

**MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT
CENTRAL REGISTRATION
INDISTRICT TRANSFER FORM**

DATE _____

STUDENT INFORMATION

STUDENT ID #	Last Name	First Name	Middle Name	Sex	Date of Birth
BUILDING	FORMER ADDRESS				
	STREET	TOWN	STATE	ZIP	
	NEW ADDRESS				
	STREET	TOWN	STATE	ZIP	
GRADE	Home Telephone ()	Does your child receive Special Education Services?		Yes	No
ESL	SPED				
CUSTODY PAPERS ATTACHED	SCHOOL LEAVING*				
	BUILDING NAME			GRADE	
SCHOOL ENTERING					
BUILDING NAME			GRADE		

PARENT/GUARDIAN INFORMATION (where child resides)

Proof of Residence <input type="checkbox"/> House Deed or Closing Papers <input type="checkbox"/> Property Tax Bill <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Homeowners Insurance Policy <input type="checkbox"/> Landlord Affidavit <input type="checkbox"/> Utility Bill (2) <input type="checkbox"/> Apartment Complex Lease	Last Name - Mother or Guardian	First Name	Relationship to child		
	Cell Number ()	Work Number ()	<input type="checkbox"/> Birth/Adopted Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Custodial Care <input type="checkbox"/> Foster Care <input type="checkbox"/> Step Parent		
	Last Name - Father or Guardian	First Name	Relationship to child		
	Cell Number ()	Work Number ()	<input type="checkbox"/> Birth/Adopted Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Custodial Care <input type="checkbox"/> Foster Care <input type="checkbox"/> Step Parent		
	IF APPLICABLE PROVIDE NAME, ADDRESS AND PHONE NUMBERS OF PARENT NOT LIVING WITH CHILD				
	NAME			Home Number ()	
	STREET	TOWN	STATE	ZIP	Cell Number ()
	SHOULD THIS PARENT RECEIVE SCHOOL MAILINGS?			Yes	No
				Work Number ()	

Parent/Guardian Signature _____ Date: _____

Effective Date _____ Approved _____

* Student's Records are to be forwarded to the new school immediately

White-Central Registration Yellow-Receiving School Pink-Previous School Goldenrod-Transportation

MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT
REQUIREMENTS FOR REGISTRATION
25 N BICYCLE PATH SELDEN NY 11784 PHONE: 631-285-8890
REGISTRATION HOURS ARE MONDAY – FRIDAY 7:30 AM – 3:30 PM

- Original **and** a photocopy of birth certificate
- **FAX number or e mail address to previous** school and Transfer or Withdrawal paper from previous school
- **Transcript for High School students**

▪ **Two proofs of residence in the Middle Country Central School District:**

▪ **Homeowner:**

- Current utility bills (Electric, Gas, Fuel, Water, Cable or Satellite television)
- **And one of the following:**
- Current Mortgage Statement
- Deed to your home
- Latest property tax bill

▪ **New home purchase:**

- Mortgage commitment (on existing residence only) with homeowner insurance policy.

▪ **Renters:**

- Current utility bills (Electric, Gas, Fuel, Water, Cable or Satellite television)
- Current Renter's Insurance policy
- Original lease from leasing management firm, such as Fairfield Properties or Island View
- **or**
- District Registration Affidavit signed and notarized by the homeowner with a copy of the homeowner's property tax bill.

Driver license, insurance cards and bank or credit card statements are not acceptable proof of residence.

- Custody papers, if applicable.
- Immunization record: A signed or stamped certificate of immunization on physician's letterhead or a previous school's signed health record indicating specific dates of quantities. (See required student immunizations).
- Parent/Guardian must bring picture I.D. with you.

