

**MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT  
REQUIREMENTS FOR REGISTRATION  
25 N BICYCLE PATH SELDEN NY 11784 PHONE: 631-285-8890  
CLOSED FRIDAYS IN JULY AND AUGUST**

- 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.



## HOUSING QUESTIONNAIRE

Name of LEA: Middle Country Central School District

Name of School: TBD

Name of Student: \_\_\_\_\_  
Last First Middle

Gender:  Male  Female Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_ ID#: \_\_\_\_\_  
Month Day Year (preschool-12) (optional)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.**

**Where is the student currently living? (Please check one box.)**

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): \_\_\_\_\_
- In permanent housing

\_\_\_\_\_  
**Print name** of Parent, Guardian, or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
**Signature** of Parent, Guardian, or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
**Date**



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

NEW STUDENT

RE-ENTRY

**STUDENT INFORMATION**

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

**PARENT/GUARDIAN INFORMATION (where child resides)**

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

**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)

DEAR PARENT;

WHEN YOUR CHILD ENTERS SCHOOL WE ESTABLISH A CUMULATIVE RECORD FILE ON HIM/HER TO ENABLE US TO HAVE A GREATER UNDERSTANDING OF YOUR CHILD'S NEEDS. ALL INFORMATION, OF COURSE, WILL BE KEPT STRICTLY CONFIDENTIAL, SO PLEASE ANSWER EVERY QUESTION, PLEASE PRINT NEATLY. THANK YOU FOR YOUR COOPERATION.

STUDENT'S NAME \_\_\_\_\_ SEX \_\_\_\_\_ DOB \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

FATHER/GUARDIAN NAME \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

MOTHER/GUARDIAN NAME \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

PARENT'S PLACE OF EMPLOYMENT

FATHER/GUARDIAN \_\_\_\_\_ WORK NO. \_\_\_\_\_

MOTHER/GUARDIAN \_\_\_\_\_ WORK NO. \_\_\_\_\_

PHYSICIAN TO BE CALLED IN EMERGENCY (LOCAL) \_\_\_\_\_ PHONE NO. \_\_\_\_\_

TRANSPORTATION OF AN ILL CHILD IS TO BE ARRANGED BY PARENT OR PERSONS NAMED ABOVE IT IS A PARENTAL RESPONSIBILITY TO NOTIFY THE SCHOOL NURSE OF CHANGES IN THE ABOVE.

FOR OFFICE USE ONLY:

\_\_\_\_\_ IMMUNIZATION RECORD VERIFIED/ATTACHED

Initials of Central Registration staff member \_\_\_\_\_

TO BE COMPLETED BY PARENT. PLEASE INDICATE IF HISTORY AND DESCRIBE BELOW:

ANEMIA \_\_\_\_\_ ASTHMA \_\_\_\_\_ ALLERGIES \_\_\_\_\_ DIABETES \_\_\_\_\_ EPILEPSY \_\_\_\_\_

HEART DISEASE \_\_\_\_\_ KIDNEY DISEASE \_\_\_\_\_ TUBERCULOSIS OR CONTACT WITH TB \_\_\_\_\_

SERIOUS ILLNESS, INJURY, OPERATIONS \_\_\_\_\_

EXPLANATION OF ABOVE AS CHECKED: \_\_\_\_\_

IS MEDICATION GIVEN ON A REGULAR BASIS? NO \_\_\_\_\_ YES \_\_\_\_\_

WILL MEDICATION BE GIVEN DURING SCHOOL? NO \_\_\_\_\_ YES \_\_\_\_\_

NEW YORK STATE LAW REQUIRES THE PARENT TO SUBMIT A WRITTEN REQUEST TO THE SCHOOL, AND IT MUST BE ACCOMPANIED BY A WRITTEN REQUEST FROM THE PHYSICIAN, IN WHICH HE INDICATES THE FREQUENCY AND THE DOSAGE OF THE PRESCRIBED MEDICATION. THIS MEDICATION MUST BE BROUGHT IN BY THE PARENT IN A PRESCRIPTION BOTTLE.

ANY VISION PROBLEMS: NO \_\_\_\_\_ YES \_\_\_\_\_ PLEASE SPECIFY \_\_\_\_\_  
GLASSES WORN NO \_\_\_\_\_ YES \_\_\_\_\_ DATE OF EXAMINATION \_\_\_\_\_  
DR./EXAMINER'S NAME/ADDRESS \_\_\_\_\_

HEARING DIFFICULTIES NO \_\_\_\_\_ YES \_\_\_\_\_ HEARING AID WORN NO \_\_\_\_\_ YES \_\_\_\_\_  
PLEASE SPECIFY: \_\_\_\_\_

DATE OF LAST EXAMINATION \_\_\_\_\_  
DOCTOR'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

IF ANY MODIFICATION IN THE SCHOOL'S PROGRAM IS REQUIRED, PLEASE SUBMIT A DOCTOR'S WRITTEN RECOMMENDATION.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_



**NEW YORK STATE EDUCATION DEPARTMENT  
Emergent Multilingual Learners Language Profile for  
Prekindergarten Students<sup>1</sup>**

