

BOARD OF EDUCATION

PRESIDENT
VICTOR CORREA

VICE PRESIDENT
KEVIN KIRK

LISA DI SANTO GROSSMAN
OWEN DURNEY
MARIAN McKENNA
JEANNETTE MISTLER
JULIO MORALES
ROBERT POWELL
BARBARA SCHATZMAN

South Country Central School District

CENTRAL REGISTRATION

189 Dunton Avenue
East Patchogue, NY 11772
631.730.1617
631. 758.4637 (fax)
www.southcountry.org

SUPERINTENDENT OF
SCHOOLS
Joseph L. Cipp, Jr.



CENTRAL REGISTRATION
Kristine Rausch

REGISTRATION INSTRUCTIONS

In order to safeguard the health of your youngster, place your child in the most appropriate program, and to conform with New York State Law and district policy, we need appropriate information and records. All documents provided will be held in confidence. When registering a new entrant, please bring the following information:

✓ **PROOF OF RESIDENCY**

❖ Please include one of the following items from each column:

PRIMARY	SECONDARY
If you reside in your own home:	Utility Bill
• Deed of Ownership of Premises	Cable/Satellite Statement
• House Insurance Statement	Fuel Delivery Statement
• Mortgage Statement	Bank Statement or Check
• Suffolk County/Town of Brookhaven Tax Statements	Voter Registration Card
If you are renting or leasing:	Current Driver's License
• Lease or Rental Agreement	Department of Social Services Documentation
• Notarized Affidavit Forms include: - <i>By Landlord</i> : Form "A" Section B & - <i>By Parent/Guardian</i> : Form "B"	Change of Address Confirmation Notice from United States Postal Service

- ❖ All secondary proof must be original documents, bear your name, and indicate your South Country address
- ❖ All Affidavit Forms must be notarized
- ❖ Your child will not be enrolled until South Country Central School District receives and verifies the documents listed above

✓ **BIRTH CERTIFICATE**

- ❖ A birth certificate with a raised seal must be provided for Pre-K and Kindergarten entrants
- ❖ A photocopied birth certificate is acceptable for entrants in grades 1-12

✓ **IMMUNIZATION RECORDS**

- ❖ Certificate of immunization signed by a physician
- ❖ Certificate of immunization signed by a representative of an official health clinic
- ❖ School health record signed by official
- ❖ Physical examination form signed by a physician

✓ **PROOF OF CUSTODY OR GUARDIANSHIP (if applicable)**

- ❖ Custodianship: Custodial and Parental Affidavits (original or notarized copies)
- ❖ Foster Parents: Placement order from Department of Social Services 2999
- ❖ Guardianship: Guardianship document signed by court officer (originals or notarized copies)

✓ **ACADEMIC RECORDS (varies by grade level)**

- ❖ Most Recent Report Card
- ❖ Academic Transcripts
- ❖ Test Records
- ❖ Special Education Records

WARNING: ANY PERSON OR PERSONS WHO PROVIDE WILLFULLY FALSE INFORMATION REGARDING RESIDENCE WILL BE SUBJECT TO CRIMINAL PENALTIES. A FALSE STATEMENT REGARDING RESIDENCE OR ENTITLEMENT TO A TUITION FREE EDUCATION FROM THE DISTRICT IS PUNISHABLE AS A CLASS A MISDEMEANOR FOR PERJURY IN THE THIRD DEGREE AND/OR FILING A FALSE INSTRUMENT. IN ADDITION, IF IT IS DETERMINED THAT A REGISTRANT'S CHILD RESIDES OUTSIDE OF THE DISTRICT, THE DISTRICT MAY TAKE LEGAL ACTION TO COLLECT TUITION OR TRANSPORTATION CHARGES. TUITION CHARGES MAY EXCEED \$10,000 PER YEAR IF THE STUDENT IS NOT LEGALLY ENTITLED TO RECEIVE A TUITION FREE EDUCATION FROM THE DISTRICT. THE DISTRICT RESERVES THE RIGHT TO INVESTIGATE ANY STUDENT'S RESIDENCY BY ANY LEGAL MEANS AVAILABLE.

