

**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 or a photocopy of proof of age document.**

Examples:

- Birth certificate
- Driver's license
- Passport
- Baptismal certificate
- State or other government issued identification
- School photo identification with date of birth
- Consulate identification card
- Hospital or health records
- Military dependent identification card
- Documents issued by federal, state or local agencies
- Native American tribal document
- Court orders or other court-issued documents

▪ **FAX number or email address to previous school and Transfer or Withdrawal paper from previous school**

▪ **Transcript for High School students**

▪ **Proof of residency in the Middle Country Central School District.**

**OWNERS:**

**One (1) of the following items:**

Mortgage statement, Deed, property tax bill, or title

**Two (2) of the following current items:**

Utility bill, income tax form, voter registration, insurance bill, bank statement, state or government issued identification, driver's license, learner's permit or non-driver identification, pay stub, telephone bill, oil bill, DSS declaration or other original documents evidencing residency.

**RENTERS:**

**One (1) of the following items**

Lease, sworn landlord affidavit (notarized), landlord statement (notarization optional) or unsworn third party statement, or a sworn residency affidavit (notarized).

**One (1) of the following current items:**

Utility bill, income tax form, voter registration, insurance bill, bank statement, state or government issued identification, driver's license, learner's permit or non-driver identification, pay stub, telephone bill, oil bill, DSS declaration or other original documents evidencing residency.

- **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 photo identification**
- **Custody paperwork if applicable**
- **Copy of IEP or 504 if applicable**



**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>BUILDING</b>	<b>CHILD'S ETHNIC AND RACE INFORMATION</b>				
	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	
<b>GRADE</b>	I – American Indian or Alaskan Native			A – Asian	
	<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>					Yes    No
<b>COMPLETE IF STUDENT IS RE-ENTERING THE MIDDLE COUNTRY SCHOOL DISTRICT</b>					
<b>Last Date and School Attended</b>					

<b>ATTACHED</b>	
<b>Immunizations</b>	
<b>Custody Papers</b>	

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

<b>Proof of Residence</b>	<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>	Yes	No	<b>If yes, what is the language?</b>		
<b>Is enrollment related to Homelessness?</b>				Yes	No	
<b>IF APPLICABLE PROVIDE NAME, ADDRESS AND PHONE NUMBERS OF PARENT NOT LIVING WITH CHILD</b>						
<b>NAME</b>				<b>Home Number</b> (    )		
STREET				<b>Cell Number</b> (    )		
TOWN				<b>Work Number</b> (    )		
STATE				<b>Email</b>		
ZIP						
<b>SHOULD THIS PARENT RECEIVE SCHOOL MAILINGS?</b>				Yes	No	

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_