



# MOUNT SINAI UNION FREE SCHOOL DISTRICT

118 North Country Road, Mount Sinai, New York 11766

(631) 870-2560

(631) 473-0905 (FAX)

MR. GORDON BROSDAL  
SUPERINTENDENT OF SCHOOLS

MS. LYNNE KIRCHENKO  
TREASURER

MS. LINDA F. JENSEN  
ASSISTANT SUPERINTENDENT  
FOR BUSINESS

February 2, 2023

Dear Parent/Guardian:

Enclosed please find a "Non-Public Transportation Request" form for the 2023/24 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 1<sup>st</sup>. 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 1<sup>st</sup> 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,

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 2023 - 2024:

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 1<sup>ST</sup>**, unless the family moves into the district after April 1<sup>st</sup>, 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 1<sup>st</sup> 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 \_\_\_

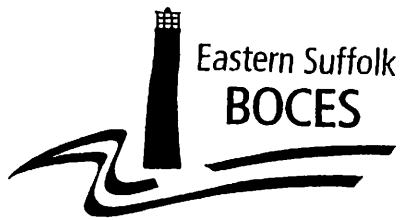
Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR ATTENDANCE OFFICE USE ONLY**

Date Entered in PowerSchool: \_\_\_\_\_

Routing: Curriculum Office \_\_\_\_\_ Nurse \_\_\_\_\_ PPS \_\_\_\_\_



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

Table with 4 columns: Name, Phone, Fax, Email. Rows for Maria Christ and Christine Taylor.