

**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	Last Name - Mother or Guardian	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 ()			
	Last Name - Father or Guardian	First Name			
	Cell Number ()	Work Number ()	<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		
	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

Parent/Guardian Signature _____ Date: _____

Effective Date _____ Approved _____

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