



MOUNT SINAI UNION FREE SCHOOL DISTRICT
118 North Country Road
Mount Sinai, New York 11766
(631)870-2550
(631) 331-3129 (Fax)

Maureen Poerio
District Clerk/Executive Assistant

Dr. Christine Criscione
Superintendent of Schools

Linda F. Jensen
Asst. Superintendent For Business

Lynne Kirchenko
District Treasurer

February 2, 2024

Dear Parent/Guardian:

Enclosed please find a "Non-Public Transportation Request" form for the 2024/25 school year. Please refer to the "Note" at the bottom of this request form.

Our **Non-Public School Transportation Request** is used in budgeting for each new school year, therefore it is important to fill out a request **even if there is uncertainty that your child will be attending the school requested**. Failure to do so could result in a denial of request after April 1st. If you do fill out a request and find that your child will not be using the bus in September, please notify me so your requested seat on the bus is available for the next person. **Children residing within the district who will be five years old on or before December 1st are eligible to receive transportation. Resident pupils of the Mount Sinai School District #7 scheduled to attend, continue to attend or anticipate attending an accredited Non-Public School are entitled to bus transportation in accord with voter authorization up to 15 miles.**

NOTE:

Also enclosed are **three** additional forms: a "**VERIFICATION OF DISTRICT RESIDENCY TO REQUEST TEXTBOOKS**" form provided through BOCES and "**REGISTRATION**" forms (2 pages). Filling out a **Request For Transportation** form, a **Verification of District Residency to Request Textbooks** form and the **Registration** forms are required so that we can verify your child's attendance at a Non-Public School even if you are not using the transportation we provide. All **four** forms must be filled out **separately for each child** if you are sending them to a Non-Public School. If your child is a Kindergartener or if you recently moved in, please provide proof of residency and an original birth certificate as well.

If you have any questions, please do not hesitate to contact me at 631-870-2563.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Lisa Krulder'.

Lisa Krulder
Transportation/Business Office

Enclosures

MOUNT SINAI UNION FREE SCHOOL DISTRICT
BUSINESS OFFICE
NORTH COUNTRY ROAD, MOUNT SINAI, NEW YORK 11766
(631) 870-2563
FAX (631) 473-0905
NON-PUBLIC SCHOOL TRANSPORTATION REQUEST

(Please do not put more than one student on this sheet)

In accordance with the laws of the State of New York, I hereby formally request transportation for the school year 2024 - 2025:

NAME (of student): _____

Home Address: _____

SCHOOL: _____

Address of School: _____

PHONE: (of school) _____ HOURS: _____

Age: _____ Date of Birth: _____ Grade in September: _____

Signature Parent/Guardian

Home Telephone

Date

Work Telephone (or other alternate
to home phone in case of emergency)

*Note: This form must be received by the Mt. Sinai School District **NO LATER THAN APRIL 1ST**, unless the family moves into the district after April 1st, in which case, the request must be made within 30 days of establishing residency.*

This form should be submitted even if there is uncertainty or possibility of change. One school can be requested at a time. The District should be notified as soon as possible in the event there is a change in the request. It would be most helpful if you could indicate the starting and ending times of the student's session. Also, if your child is NOT using transportation but still attending a Non-Public School, you must still notify the Business Office of Mt. Sinai School District. This will enable us to verify that your child lives within our District when we are billed for Health Services and Textbooks for the school your child will attend.

Resident pupils of the Mount Sinai School District #7 scheduled to attend, continue to attend or anticipate attending an accredited Non-Public School are entitled to bus transportation in accord with voter authorization up to 15 miles. Children residing within the district who will be five years old on or before December 1st are eligible to receive transportation. If the student is entering school for the first time you must register in the District office and submit an original birth certificate with a raised seal and proof of residency (deed or tax bill).

