

RE-REGISTRATION FORM

Mother's Name: _____ Cell #: _____

Father's Name: _____ Cell #: _____

Home Address: _____

City _____ State _____ Zip Code _____

Home Phone: _____ em@il: _____

STUDENTS INFORMATION

REL. ED. GRADE
2018-2019

Office Use
Only

1) Full Name _____

Please check the school that your child currently attends:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Susan E. Wiley | <input type="checkbox"/> Deauville Garden East | <input type="checkbox"/> Deauville Garden West | <input type="checkbox"/> Great Neck Road |
| <input type="checkbox"/> Albany Avenue | <input type="checkbox"/> Alleghany Avenue | <input type="checkbox"/> Daniel Street | <input type="checkbox"/> Harding Avenue |
| <input type="checkbox"/> West Gates | <input type="checkbox"/> William Rall | <input type="checkbox"/> Park Avenue | <input type="checkbox"/> Northwest |
| <input type="checkbox"/> Northeast | <input type="checkbox"/> Copiague Middle School | <input type="checkbox"/> Copiague High School | <input type="checkbox"/> Lindenhurst Middle School |
| <input type="checkbox"/> Lindenhurst High School | <input type="checkbox"/> Amityville Middle School | <input type="checkbox"/> Amityville High School | |

Other School (please write the name): _____

Child's Public School Grade (School Year 2018-2019): 1 2 3 4 5 6 7 8 9 10 11 12

Special Needs: Learning Disabilities, Physical Handicaps, Allergies, Emotional Problems, Family Situations (as separation, divorce, death)

REL. ED. GRADE
2018-2019

Office Use
Only

2) Full Name _____

Please check the school that your child currently attends:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Susan E. Wiley | <input type="checkbox"/> Deauville Garden East | <input type="checkbox"/> Deauville Garden West | <input type="checkbox"/> Great Neck Road |
| <input type="checkbox"/> Albany Avenue | <input type="checkbox"/> Alleghany Avenue | <input type="checkbox"/> Daniel Street | <input type="checkbox"/> Harding Avenue |
| <input type="checkbox"/> West Gates | <input type="checkbox"/> William Rall | <input type="checkbox"/> Park Avenue | <input type="checkbox"/> Northwest |
| <input type="checkbox"/> Northeast | <input type="checkbox"/> Copiague Middle School | <input type="checkbox"/> Copiague High School | <input type="checkbox"/> Lindenhurst Middle School |
| <input type="checkbox"/> Lindenhurst High School | <input type="checkbox"/> Amityville Middle School | <input type="checkbox"/> Amityville High School | |

Other School (please write the name): _____

Child's Public School Grade (School Year 2018-2019): 1 2 3 4 5 6 7 8 9 10 11 12

Special Needs: Learning Disabilities, Physical Handicaps, Allergies, Emotional Problems, Family Situations (as separation, divorce, death)



3) Full Name _____

Please check the school that your child currently attends:

- Susan E. Wiley Deauville Garden East Deauville Garden West Great Neck Road
- Albany Avenue Alleghany Avenue Daniel Street Harding Avenue
- West Gates William Rall Park Avenue Northwest
- Northeast Copiague Middle School Copiague High School Lindenhurst Middle School
- Lindenhurst High School Amityville Middle School Amityville High School

Other School (please write the name): _____

Child's Public School Grade (School Year 2018-2019): 1 2 3 4 5 6 7 8 9 10 11 12

Special Needs: Learning Disabilities, Physical Handicaps, Allergies, Emotional Problems, Family Situations (as separation, divorce, death)



4) Full Name _____

Please check the school that your child currently attends:

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- Albany Avenue Alleghany Avenue Daniel Street Harding Avenue
- West Gates William Rall Park Avenue Northwest
- Northeast Copiague Middle School Copiague High School Lindenhurst Middle School
- Lindenhurst High School Amityville Middle School Amityville High School

Other School (please write the name): _____

Child's Public School Grade (School Year 2018-2019): 1 2 3 4 5 6 7 8 9 10 11 12

Special Needs: Learning Disabilities, Physical Handicaps, Allergies, Emotional Problems, Family Situations (as separation, divorce, death)

OFFICE USE ONLY

Envelope#: _____

Registration Fee: \$ _____ Cash: \$ _____ Check: \$ _____ # _____ Date: _____

Monthly Installments: 2 3 4 5 6 Deposit: \$ _____ Balance: \$ _____ Receipt# _____

Remarks: _____

