____

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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: _____

For the school year **2019-2020** School Hours _____

IMPORTANT – PLEASE NOTE THE FOLLOWING REQUIREMENTS:

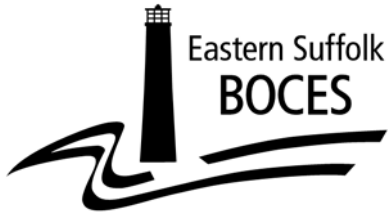
***ANY NEW RESIDENT REQUESTING TRANSPORTATION TO A PRIVATE AND PAROCHIAL SCHOOL OR ANYONE WITH A CHANGE OF ADDRESS MUST PROVIDE THE PROPER DOCUMENTATION AS DESIGNATED BY SCSD CENTRAL REGISTRATION OFFICE**

PROOF OF RESIDENCY MUST BE SUBMITTED PRIOR TO PROCESSING A TRANSPORTATION REQUEST.

*Entering kindergarten students must be 5 years of age by December 1, 2019
in order to be considered for transportation.*

ROUTE# _____
STOP ASSIGNED

SIGNATURE OF PARENT OR 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 () - _____

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

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, Commack Textbook Center
60 Calvert Avenue, Commack, NY 11725
(631) 240-8936 Fax (631) 240-8937
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

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
Steve Erickson, Raymond DeFeo Building
215 Old Riverhead Road, Westhampton Beach, NY 11978
(631) 288-2669 Fax (631) 288-2774
Email: serickso@esboces.org

NONPUBLIC SCHOOL TEXTBOOK PROGRAM			
Maria Christ, Textbook Program Coordinator	(631) 687-3062	Fax (631) 240-8964	mchrist@esboces.org
Christine Taylor, Senior Administrative Assistant	(631) 687-3116	Fax (631) 240-8964	ctaylor@esboces.org