*Dear Parent or Guardian,  
Thank you for completing the Emergent Multilingual Learners Language Profile. This survey will assist your new school with valuable information about your child's experience with languages. Information gathered will assist Prekindergarten educators in delivering academically and linguistically relevant instruction that strengthens the language and literacy of all students.*

THIS SECTION TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY AND MAINTAINED ON FILE
Date Profile Completed:
Student Name:
Gender:
Date of Birth:
District or Community Based Organization Name:
Student ID (if applicable):
Name of Person Administering Profile:
Title:

**Parent or Person in Parental Relation Information**

Name of parent or person in parental relation:

Relationship (to student) of person providing information for this profile:  mother  father  other \_\_\_\_\_

In what language(s) would you like to receive information from the school?  English  other home language:

**Language in the Home**

1. In what language(s) do you (parents or guardians) speak to your child at home?

2. What is/are the primary language(s) of each parent/guardian in your home? (List all that apply.)

3. Is there a caretaker in the home?  yes  no

If yes, what language(s) does the caretaker speak most frequently?

4. What language(s) does your child understand?

5. In what language(s) does your child speak with other people?

6. Does your child have siblings?  yes  no

If yes, in what language(s) do the children speak with each other most of the time?

7a. At what age did your child begin to speak in short sentences?

In what language?

7b. At what age did your child begin to speak in full sentences?

In what language?

8. In what language does your child pretend play?

9. How has your child learned English so far (television shows, siblings, childcare, etc.)?

***Language Outside the Home/Family***

10. Has your child attended any nursery, Head Start or childcare program?  yes  no

If yes, in what language was the program conducted?

In what language does your child interact with other people in the nursery or childcare setting?

11. How would you describe your child's language use with friends?

***Language Goals***

12. What are your language goals for your child? For example, do you want child to become proficient in more than one language?

13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual?  yes  no

14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family?

yes  no

If yes, in what language(s)?

***Emergent Literacy***

15. Does your child have books at home or does he or she read books from the library?

In what language(s) are these books read to him or her?

16a. Can your child name any letters or sounds in English?  yes  no

16b. Can your child recognize letters or symbols in another language?  yes  no

If yes, in what language(s)?

17a. Does your child pretend to read?  yes  no  unsure

If yes, in what language(s)?

17b. Does your child pretend to write?  yes  no  unsure

If yes, in what language(s)?

18. Does your child tell the stories from his/her favorite books or videos?  yes  no

If yes, in what language(s)?

19. Does your child's childcare or nursery program describe goals for his or her learning?  yes  no

If so, what goals do they describe?

20. Please describe anything special you did to prepare your child to begin Prekindergarten.

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<sup>i</sup> For more information contact: the New York State Education Department Office of Early Learning at (518) 474-5807 or email [OEL@nysed.gov](mailto:OEL@nysed.gov) or the New York State Education Department Office of Bilingual Education and World Languages at (518) 474-8775 or (718) 722-2445 or email [OBEWL@nysed.gov](mailto:OBEWL@nysed.gov).



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.

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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

# 2023-24 School Year New York State Immunization Requirements for School Entrance/Attendance<sup>1</sup>

**NOTES:**

All children must be age-appropriately immunized to attend school in NYS. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in accordance with the "ACIP-Recommended Child and Adolescent Immunization Schedule." Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes must meet the immunization requirements of the grades for which they are age equivalent.

**Dose requirements MUST be read with the footnotes of this schedule**

Vaccines	Pre-Kindergarten (Day Care, Head Start, Nursery or Pre-K)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td) <sup>2</sup>	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older		3 doses
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap) <sup>3</sup>		Not applicable		1 dose
Polio vaccine (IPV/OPV) <sup>4</sup>	3 doses		4 doses or 3 doses if the 3rd dose was received at 4 years or older	
Measles, Mumps and Rubella vaccine (MMR) <sup>5</sup>	1 dose		2 doses	
Hepatitis B vaccine <sup>6</sup>	3 doses		3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years	
Varicella (Chickenpox) vaccine <sup>7</sup>	1 dose		2 doses	
Meningococcal conjugate vaccine (MenACWY) <sup>8</sup>		Not applicable	Grades 7, 8, 9, 10 and 11: 1 dose	2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) <sup>9</sup>	1 to 4 doses			Not applicable
Pneumococcal Conjugate vaccine (PCV) <sup>10</sup>	1 to 4 doses			Not applicable



**IDENTIFICATION & RECRUITMENT PARENT SURVEY**

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

**Please take a few minutes to complete this questionnaire.**

Has anyone in your family worked or looked for work at the following occupations during the past 3 years?

- Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- Work related to logging, harvesting, or initial processing of trees.
- Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



***If you answered YES, please provide your contact information below:***

Parent/Guardian Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Best time to be reached: \_\_\_\_ AM/PM

Previous Address: \_\_\_\_\_

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

To submit this referral please email to [migranteducation@esboces.org](mailto:migranteducation@esboces.org), or fax to 631-240-8912, or by mail to Long-Island-METRO Migrant Education Program- 969 Roanoke House Avenue, Riverhead, NY. 11901.