

NEWFIELD HIGH SCHOOL
145 MARSHALL DRIVE
SELDEN, NY 11784
(631)285-8300

Scott Graviano, Principal
Lori Mazza, Assistant Principal
Salvatore Merenda, Assistant Principal
Brian Csorny, Assistant Principal

August 2024

Dear Parents and Students:

On behalf of the Newfield High School community, I would like to welcome our new and returning students as we begin the 2024-2025 school year. I hope everyone has enjoyed the summer!

Newfield High School faculty and staff are excited and ready to continue to ensure our students reach their maximum learning potential, while developing and fostering their problem-solving skills academically, socially and emotionally. Enclosed you will find forms which pertain to health information based on your student's academic grade. Please familiarize yourself with them and where appropriate, complete and return.

Please feel free to familiarize yourself with our district/school website for information throughout the 2024/2025 school year. In an effort to **Go Green**, Newfield will post most student information for the upcoming school year on the Newfield website.

STUDENT SCHEDULES

Your child's schedule will be made available online at the end of the month. You will receive a connect-ed call when the schedules are accessible using the parent/student portal. Please be mindful that schedules will continue to be adjusted as we move closer to the start of school. If you are missing a course that you requested, or you have been scheduled for a course that you did not request, please call the **Guidance Office at (631)285-8330** to schedule an appointment to correct your schedule. Appointments are for the purpose of resolving scheduling conflicts, correcting errors or rescheduling students that have attended summer school. **Students who have failed a core course(s) in the 2023-24 school year at the high school level have been rescheduled for that course(s). Students who have successfully completed a summer school course will be granted course credit and rescheduled. Courses may not be added or dropped. WALK-INS WILL NOT BE ACCOMMODATED.**

High School Bell Schedule

Period 1 7:05 – 7:46 am

ANNOUNCEMENTS

Period 2 7:54 – 8:35 am

Period 3 8:39 – 9:20 am

Period 4 9:24 – 10:05 am

Period 5 10: 09 – 10:50 am

Period 6 10:54 – 11:35 am

Period 7 11:39 – 12:20 pm

Period 8 12:24 – 1:05 pm

Period 9 1:09 – 1:50 pm

All students who have an unassigned class during periods 1 and 9 will be assigned to a study hall. Period 1 is our attendance period, if a student does not have a period 1 class they are to report to the cafeteria. Students without a period 9 class are to report to the cafeteria for study hall as well.

9TH GRADE ORIENTATION

It is my pleasure to welcome the "Class of 2028" to Newfield High School. We have scheduled a student orientation for incoming freshmen on Wednesday, August 28th at 10:00 a.m. This program will be for **students only** and should last approximately two hours.

STUDENT PARKING

N.Y. STATE LAW FORBIDS ANY STUDENT WITHOUT A CLASS D LICENSE FROM DRIVING TO AND FROM SCHOOL! Therefore, we are asking that you not permit your child to drive to school unless he or she has a Class D license. We will not be permitting students without a valid Class D license to park on school grounds. Any student with a Class D license will be granted permission by the school to park on school property as long as they receive a parking permit. **PARKING PERMIT APPLICATIONS FOR STUDENTS WITH CLASS D LICENSES WILL BE AVAILABLE** on the Newfield High School website beginning **Monday, August 19th**. Applications and all paperwork can be dropped off between 8:00 am and 11:00 am between Monday, August 19th and Wednesday, August 28th. Please see guidelines under "Quick Links" to download all forms.

STUDENT SAFE DRIVING WORKSHOP

All students that meet the above requirements and would like to park on campus must attend one of two PTSA sponsored workshops hosted by Paul Failla, Educational Consultant, on Monday, September 9th at Newfield High School or Thursday, September 5th at Centereach High School at 7:00 p.m. Students will not be granted parking privileges without attending one of these workshops. Please note if students plan on pursuing a parking permit anytime during the 2024-25 school year they **must** attend one of these workshops. If a student has attended a workshop in the past, they do not need to re-attend.