Please note, your child's legal name must appear on all official school records. Requests to use an alternate name will not be honored. Arrangements may be made to have such names used in class and on unofficial records. Under New York State Law, Section 3202, a child must reside with one or both of his/her parents or guardians unless they are deceased, imprisoned or committed to an institution, or have deserted or abandoned the child, or reside outside of New York State. In such cases, only legally appointed guardians, foster parents, or custodians may assume custody and responsibility for the care of the child.

FOR OFFICE USE ONLY

Household Name: _____ Register Date: _____
Student Name: _____ Ethnicity: _____
Student D.O.B.: _____ Re-Entrant: Yes No Homeless: Yes No
Gender: Male Female Foster Child: Yes No ESL: Yes No TBD
Student ID #: _____ Special Education Status: _____
Assigned School: _____ Grade: _____ Health Alert: Yes No

SOUTH COUNTRY CENTRAL SCHOOL DISTRICT STUDENT REGISTRATION PACKET

STUDENT NAME:

LAST: _____ **FIRST:** _____ **M.I.:** _____

HOUSEHOLD INFORMATION

HOUSEHOLD SURNAME: _____ **REGISTER DATE:** _____

HOUSEHOLD ADDRESS: _____ **MAILING ADDRESS (if different from household):** _____

CROSS STREET: _____

HOUSEHOLD PHONE: (_____) _____ *Unlisted:* YES NO

RESIDENCE TYPE: OWN RENT LEASE OTHER

MOVE IN DATE: _____ **LEASE EXPIRATION DATE :** _____

HOUSEHOLD LANGUAGE: _____ **FOSTER CARE AGENCY:** Yes No

NUMBER OF ADULTS IN HOUSEHOLD (21 & OVER): _____ **NUMBER OF SENIORS IN HOUSEHOLD (62 & OVER):** _____

PLEASE LIST ALL MEMBERS OF THE HOUSEHOLD (UNDER 21) AND THEIR RELATIONSHIP TO THE STUDENT:

NAME	DATE OF BIRTH	CURRENT GRADE	NAME OF SCHOOL	RELATIONSHIP TO STUDENT

PROOF OF RESIDENCY ATTACHED:

- PROPERTY TAX BILL
- REAL ESTATE STATEMENT
- HOMEOWNERS AGREEMENT
- HOUSE DEED
- NOTARIZED LANDLORD AFFIDAVIT
- UTILITY BILL
- MORTGAGE STATEMENT
- SALE CONTRACT
- LEASE AGREEMENT
- OTHER: _____

SOUTH COUNTRY CENTRAL SCHOOL DISTRICT STUDENT REGISTRATION PACKET

STUDENT INFORMATION

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____

GENDER: MALE FEMALE DATE OF BIRTH: _____ AGE: _____

ENTERING GRADE: _____

IS THE STUDENT HISPANIC, LATINO OR OF SPANISH ORIGIN? YES NO

RACE(S): AMERICAN INDIAN/ALASKAN NATIVE ASIAN AFRICAN AMERICAN PACIFIC ISLANDER
 CAUCASIAN

DOMINANT LANGUAGE: _____ BIRTH CITY/STATE: _____

BIRTH COUNTRY: _____ DATE ENTERED USA (if applicable): _____

MULTIPLE BIRTH (if applicable): TWIN TRIPLET QUADRUPLET QUINTUPLET

CHILD LIVES WITH: NATURAL PARENT LEGAL GUARDIAN (COURT APPOINTED) FOSTER PARENT

OTHER PERSON IN PARENTAL RELATIONSHIP (PLEASE DESCRIBE RELATIONSHIP) _____

SCHOOL HISTORY

LAST SCHOOL ATTENDED: _____ SCHOOL PHONE: _____

SCHOOL ADDRESS: _____ LAST DATE OF ATTENDANCE: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. DOES THE STUDENT REQUIRE SPECIAL EDUCATION SERVICES? YES NO
IF YES, PLEASE PROVIDE A COPY OF THE CHILD'S CURRENT INDIVIDUALIZED EDUCATION PROGRAM. ("IEP")

