








To be completed by the Copy  
being prepared and where ne

1. Name of Organization (PLEASE PRINT/TYPE) East Islip UFD	4. Signature 
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2. Name of Authorized Representative (PLEASE PRINT/TYPE) John Doherty	5. Date Signed
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3. Title Superintendent of Schools	
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1. Name of LEA (PLEASE PRINT/TYPE)	Signature of School Representative (PLEASE USE BLUE INK)
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2. School Representative's Name (PLEASE PRINT/TYPE)	
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3. Title of School Representative (PLEASE PRINT/TYPE)	
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