-----OFFICIAL USE ONLY-----
Date Received @ Transportation Office

MOUNT SINAI SCHOOL DISTRICT
 Mount Sinai, New York 11766

REGISTRATION FORM

Student Information (please print)

Entering Grade _____

Last Name _____ First Name _____ MI _____ Sex: M F

Address _____
(Street, City, State, Zip)

Telephone () _____ Date of Entry into Grade 9 (High School Only) ____/____/____

Date of Birth ____/____/____ Place of Birth _____
(City, State, Country)

Ethnicity/Race: Are you Hispanic/Latino or of Spanish Origin? ____ Yes ____ No

And Check one of the following:

American Indian/Alaskan Native _____ Asian _____ African American/Black _____

Native Hawaiian/Pacific Islander _____ White _____

Primary Lang. Spoken at Home _____

Date of 1st Polio Vaccination ____/____/____

Previous Address _____
(Street, City, State, Zip)

Previous School _____
(Street, City, State, Zip)

Family Information (please print)

Is this child in legal/custodial guardianship? Yes ____ No ____

Father (Circle one: Natural Step Guardian)

Name _____ Occupation _____

Home phone _____ Work phone _____ Cell phone _____

Email address _____ Does the child reside with this parent? Yes ____ No ____

Address (If different than child's address) _____
(Street, City, State, Zip)

Mother (Circle one: Natural Step Guardian)

Name _____ Occupation _____

Home phone _____ Work phone _____ Cell phone _____

Email address _____ Does the child reside with this parent? Yes ____ No ____

Address (If different than child's address) _____
(Street, City, State, Zip)

NAMES OF SIBLINGS	Sex	Date of Birth	Grade

Parent Questionnaire / New Entrant Information

Please Print

Last Name _____ First Name _____ Grade _____

1. Has your child ever been retained? No ___ Yes ___ Grade _____
2. Has your child been previously classified in need of special education services? Yes ___ No ___
3. Does your child have a current Individualized Education Plan (IEP)? Yes ___ No ___
4. Has your child ever received any remedial or support services? Yes ___ No ___
5. Does your child have any unusual abilities and/or limitations? Yes ___ No ___

If yes, please explain _____

6. Does your child have a vision problem? Yes ___ No ___ A hearing problem? Yes ___ No ___

7. Are there any recent medical facts of importance? Yes ___ No ___

If yes, please explain _____

8. Are there any special circumstances the school should be aware of regarding your child? Yes ___ No ___

If yes, please explain _____

9. Is your family currently:

- a) living in a shelter? Yes ___ No ___
- b) living with relatives or others due to lack of housing? Yes ___ No ___
- c) living in a motel/hotel, camping ground, car, train/bus station, or other similar situation due to lack of adequate housing? Yes ___ No ___
- d) temporarily housed in a shelter awaiting permanent placement? Yes ___ No ___

Parent/Guardian Signature _____

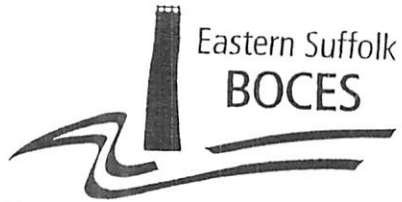
Date _____

'10

FOR ATTENDANCE OFFICE USE ONLY

Date Entered in PowerSchool: _____

Routing: Curriculum Office _____ Nurse _____ PPS _____



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 () - _____

- Brentwood**
ESBOCES Adult Education Center
100 Second Avenue, Brentwood, NY 11717
(631) 233-4435 Fax (631) 233-4401
mchrist@esboces.org
- Commack**
Hubbs Administration Building
480 Clay Pitts Road, East Northport, NY 11731
(631) 368-5857 Fax (631) 368-4851
mchrist@esboces.org
- Stony Brook**
Steve Erickson, Stony Brook Textbook Center
200 Nicolls Road, Stony Brook, NY 11790
(631) 689-6860 Fax (631) 689-6862
serickso@esboces.org
- Westhampton Beach**
Dorothy Hickey, Raymond DeFeo Building
215 Old Riverhead Road, Westhampton Beach, NY 11978
(631) 288-2669 Fax (631) 288-2774
dhickey@esboces.org

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

Date Approved

NONPUBLIC SCHOOL TEXTBOOK PROGRAM			
Marja Christ, Textbook Program Coordinator	(631) 687-3062	Fax (631) 289-2381	mchrist@esboces.org
Christine Taylor, Senior Administrative Assistant	(631) 687-3116	Fax (631) 289-2381	ctaylor@esboces.org