2. IS THE STUDENT IN ENGLISH AS A SECOND LANGUAGE ("ESL")? YES NO

3. HAS THE STUDENT EVER ATTENDED SOUTH COUNTRY CENTRAL SCHOOL DISTRICT? YES NO

IF YES, PLEASE INDICATE WHEN AND WHY THE STUDENT WITHDREW FROM THE SCHOOLS? _____

FOSTER CARE INFORMATION

IS THE STUDENT CURRENTLY A FOSTER CHILD? YES NO

FOSTER CARE AGENCY INFORMATION

AGENCY NAME: _____

ADDRESS: _____

CASE WORKER: _____ TELEPHONE: (_____) _____

SOUTH COUNTRY CENTRAL SCHOOL DISTRICT STUDENT REGISTRATION PACKET

PARENT/GUARDIAN INFORMATION

1) FIRST: _____ MIDDLE: _____ LAST: _____

GENDER: MALE FEMALE

RESIDES IN HOUSEHOLD: YES NO MARITAL STATUS: _____

EDUCATION LEVEL: NONE HIGH SCHOOL BACHELOR DEGREE POST GRADUATE DEGREE

MAILING ADDRESS: _____ HOME PHONE: (_____) _____

_____ WORK PHONE: (_____) _____

CELL PHONE: (_____) _____

E-MAIL ADDRESS: _____

EMPLOYER NAME: _____ EMPLOYER PHONE: (_____) _____

WORK ADDRESS: _____

RELATIONSHIP TO STUDENT: _____

CUSTODIAL PARENT: YES NO RECEIVE CORRESPONDENCE FROM SCHOOL: YES NO

PARENT/GUARDIAN INFORMATION

2) FIRST: _____ MIDDLE: _____ LAST: _____

GENDER: MALE FEMALE

RESIDES IN HOUSEHOLD: YES NO MARITAL STATUS: _____

EDUCATION LEVEL: NONE HIGH SCHOOL BACHELOR DEGREE POST GRADUATE DEGREE

MAILING ADDRESS: _____ HOME PHONE: (_____) _____

_____ WORK PHONE: (_____) _____

CELL PHONE: (_____) _____

E-MAIL ADDRESS: _____

EMPLOYER NAME: _____ EMPLOYER PHONE: (_____) _____

WORK ADDRESS: _____

RELATIONSHIP TO STUDENT: _____

CUSTODIAL PARENT: YES NO RECEIVE CORRESPONDENCE FROM SCHOOL: YES NO

GUARDIAN INFORMATION ONLY (IF APPLICABLE)

REASON(S) WHY STUDENT IS RESIDING WITH YOU: _____

DO YOU HAVE A COURT ORDER GRANTING CUSTODY TO YOU? YES NO

IF NOT PLEASE FILL OUT AFFIDIVIT FORM "C" & "D"

SOUTH COUNTRY CENTRAL SCHOOL DISTRICT STUDENT REGISTRATION PACKET

*OTHER THAN PARENT/GUARDIAN

EMERGENCY CONTACT INFORMATION

1) FIRST: _____ MIDDLE: _____ LAST: _____

GENDER: MALE FEMALE

RESIDES IN HOUSEHOLD: YES NO

MAILING ADDRESS: _____ HOME PHONE: (_____) _____

_____ WORK PHONE: (_____) _____

CELL PHONE: (_____) _____

E-MAIL ADDRESS: _____

RELATIONSHIP TO STUDENT: _____

EMERGENCY CONTACT INFORMATION

2) FIRST: _____ MIDDLE: _____ LAST: _____

GENDER: MALE FEMALE

RESIDES IN HOUSEHOLD: YES NO

MAILING ADDRESS: _____ HOME PHONE: (_____) _____

_____ WORK PHONE: (_____) _____

CELL PHONE: (_____) _____

E-MAIL ADDRESS: _____

RELATIONSHIP TO STUDENT: _____

EMERGENCY CONTACT INFORMATION

3) FIRST: _____ MIDDLE: _____ LAST: _____

GENDER: MALE FEMALE

RESIDES IN HOUSEHOLD: YES NO

MAILING ADDRESS: _____ HOME PHONE: (_____) _____

_____ WORK PHONE: (_____) _____

CELL PHONE: (_____) _____

E-MAIL ADDRESS: _____

RELATIONSHIP TO STUDENT: _____

SOUTH COUNTRY CENTRAL SCHOOL DISTRICT STUDENT REGISTRATION PACKET

STUDENT NAME: LAST: _____ FIRST: _____ M.I.: _____

TEMPORARY HOUSING INFORMATION

This section is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

- 1. Is your current address a temporary living arrangement? [] Yes [] No
2. Is this temporary living arrangement due to loss of housing or economic hardship? [] Yes [] No

If you answered YES to the above questions, please complete the remainder of this section.
If you answered NO, this section is complete.

