

<p>Board of Education</p> <p>President GREGORY C. MIGLINO, JR.</p> <p>Vice President CARL MOODT</p> <p>JOE CIPP VICTOR CORREA TONI HUFFINE JAMES JANKOWSKI KEVIN KIRK MARIAN McKENNA BARBARA SCHATZMAN</p>	<h1 style="margin: 0;"><i>South Country Central School District</i></h1> <p>CENTRAL REGISTRATION 2714 Montauk Highway Brookhaven, New York 11719 631.730.1617 631. 286.9404 (fax) www.southcountry.org</p>	<p style="text-align: center;">INTERIM SUPERINTENDENT OF SCHOOLS</p> <p style="text-align: center;">MR. RAYMOND WALSH 631-730-1510 FAX 631-286-6394</p> <p style="text-align: center;">Assistant Director of Student Support Services Danielle Colby</p>
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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. You may choose to withhold this information without penalty. When registering a new entrant, please bring the following information:

- ✓ **PROOF OF RESIDENCY**
 - ❖ **One of the following items from each column is acceptable proof of residency**

PRIMARY	SUPPLEMENTARY
Lease and/or Landlord Affidavit	Bank Statement/Check
Deed of Ownership of Premises	Cable Statement
House Insurance Statement	Department of Social Services Documentation
Mortgage Statement	Current Driver's License
Suffolk County/Town of Brookhaven Tax Statements	Fuel Delivery Statement
	LIPA Statement
	Voter Registration Card

- ❖ **All supplementary proof must be original documents, bear your name, and indicate your South Country address**
- ✓ **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**

Section 210.45 of the Penal Law of New York State prohibits the making of a punishable false written statement. False statements knowingly made are punishable by a class A misdemeanor punishable by up to six months in prison or a fine up to \$1,000. The District will rely on your representation with respect to residency; you will be legally responsible for any inaccuracy or misrepresentation of the facts including, but not limited to the payment of tuition and attorney fees.

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

Register Date: _____
Student Name: _____
Student ID #: _____
Assigned School: _____
Ethnicity: _____
Special Education Status: _____
Foster Child: _____

Household Name: _____
Student D.O.B.: _____
Gender: _____
Grade: _____
Homeless Status: _____
ESL: _____
Transportation: _____

SOUTH COUNTRY CENTRAL SCHOOL DISTRICT STUDENT REGISTRATION PACKET

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

HOUSEHOLD INFORMATION

HOUSEHOLD SURNAME: _____

REGISTER DATE: _____

HOUSEHOLD ADDRESS:

MAILING ADDRESS (if different from household):

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: _____ NUMBER OF SENIORS IN HOUSEHOLD: _____

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

NUMBER OF ADULTS LIVING IN THE HOME (21 & OVER) _____

NUMBER OF SENIORS LIVING IN THE HOME (62 AND OVER) _____

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

PARENT/GUARDIAN INFORMATION

PARENTS/GUARDIANS

A parent guardian is defined as an individual who may or may not have custodial rights to a student and may or may not receive correspondence from the school, which will be determined at the time of registration. When completing the form, please indicate the individual's relationship to the child (ex. mother, father, aunt, grandparent, etc.) and indicate whether or not they will receive district correspondence. Also, please note any visitation restrictions that may exist and provide appropriate legal documentation.

1) FIRST: _____ LAST: _____

GENDER: MALE FEMALE

RESIDES IN HOUSEHOLD: YES NO

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

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

SOUTH COUNTRY CENTRAL SCHOOL DISTRICT STUDENT REGISTRATION PACKET

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

HOMELESS INFORMATION

HOMELESS CHILD:

(a) a child or youth who lacks a fixed, regular and adequate nighttime residence, including a child who is

- (1) sharing the housing of other persons due to a loss of housing, economic hardship or similar reason;
- (2) living in motels, hotels, trailer parks or camping grounds due to the lack of alternate adequate accommodations;
- (3) abandoned in hospitals;
- (4) awaiting foster care;
- (5) a migratory child; or

(b) a child or youth who has a primary nighttime location that is:

- (1) a supervised, publicly or privately operated shelter designed to provide temporary living accommodations;
- (2) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;

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.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Is transfer/withdrawal related to homelessness or loss of permanent housing? YES NO

Are you requesting any services, such as transportation, from the District? YES NO

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

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

LAST NAME: _____ FIRST NAME: _____ 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 _____

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. Is your child allergic to anything?

YES NO Explanation: _____

4. Does your child have asthma?

YES NO Explanation: _____

5. Has your child ever had high blood pressure?

YES NO Explanation: _____

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

YES NO Area of Injury _____

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

Continued

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

YES NO Explanation: _____

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

YES NO Explanation: _____

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

YES NO Explanation: _____

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

YES NO Explanation: _____

11. 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

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

HOME LANGUAGE IDENTIFICATION QUESTIONNAIRE

PLEASE ANSWER THESE 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: _____

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**2008/2009 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 2008-2009 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 2008-2009 School year.

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

STUDENT SIGNATURE: _____ **DATE:** ___ / ___ / ___

STUDENT NAME: _____

SCHOOL: _____

GRADE LEVEL: _____

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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**

PLEASE FORWARD ALL RELEVANT RECORDS TO:

CENTRAL REGISTRATION

Phone: 631.730.1617
Fax: 631.286.9404
2714 Montauk Highway
Brookhaven, NY 11719

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