



**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					
BUILDING	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				
GRADE	I – American Indian or Alaskan Native				A – Asian				
	PREVIOUS SCHOOL INFORMATION								
ESL	SPED	Last School Attended		Grade Level	Name of District				
ATTACHED		Address						Does your child receive any Special Education Services?	
Immunizations								Yes	No
Custody Papers		COMPLETE IF STUDENT IS RE-ENTERING THE MIDDLE COUNTRY SCHOOL DISTRICT							
		Last Date and School Attended							

PARENT/GUARDIAN INFORMATION (where child resides)

<u>Proof of Residence</u>	Last Name – Parent 1 or Guardian 1		First Name		<u>Relationship to child</u> <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		<u>Relationship to child</u> <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)