TEMPORARY HOUSING QUESTIONNAIRE

1. Where is the student presently living? (Check one box)

- [] In a motel [] In a shelter [] With more than one family in a house or apartment
[] Moving from place to place [] In a hospital [] Awaiting foster care
[] In a place not designed for ordinary sleeping accommodations such as a car, park or campsite

2. Please list the address that the student was last permanently housed at:

3. Name of School District where student was last permanently housed:

4. Date on which student began residing in temporary housing or temporary living arrangement?

5. Do you have children age 5 and under? [] Yes [] No If so, please provide their names and ages:

Unaccompanied Youth: a homeless child for whom no parent or person in parental relation is available or who is living in a residential facility for runaway and homeless youth.

-Is the student not in the physical custody of a parent/guardian? [] Yes [] No

NOTE: If you have been placed by the Department of Social Services in temporary housing outside of the school district, the Department of Social Services is responsible for your transportation.

**Children and youth in temporary housing are entitled to immediate enrollment in school and access to all District programs, activities, and services to the same extent as they are provided to residents even if they lack the records normally needed for enrollment, including, but not limited to, previous academic records, medical records, proof of residency and other documentation.

FOR OFFICE USE ONLY

Homeless Liaison Signature: _____ Date: _____

Family Received STAC Form: [] YES [] NO

Family Received Homeless Brochure and Information: [] YES [] NO

SOUTH COUNTRY CENTRAL SCHOOL DISTRICT STUDENT REGISTRATION PACKET

STUDENT NAME: LAST: _____ FIRST: _____ M.I.: _____

EMERGENCY HEALTH INFORMATION

NOTE: In the final disposition of an emergency case, judgment of the school authorities will prevail.

Family Physician: _____ Phone: (_____) _____

Address: _____

SPECIAL HEALTH PROBLEMS (including allergies, asthma or medications):

Wears Glasses/Contact Lenses: YES NO

If at any time the above information must be changed, I will notify the school in writing.

Signature of Parent/Guardian _____ Date _____

ALLERGY SCREENING

If your child has an allergy please answer the following questions.

1. Is your child allergic to anything?

YES NO Please specify allergen(s): _____

2. Does your child have a prescribed EpiPen for this allergy? YES NO

3. Is your child at risk for a life-threatening allergic reaction? YES NO

4. Has your child's allergy been identified through allergy testing? YES NO

5. Please check circumstances which reaction could occur: Contact Ingestion Airborne

****If your child has a severe allergy please contact the school nurse or visit the Health Office website for additional information and forms. The forms must be completed by you and your pediatrician and submitted by the first day of school or at time of registration to ensure your child receives proper care and treatment.****

HEALTH HISTORY INFORMATION

1. Has your child ever had any of the following? (please explain)

- | | | |
|--|--|--|
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> German measles | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Asthma | <input type="checkbox"/> Hearing Loss |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Anemia or Sickle Cell | <input type="checkbox"/> Heart Trouble |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Skin Disorder |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Hernias |

Date of Illness: _____ Explanation: _____

2. Has your child ever had chest pain, murmurs, irregular beats, shortness of breath, or been treated for any other "heart problems"?

YES NO Explanation: _____

3. Does your child have asthma?

YES NO Explanation: _____

4. Has your child ever had high blood pressure?

YES NO Explanation: _____

5. Has your child ever had a fracture, serious injury, or illness requiring medical attention or surgery?

YES NO Area of Injury: _____

6. Does your child have any persistent swelling in his/her joints?

YES NO Explanation: _____

7. Does your child wear glasses, contact lenses, hearing aid or other prosthesis?

YES NO Explanation: _____

8. Does your child have a hearing loss in either ear?

YES NO Explanation: _____

9. Has your child ever had any serious eye injury or vision problem?

YES NO Explanation: _____

10. Is your child taking any medication?

YES NO Explanation: _____

12. Does your child have any medical condition or restrictions on activity that we should know about?

YES NO Explanation: _____

13. Is there a history of Tuberculosis in the family?

YES NO Explanation: _____

SOUTH COUNTRY CENTRAL SCHOOL DISTRICT STUDENT REGISTRATION PACKET

STUDENT NAME: LAST: _____ FIRST: _____ M.I.: _____

HOME LANGUAGE IDENTIFICATION QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESTIONS CONCERNING YOUR CHILD:

(IF ENGLISH IS THE PRIMARY LANGUAGE SPOKEN AT HOME, ONLY ANSWER QUESTIONS 1-3.)