TRANSPORTATION – (631)285-8880

Bus assignments are posted on the parent/student portal. If you have any questions regarding busing, please call the transportation office.

FREE and REDUCED LUNCH – (631)285-8190

Please see attached flyer.

SCHOOL LEGISLATION IN ACCORDANCE WITH SCHOOL SAFETY PLAN/CODE OF CONDUCT/BUILDING LEVEL EMERGENCY RESPONSE PLAN

State legislation requires that school districts adopt student codes of conduct, a district-wide school safety plan and building-level emergency response plans. These documents appear on both the district and Newfield website under School Resource Information 2024-2025.

STUDENT ATTENDANCE POLICY

The Middle Country Central School District has a formalized school/class attendance policy, which also applies for students following both the hybrid and virtual models.

- * Full-year course - Student will be denied credit on the 28th absence.
- * Half-year course - Student will be denied credit on the 14th absence.
- * Lab Science course - Student will be denied credit on the 41st absence.
- * Regents Geometry & 15:1 Algebra – Students will be denied credit on the 41st absence.

For further information and details regarding all district policies, please visit the official Middle Country website at: www.mccsd.net and follow the links.

We are looking forward to a very exciting year. Please feel free to contact us at (631)285-8300 if you have any questions. Have a happy and healthy remainder to your summer.

Sincerely,



Scott Graviano
Principal

SG/jc
Encs.



MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT
DEPT OF HEALTH, PHYSICAL EDUCATION & ATHLETICS

145 MARSHALL DRIVE • SELDEN, NY 11784

631-285-8650 • 631-285-8151 (fax) • www.mccsd.net

Roberta A. Gerold, Ed.D., Superintendent of Schools
Francine McMahon, Deputy Superintendent for Instruction
Beth Rella, Assistant Superintendent for Business
James G. Donovan, Assistant Superintendent for Human Resources
Joseph Mercado, Director of Health, Physical Education & Athletics

NYSCSH PROVIDER ATTESTATION & PARENT PERMISSIONS FOR INDEPENDENT MEDICATION CARRY AND USE

Directions for the Health Care Provider: This form may be used as an addendum to a medication order which does not contain the required diagnosis and attestation for a student to independently carry and use their medication as required by NYS law. A **provider order** and **parent/guardian permission** are needed in order for a student to carry and use medications that require rapid administration to prevent negative health outcomes. These medications should be identified by checking the appropriate boxes below.

Student Name: _____ **DOB:** _____

Health Care Provider Permission for Independent Use and Carry

I attest that this student has demonstrated to me that he or she can self-administer the medication(s) listed below safely and effectively, and may carry and use this medication (with a delivery device if needed) independently at any school/school sponsored activity. Staff intervention and support is needed only during an emergency. This order applies to the medications checked below:

This student is diagnosed with:

- ☐ Allergy and requires Epinephrine Auto-injector
- ☐ Asthma or respiratory condition and requires Inhaled Respiratory Rescue Medication
- ☐ Diabetes and requires Insulin/Glucagon/Diabetes Supplies
- ☐ _____ which requires rapid administration of _____
 (State Diagnosis) (Medication Name)

Signature: _____ **Date:** _____

Parent/Guardian Permission for Independent Use and Carry

I agree that my child can use their medication effectively and may carry and use this medication independently at any school/school sponsored activity. Staff intervention and support is needed only during an emergency.

Signature: _____ **Date:** _____

Please return to School Nurse:

School Nurse:		School:
Phone #:	Fax:	Email:

The mission of the MCCSD is to empower and inspire all students to apply the knowledge, skills, and attitudes necessary to be creative problem solvers, to achieve personal success, and to contribute responsibly in a diverse and dynamic world.

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name:	Affirmed Name (if applicable):	DOB:
Sex Assigned at Birth: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> X	
School:	Grade:	Exam Date:

HEALTH HISTORY

If yes to any diagnoses below, check all that apply and provide additional information.

<input type="checkbox"/> Allergies	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Asthma	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> Seizures	Type: _____ Date of last seizure: _____ <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> Diabetes	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes: Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.

