

RE-REGISTRATION FORM

Mother's Name: _____ Cell #: _____

Father's Name: _____ Cell #: _____

Home Address: _____

City _____ State _____ Zip Code _____

Home Phone: _____ em@il: _____

STUDENTS INFORMATION

1) Full Name _____

REL.ED.GRADE
2019-2020

Office Use
Only

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)

2) Full Name _____

REL.ED.GRADE
2018-2019

Office Use
Only

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<input type="checkbox"/> Lindenhurst High School	<input type="checkbox"/> Amityville Middle School	<input type="checkbox"/> Amityville High School	

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3) Full Name _____

REL.ED.GRADE
2018-2019



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REL.ED.GRADE
2018-2019



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OFFICE USE ONLY

Envelope#: _____

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

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

Remarks: _____

