



**MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT
STUDENT REGISTRATION FORM**

NEW STUDENT

RE-ENTRY

STUDENT INFORMATION

STUDENT ID #	Last Name	First Name	Middle Name	Sex	Date of Birth
	Birthplace City	State	Country	If not USA, Date of Entry to USA	
BUILDING	CHILD'S ETHNIC AND RACE INFORMATION				
	Please answer the two-part question		Is the child Hispanic or Latino?	YES	NO
GRADE	Please indicate any race group that applies, select one or more.			B – Black or African American	
ESL	P – Native Hawaiian/Other Pacific Islander			W – White	
SPED	I – American Indian or Alaskan Native			A – Asian	
ATTACHED	PREVIOUS SCHOOL INFORMATION				
Immunizations	Last School Attended	Grade Level	Name of District		
Custody Papers	Address				
	Does your child receive any Special Education Services?			Yes	No
	COMPLETE IF STUDENT IS RE-ENTERING THE MIDDLE COUNTRY SCHOOL DISTRICT				
	Last Date and School Attended				

PARENT/GUARDIAN INFORMATION (where child resides)

Proof of Residence <input type="checkbox"/> House Deed <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 – Parent 1 or Guardian 1	First Name	Relationship to child <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		
	Cell Number ()	Work Number ()			
	Email:				
	Last Name – Parent 2 or Guardian 2	First Name	Relationship to child <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		
	Cell Number ()	Work Number ()			
	Email:				
	Resident Address				
	STREET		TOWN	STATE	ZIP
	Mailing Address (if different)			Home Telephone ()	
	Is a second language spoken in the home?	Yes	No	If yes, what is the language?	
Is enrollment related to Homelessness?			Yes	No	
IF APPLICABLE PROVIDE NAME, ADDRESS AND PHONE NUMBERS OF PARENT NOT LIVING WITH CHILD					
NAME			Home Number ()		
STREET			Cell Number ()		
TOWN			Work Number ()		
STATE			Email ()		
ZIP					
SHOULD THIS PARENT RECEIVE SCHOOL MAILINGS?			Yes	No	

Parent/Guardian Signature _____ **Date:** _____



SIBLING INFORMATION - Please list all other children in family including infants.

Last Name	First Name	Middle Name	Sex	Date of Birth	Grade (if any)

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 INSCRIPCIÓN**

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
 - 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)**
- **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 atendencia 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