



**John Piteris**  
Program Administrator for Health Sciences/CTE  
Career, Technical and Adult Education  
Sayville Adult Education Center  
30 Greene Avenue • Sayville, NY 11782  
Phone: 631-233-4478  
FAX: 631-267-5035  
jpiteris@esboces.org  
www.academyli.org

**2025 PRACTICAL NURSING  
PREPARATION COURSE / ENTRANCE EXAM APPLICATION**

**STUDENT NAME:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
(First) (Last)

**ADDRESS:** \_\_\_\_\_  
(Street) (Town) (Zip Code)

**STUDENT EMAIL:** \_\_\_\_\_

**PHONE:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Current Grade:** ☐ 11 ☐ 12  
(Home) (Emergency)

**SCHOOL:** \_\_\_\_\_  
(School District) (School Name) (Guidance Counselor)

☐ **Preparation Course/EXAM:**

**Dates:** January 27 – April 7, 2025 - Monday and Wednesday 5:30 p.m. – 7:30 p.m.

**Location:** Gary D. Bixhorn Technical Center, 350 Martha Avenue, Bellport

**Cost:** \$281.00 (\$196.00 Prep Course + \$85.00 Entrance Exam)

**Money Order only, payable to Eastern Suffolk BOCES**

☐ **Entrance Exam:**

**Dates:** Academy Students: April 8 & 9, 2025 during their Academy class time.

Non Academy Students: April 9, 2025 5:00 p.m. – 8:30 p.m.

**Location:** Gary D. Bixhorn Technical Center, 350 Martha Avenue, Bellport

**Cost:** \$85.00 Money order only **payable to Eastern Suffolk BOCES**

**\*ACADEMY STUDENT** ☐ Yes ☐ No

**Course:** \_\_\_\_\_ **Instructor:** \_\_\_\_\_

**\*ARE TESTING MODIFICATIONS REQUIRED? IF YES, IEP MUST BE ATTACHED.**

☐ Yes ☐ No

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**RETURN APPLICATION for PREP/EXAM BY January 24, 2025**

**EXAM ONLY BY April 2, 2025**

**Eastern Suffolk School of Practical Nursing**

**30 Greene Ave**

**Sayville, NY 11782**

**Phone: 631-233-4450 / Fax: 631-267-5035**

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