BMI _____ kg/m2

Percentile (Weight Status Category): ☐ < 5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and >

Hyperlipidemia: ☐ Yes ☐ Not Done

Hypertension: ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory Testing	Positive	Negative	Date	Lead Level Required for PreK & K
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g/dL}$
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		

☐ **System Review Within Normal Limits**

☐ **Abnormal Findings – List Other Pertinent Medical Concerns Below** (e.g., concussion, mental health, one functioning organ)

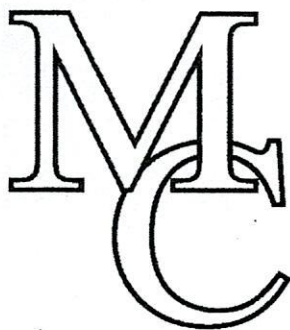
<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine/Neck	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code*
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☐ Additional Information Attached

*Required only for students with an IEP receiving Medicaid

Name:		Affirmed Name (if applicable):		DOB:	
SCREENINGS					
Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11					
Vision	With Correction <input type="checkbox"/> Yes <input type="checkbox"/> No	Right	Left	Referral	Not Done
Distance Acuity		20/	20/	<input type="checkbox"/> Yes	<input type="checkbox"/>
Near Vision Acuity		20/	20/		<input type="checkbox"/>
Color Perception Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail					<input type="checkbox"/>
Notes					
Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					Not Done
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes		<input type="checkbox"/>
Notes					
Scoliosis Screening: Boys grade 9, Girls grades 5 & 7		Negative	Positive	Referral	Not Done
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>
FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS*/PLAYGROUND/WORK					
<input type="checkbox"/> *Family cardiac history reviewed – required for Dominick Murray Sudden Cardiac Arrest Prevention Act					
<input type="checkbox"/> Student may participate in all activities without restrictions.					
If Restrictions Apply – Complete the information below					
<input type="checkbox"/> Student is restricted from participation in:					
<input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.					
<input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball.					
<input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.					
<input type="checkbox"/> Other Restrictions:					
Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level.					
Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V					
<input type="checkbox"/> Other Accommodations*: (e.g., brace, orthotics, insulin pump, prosthetic, sports goggles, etc.) Use additional space below to explain.					
*Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions.					
MEDICATIONS					
<input type="checkbox"/> Order Form for medication(s) needed at school attached					
COMMUNICABLE DISEASE			IMMUNIZATIONS		
<input type="checkbox"/> Confirmed free of communicable disease during exam			<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS		
HEALTHCARE PROVIDER					
Healthcare Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
Please Return This Form to Your Child's School Health Office When Completed.					



MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT
AT CENTEREACH

8 43RD STREET • CENTEREACH, NY 11720
 631-285-8005 • 631-738-2719 (fax) • www.mccsd.net

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Francine McMahon, Deputy Superintendent for Instruction
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James G. Donovan, Assistant Superintendent for Human Resources
Joseph Mercado, Director of Health, Physical Education & Athletics

ADMINISTRATION OF MEDICATIONS IN SCHOOL

Student's Name _____

Grade and School _____

New York State Law states that medication can be given to a child during school hours **only if the school nurse receives a note from the child's physician with the physician's signature. All medication must be in the original container and clearly labeled** stating:

1. Name of medication;
2. Time medication is to be given, and dosage;
3. A request that it be dispensed in school, together with a note from the parent/guardian giving the school nurse permission to dispense the medication.
4. Medication must be in its original sealed container.

MEDICATION TO BE TAKEN IN SCHOOL must be taken to the nurse's office by the parent/guardian. PLEASE do not have medication in school for a child to take on his/her own. We have many children who are allergic to various drugs. If any of these drugs should unknowingly fall into their hands, the results could be **FATAL**.

We cannot accept notes that are stamped, or signed by anyone other than your child's physician.

Dear Parent/Guardian of _____

Your child was receiving medication during the school year. Enclosed is the form needed to be completed by your child's doctor for the next school year. Please return the completed form to your child's nurse in September. Medications must be taken to the nurse's office by the parent/guardian.

Thank you for your cooperation.

MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT**ADMINISTRATION OF MEDICATIONS IN SCHOOL**

New York State Law requires that medications can be given during school hours only if the school nurse receives **a note from your doctor, including his/her signature** (stamped signatures, nurse's signatures or secretary's signatures cannot be accepted) stating:

1. Name of medication;
2. Time and dosage of medication to be given;
3. A request that it be dispensed in school, and a **note from the parent** giving the school nurse permission to dispense the medication;
4. The medication is in its original sealed container.

MEDICATION TO BE TAKEN IN SCHOOL must be taken to the nurse's office by the parent/guardian. **PLEASE** do not have medication in school for a child to take on his/her own. We have many children who are allergic to various drugs. If any of these drugs should unknowingly fall into their hands, the results could be **FATAL**.

Date: _____

To the Physician:

Please complete the following:

1. Child's Name _____
2. Name of Medication _____
3. Times to be given _____
4. Dosage to be given _____
5. Duration of time child is to receive medication _____

Physician's Signature _____

We cannot accept a stamped signature, or a signature of a nurse or secretary.

Office Stamp _____

To the Parent:

Please sign the following:

I hereby give my permission for the School Nurse to administer the medication as prescribed by my doctor for my child. All medication(s) must be taken to the nurse's office by the parent/guardian.

Parent's Signature

Dental Health Certificate

Parent/Guardian: New York State law (Chapter 281) permits schools to request an oral health assessment in the following grades: school entry, Pre-K or K, 1, 3, 5, 7, 9, & 11. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name:		Last	First	Middle
Birth Date:	/ /	Sex: <input type="radio"/> Male <input type="radio"/> Female	Will this be your child's first oral health assessment? <input type="radio"/> Yes <input type="radio"/> No	
Month Day Year				
School: Name				Grade

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? ☐ Yes ☐ No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature

Date

Section 2. To be completed by the Dentist/ Dental Hygienist

I. The dental health condition of _____ on _____ (date of assessment) The date of the assessment needs to be within 12 months of the start of the school year in which it is requested. Check one:

Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means, that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's/ Dental Hygienist's name and address

(please print or stamp)

Dentist's/Dental Hygienist's Signature

Optional Sections - If you agree to release this information to your child's school, please initial here.

II. Oral Health Status (check all that apply).

☐ Yes ☐ No Caries Experience/Restoration History - Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].

☐ Yes ☐ No Untreated Caries - Does this child have an open cavity? [At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

☐ Yes ☐ No Dental Sealants Present

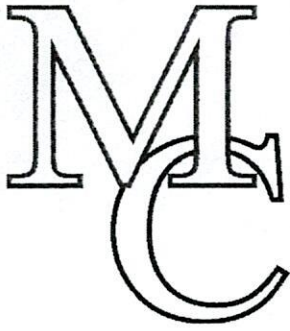
Other problems (Specify): _____

II. Treatment Needs (check all that apply)

☐ No obvious problem. Routine dental care is recommended. Visit your dentist regularly.

☐ May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.

☐ Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.



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**IMPORTANT NOTIFICATION TO PARENTS OF ALL STUDENTS
ENTERING 12th GRADE IN SEPTEMBER 2024 REGARDING
REQUIRED IMMUNIZATIONS**

Please be advised that Public Health Law 2164 requires that for your child to start 12th grade, he/she must have one (1) meningococcal ACWY vaccine on or after his/her 16th birthday in order to attend.

Should **proof of vaccination** not be provided to the school nurse by **September 18, 2024**, your child must, by law, be immediately excluded from school until the series is complete. **Appointments after this date cannot be accepted.**

Please consult with your family physician to complete this important requirement before the first day of school in September.

Your cooperation in complying with the New York State Immunization Law is greatly appreciated.

Sincerely,
Joseph Mercado
Director Health, PE & Athletics



Newfield High School PTSA

Welcome to the **2024/2025** school year!! We are **excited** for this year with **all** of our Newfield faculty/staff, students, and parents. We want to hear from **YOU** and we need **YOUR** support. How you ask? ...**just purchase a PTSA membership!** There is **NO obligation** to volunteer or attend meetings. BUT if you can, we'd love it!