DISTRITO ESCOLAR CENTRAL DE MIDDLE COUNTRY
REQUISITOS PARA INSCRIPCION

25 N. Bicycle Path en Selden, NY

HORAS DE INSCRIPCIÓN SON DE LUNES A VIERNES DE 8:00AM A 4:00PM

JULIO Y AGOSTO, LUNES – JUEVES DE 8:00AM A 4:00PM

NÚMERO DE TELÉFONO: (631) 285-8890

- Original y fotocopia del acta de nacimiento
- **Número de FAX a la escuela anterior** y transferencia o documentos de retiro de la escuela anterior
- **Dos pruebas de residencia en el Distrito Escolar Central de Middle Country:**
 - Facturas de servicios públicos actuales (electricidad, gas, combustible, agua, televisión por cable o satélite)
 - Estado actual de la hipoteca
 - Escritura de su casa
 - Última factura de impuestos de propiedad
 - Compromiso de hipoteca (residencia existente solamente) con póliza de seguro de propietario
 - Póliza de seguro del inquilino actual
 - Contrato de arrendamiento original de la firma de administración de arrendamientos, como Fairfield Properties o Island View
 - **- O -**
 - Declaración jurada de registro del distrito firmada y notariada por el propietario con una copia de la factura de impuestos a la propiedad del propietario

La licencia de conducir, las tarjetas de seguro y los estados de cuenta bancarios o de crédito no son comprobantes aceptables de residencia

- Papeles de custodia, si es aplicable
- Registro de inmunización: un certificado de inmunización firmado o sellado con membrete del médico o un registro de salud firmado por una escuela anterior que indique las fechas específicas de las cantidades. (revise vacunas requeridas para estudiantes)
- Las exenciones religiosas o médicas a estos requisitos deben presentarse a los oficiales escolares por escrito. Formularios disponibles en Registro Central.
- Padre / Guardián debe traer foto identificación con usted

MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT

STATE OF NEW YORK
COUNTY OF SUFFOLK

REGISTRATION AFFIDAVIT

The following person(s) _____

Reside(s) at _____

which is within the boundaries of the Middle Country Central School District. In the event that the Middle Country Central School District determines that the above person(s) does not reside at this address or has moved out, I understand that I will be liable for tuition for each student that attended the Middle Country Central School District and at that time the student (s) will be dropped from the attendance register and will no longer be allowed to attend school within the Middle Country Central School District.

Your deponent understands that this affidavit is made under oath; that the statements are true; that the Middle Country Board of Education will rely thereon and, if the information provided in the affidavit is false, the student will not be permitted to attend the district. The district will then take legal action to recover tuition and a referral will be made to the Suffolk County District Attorney's office for fraudulent misrepresentation.

Signature of Deponent (Homeowner)

Print Name

Telephone Number

Document provided by Homeowner:
___ Property Tax Bill: must be presented to MCCSD
Central Registration Office

Taken and Sworn to before me this
_____ day of _____, 20 _____

Notary Public

MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT

**ESTADO DE NUEVA YORK
CONDADO DE SUFFOLK**

AFIDAVIT DE REGISTRACION

La siguiente persona(s) _____

Residen en el _____

que esta dentro de los Limites del Distrito Escolar de Middle Country. Si el Distrito Escolar de Middle Country determina que la person aqui mencionada no reside en esta direccion o se ha mudado, yo entiendo que sere responsable por el pago del estudio de cada estudiante que asistio al Distrito Escolar de Middle Country, en ese momento ese(esos) estudiante(s) seran dado de baja de los registro de atencion y no seran permitidos a asistir a una escuela en el Distrito Escolar de Middle Country.

Usted entiende que este affidavit es hecho bajo juramento, que esta declaracion es verdad; del cual depende el Consejo de Administracion de Middle Country y, que si la informacion dada en este affidavit es falsa, el estudiante no sera permitido asistir al Distrito Escolar. El distrito entonces tomara acciones legales para recauder el dinero y un referido sera hecha a la oficina de Abogados del distrito por representacion falsa.

firma de la persona

Print Name

numero de telefono

Document provided by Homeowner:

___ Property Tax Bill: must be presented to MCCSD Central
Registration Office

Jurado ante mi

_____ dia de _____, 20____

Notario Publico