1. What is your relationship to the child? _____
2. What language did your child learn when he/she first began to talk? _____
3. What language does your family speak in your home most of the time? _____
4. What language does the mother speak to her child most of the time? _____
5. What language does the father speak to his child most of the time? _____
6. What language does your child speak to his/her mother most of the time? _____
7. What language does your child speak to his/her father most of the time? _____
8. What language does your child speak to other adults at home most of the time? _____
9. What language does your child speak to his/her brother/sisters most of the time? _____
10. What language does your child speak to his/her friends most of the time? _____

Parent/Guardian Name: _____

Signature: _____

Date: _____

South Country Central School District

CENTRAL REGISTRATION

189 Dunton Avenue
East Patchogue, NY 11772
631.730.1617
631.758.4637
www.southcountry.org

2012/2013 PARENT/STUDENT AFFIRMATION OF CODE OF CONDUCT, PUBLICATION(S) AND CELL PHONE POLICIES

CODE OF CONDUCT

The school district needs the support of all parent(s)/guardian(s) to help insure that their child/children, fully understands the **Code of Conduct** and the consequences for poor or inappropriate behavior. We ask that you sit down with your child/children, and review the **Code of Conduct** in detail. This year, the principals at our primary schools have attempted to put the code's language into simpler terms so that each child will have a better understanding of this important information. The district asks that all parent(s)/guardian(s) affirm that they have reviewed the **Code of Conduct** with their child/children, by signing the affirmation below.

I affirm that we have read the South Country Central School District's *Code of Conduct for the 2012-2013 school year*.

PARENT/GUARDIAN SIGNATURE: _____ DATE: ___/___/___

STUDENT SIGNATURE: _____ DATE: ___/___/___

PUBLICATION(S)

As you know, the South Country Central School District proudly publishes information about the many accomplishments of its students in school and school district newsletters. These publications have very limited circulation. However, through technology many of these documents will be published on the school district's web site. Circulation is worldwide. Examples of the types of information that could appear include your child's name, grade, class or individual photo. Please indicate your preference below and return it to your child's teacher.

I give the school permission to publish my child's photo

I do not give the school permission to publish my child's photo

PARENT/GUARDIAN SIGNATURE: _____ DATE: ___/___/___

STUDENT SIGNATURE: _____ DATE: ___/___/___

CELL PHONES

Cell phones have become part of our daily lives. However, when used in school they can be disruptive. Cell phones are not to be on or visible in school. Students seen with or using their cell phones will be disciplined according to the Code of Conduct. In emergency situations, please call the main office of the school.

I affirm that we have read and understand the South Country Central School District's *Cell Phone Policy for the 2012-2013 school year*.

PARENT/GUARDIAN SIGNATURE: _____ DATE: ___/___/___

STUDENT SIGNATURE: _____ DATE: ___/___/___

STUDENT NAME: _____

SCHOOL: _____

GRADE LEVEL: _____

South Country Central School District

CENTRAL REGISTRATION

189 Dunton Avenue
East Patchogue, NY 11772
631.730.1617
631.758.4637 (fax)
www.southcountry.org

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

AUTHORIZATION IS GRANTED BY THE UNDERSIGNED FOR THE RELEASE OF:

- ✓ MOST RECENT REPORT CARD
- ✓ ACADEMIC TRANSCRIPTS
- ✓ TEST RECORDS
- ✓ SPECIAL EDUCATION RECORDS
- ✓ MEDICAL RECORDS/IMMUNIZATIONS
- ✓ DISCIPLINE RECORDS

PLEASE FORWARD ALL RELEVANT RECORDS TO:

CENTRAL REGISTRATION

Phone: 631.730.1617

Fax: 631.758.4637

189 Dunton Avenue
East Patchogue, NY 11772

PARENT/GUARDIAN PERMISSION FOR RELEASE OF RECORDS:

I _____, give permission for _____, to forward all official
(Parent/Guardian name) (Name of Previous School)

records regarding _____, to the school indicated above.
(Student Name, Date of Birth)

Signature of Parent/Guardian

Date