WHY PTSA?

Your child benefits when you get involved with the PTSA. Your membership dues and donations help fund PTSA programs and events that are not available through the regular Newfield school budget. *Some examples include:*

EVENTS/PROGRAMS *Arts in Education programs, senior scholarships, fun activities for students & families, Special Person's*

FUNDRAISING /DONATIONS *plant sale, commencement t-shirts and flowers, Fashion Show....*

The **Fashion Show** is our **biggest** fundraiser. Please consider signing up to help, even in a small way will make a huge impact. Together we will make it a success. Please reach out to any board member with questions.

Mark your calendars:

Please join us for our first PTSA meeting of the school year on **Monday 09/09/24 at 7pm** in the Newfield HS library.

Here is the list of meetings dates, which are also listed on the district calendar - dates listed are Mondays (except where noted) at **7pm** Newfield HS library:

9/9/24; 10/7/24; 11/4/24; 12/22/24; 1/6/25; 2/3/25; 3/3/25; 4/7/25; 5/5/25

Friday 3/28/25-FASHION SHOW and Thursday 6/5/25-SPECIAL PERSONS

** PLEASE NOTE that times and dates are subject to change

We have monthly meetings where we discuss many PTSA events as well as general school information. **Please join our Facebook page (Newfield High School's PTSA)** for continuing updated information on meetings, important dates, and events.

MEMBERSHIP FORMS ARE ONGOING!!

Please complete the membership form. It can be returned to the school (ATTN: **Newfield PTSA**), or you can **join online** by using the links or QR codes.

Questions? Contact Vicki Algieri at vickialgieribps@gmail.com or message through our Facebook page

THANK YOU for joining! Your membership and support will ensure that this will be a fabulous year!



Newfield High School PTSA



MEMBER INFORMATION (Please print clearly)

☐ Enclosed is our 2024-2025 Total Membership Dues - \$_____

(Make checks payable to the **Newfield HS PTSA** or send exact cash or use link/QR code to pay online)

Note: All returned checks will be assessed a fee.

1st MEMBER NAME - \$ 10	EMAIL (for eCard)
PHONE	MOBILE

ADDITIONAL FAMILY MEMBER NAME - \$ 10	EMAIL (for eCard)
PHONE	MOBILE

STUDENT MEMBER NAME - \$ 5	EMAIL (for eCard)
TEACHER	GRADE

TEACHER/STAFF MEMBER NAME - \$ 10	EMAIL (for eCard)
PHONE	GRADE

You can also join through our online store:

<https://wolverines.givebacks.com/store>



PTA USE ONLY

Check # _____ Cash \$ _____

Date received: _____ Initials _____

Date _____

ANNUAL EMERGENCY HOME CONTACT - NURSE'S OFFICE

Room _____ Grade _____

PLEASE CHECK IF ADDRESS OR PHONE NUMBER HAS CHANGED SINCE LAST YEAR _____

PLEASE PRINT

CHILD'S NAME _____ SCHOOL _____ SEX M _____ F _____

(LAST)

(FIRST)

ADDRESS _____ HOME PHONE _____ MOTHER CELL _____
(HOUSE NO. & STREET) (TOWN & ZIP)

FATHER CELL _____

FATHER/GUARDIAN NAME _____ MOTHER/GUARDIAN NAME _____

ADDRESS & TOWN IF DIFFERENT FROM CHILD'S

ADDRESS & TOWN IF DIFFERENT FROM CHILD'S

IF SCHOOL CANNOT GET IN TOUCH WITH EITHER OF ABOVE, PLEASE NAME TWO LOCAL FRIENDS OR RELATIVES WHO MAY BE CALLED UPON TO ASSUME RESPONSIBILITY IF CHILD IS ILL:

NAME _____ NAME _____

(ADDRESS & TOWN)

(ADDRESS & TOWN)

