

SMITHTOWN CENTRAL SCHOOL DISTRICT  
Smithtown, New York 11787

ENROLLMENT FORM

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_

Has child attended the Smithtown Central School District previously?  YES  NO

If YES, list School, Grade, Year: \_\_\_\_\_

Previous City or District School Attended \_\_\_\_\_

Grade(s) \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Not Hispanic Origin  In a Foster Home

American Indian / Alaskan Native  With Relative   
Asian  Permanent Housing

Languages spoken in the home \_\_\_\_\_

Are there any divorce, custody or adoption issues?  YES  NO

Parent \_\_\_\_\_



Brooklyn, New York 11217

best possible education, we need to

in English, as well as prior school and personal history. Please complete the

Male

Your assistance in answering these questions is greatly appreciated.

HOME LANGUAGE CODE

Language Hæckaroynd

Please Add



2. What was the first language your child learned?

English

Other

Guardian(s)

specify

specify

7. What language(s) does your child write?

English

Other

8. Indicate the total number of languages your child speaks:

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:

How severe do you think these difficulties are?

10a. Has your child ever been referred for a special education evaluation in the past?  No  Yes\* \*Please complete 10b below

10b. If referred for an evaluation, has your child ever received any special education services in the past?

No  Yes - Type of services received: \_\_\_\_\_

Age at which services received (Please check all that apply):

Birth to 2 years (Early Intervention)  2 to 5 years (Special Education)  6+ years (Special Education)

10c. Does your child have an Individualized Education Program (IEP)?  No

\_\_\_\_\_

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Signature of Reporter of Concern in Reporter Relation

Relationship to student:  Mother  Father  Other \_\_\_\_\_

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

CREDENTIALS: \_\_\_\_\_

**NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HES AND CONDUCTING INDIVIDUAL INTERVIEW**

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

INTERVIEW: \_\_\_\_\_

OUTCOME OF

Interview

Not Proficient

Emerging

Proficient

DATE OF VISIT: \_\_\_\_\_

PROFICIENCY LEVEL

ACHIEVED BY

Emerging

Proficient

Transitional

Developing

Competent

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

# SMITHTOWN CENTRAL SCHOOL DISTRICT

## TRANSPORTATION

\*New, Private & Parochial students or anyone changing school or address must register via email at

Parent, Principal or District Office at 1-800-345-1234 or by email at [transportation@smithtowncentral.org](mailto:transportation@smithtowncentral.org)

DATE OF BIRTH:

(Last)

(First)

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ GRADE ENTERING IN SEPTEMBER 2022 \_\_\_\_\_

NAME OF PARENT

HOME NUMBER: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_

SCHOOL THE STUDENT IS CURRENTLY AT \_\_\_\_\_

TRANSPORTATION

New York State Thruway formally requires

ADDRESS OF SCHOOL \_\_\_\_\_

ADDRESS OF SCHOOL \_\_\_\_\_

School Hours \_\_\_\_\_

For the school year 2022-2023

### IMPORTANT – PLEASE NOTE THE FOLLOWING REQUIREMENTS:

\*ANY NEW RESIDENT REQUESTING TRANSPORTATION TO A PUBLIC AND PAROCHIAL SCHOOL OR ANYONE WITH A CHANGE

NOTIFIED PRIOR TO PROCESSING A TRANSPORTATION REQUEST

*Entering kindergarten students must be 5 years of age by December*

STOP ASSIGNED

SIGNATURE OF PARENT OR GUARDIAN



Cooperative Education:  
Suffolk County  
Highway  
11772

201 Sunrise  
Patchogue,

Education Center  
Patchogue, NY 11717

Book Center  
Patchogue, NY 11725

Book Center  
Patchogue, NY 11757

Book Center  
Patchogue, NY 11790

Building  
Patchogue, NY 11774

Department of Adminis

Brentwood  
Phyllis Lioner  
100 Second  
(631) 233-4455  
Email: plione

Commack  
Noelle Penne  
60 Calvert Ave  
(631) 200-8900  
Email: npenne

Linderooth  
Bryan C. Lauri  
887 Kenton St  
(631) 400-8900  
Email: bclauri

Stony Brook  
William Lude  
200 North Hills Rd  
(631) 609-6800  
Email: wlude

Westhampton  
Steve Lajacks  
215 Old River Road  
(631) 218-2600  
Email: slajacks

Verification Requirements

Grade

Proof of residence  
Completed form to the appropriate  
questions.

Nonpublic  
States (1) ve  
tribute text

Personnel

BOCEIVED  
How indic  
on to dis  
books.

Christ@esboce  
taylor@esboce

ite Appro

TEXTBOOK PROGRAM  
-3062 Fax (631) 2  
-3116 Fax (631) 2

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