

**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	
CHILD'S ETHNIC AND RACE INFORMATION					
Please answer the two part question		Is the child Hispanic or Latino?		YES	NO
Please indicate any race group that applies, select one or more.			B – Black or African American		
P – Native Hawaiian/Other Pacific Islander			W – White		
I – American Indian or Alaskan Native			A – Asian		
PREVIOUS SCHOOL INFORMATION					
Last School Attended		Grade Level	Name of District		
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)

FAMILY ID #	Last Name - Mother or Guardian	First Name	Relationship to child	
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"/> Mortgage Commitment <input type="checkbox"/> Utility Bill (2) <input type="checkbox"/> Apartment Complex Lease	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	
	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		TOWN	STATE	ZIP
			Cell Number ()	
			Work Number ()	
SHOULD THIS PARENT RECEIVE SCHOOL MAILINGS?			Yes	No

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

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

Should the need arise that any of the above children become eligible for Medicaid Services, I give permission to disclose information regarding the educational records of my child for the sole purposes of Medicaid reimbursement, for health related education services.

Parent/Guardian Signature _____ Date: _____