PHONE _____ CELL _____ RELATIONSHIP _____ PHONE _____ CELL _____ RELATIONSHIP _____

LOCAL PHYSICIAN to be called in EMERGENCY _____ PHONE _____

PARENT/GUARDIAN PLACE OF EMPLOYMENT

FATHER/GUARDIAN _____ PHONE _____

MOTHER/GUARDIAN _____ PHONE _____

TRANSPORTATION OF ILL CHILD IS TO BE ARRANGED BY PARENT OR PERSONS NAMED ABOVE. IT IS A PARENTAL RESPONSIBILITY TO NOTIFY THE SCHOOL NURSE OF CHANGES IN THE ABOVE. I AM AWARE OF THE DISTRICT POLICIES ON: ATTENDANCE, CODE OF CONDUCT, AND INTERNET/COMPUTER USE:

PARENT/GUARDIAN SIGNATURE _____
DPI118(EMHMC)

2024-2025 NEWFIELD HIGH SCHOOL EMERGENCY CONTACT FORM

In case of emergency, it is imperative that the school be able to reach a student's parent or guardian. Please complete the form below and return as soon as possible to the:

ATTENDANCE OFFICE

STUDENT:

Last Name

First Name

Middle Name

Home Address

City

State/Zip

Grade

Student ID #

MOTHER/GUARDIAN:

Last Name

First Name

Home Telephone

Work Telephone

Cell Phone Number

FATHER/GUARDIAN:

Last Name

First Name

Home Telephone

Work Telephone

Cell Phone Number

AUTHORIZED CONTACTS: Please list the names of relatives/friends/neighbors to whom we may release your child **WITHOUT CONTACTING YOU**. NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PARENTS, GUARDIANS OR ADULTS LISTED ON THIS FORM WITHOUT TELEPHONE VERIFICATION FROM PARENT OR GUARDIAN.

NAME	HOME PHONE	WORK PHONE	CELL PHONE

Parent/Guardian Signature: _____ Date: _____

This is only an emergency contact form. If there is new contact information, you must contact our office at (631) 285-8310 for the update to be put into PowerSchool.



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James G. Donovan, Assistant Superintendent for Human Resources
Beth A. Rella, Ed.D., Assistant Superintendent for Business
Jonathan Singer, Assistant Superintendent for Instruction

Letter to Parents/Guardians for School Meal Programs-Community Eligibility Provision 2024-2024

Dear Parent or Guardian:

We are pleased to inform you that **Middle Country Central School District** will be implementing a meal certification option available to schools participating in the National School Lunch and School Breakfast Programs for the **2024-2025 School Year**.

What does this mean for your child(ren)?

Pending additional New York State funding, all students enrolled at a **Middle Country school** are eligible to receive a healthy breakfast and lunch at school at **no charge** to your household each day of the **2024-2025** school year. No further action is required of you. Your child(ren) will be able to participate in these meal programs without having to pay a fee or submitting an application.

Middle Country CSD is requesting all non-direct certified households to complete the Community Eligibility Provision (CEP) Household Income Eligibility Form as it is used to determine eligibility for additional State and Federal program benefits that your child(ren) may qualify for. This form is enclosed, and available on mccsd.net under Important Resource Information, Food and Nutrition and the Food Services Department page. You may also request a copy by calling (631) 285-8190 or sending an email to, foodservice@mccsd.net.

If you have any questions, please contact the Middle Country, Food Service Office at (631) 285-8190.

Sincerely,

Sharon Dyke
School Lunch Coordinator
Middle Country Central School District
14-43rd Street
Centereach, NY 11720
foodservice@mccsd.net

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- (2) fax: (833) 256-1665 or (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

The mission of the MCCSD is to empower and inspire all students to apply the knowledge, skills, and attitudes necessary to be creative problem solvers, to achieve personal success, and to contribute responsibly in a diverse and dynamic world.

CEP/Provision 2 Non-Base Year Household Income Form INSTRUCTIONS

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE FORM FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one form.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
- (2) An adult household member must sign the form in PART 4. **SKIP PART 3** - Do not list names of household members or income if you list a SNAP, TANF or FDPIR number.

PARTS 3 & 4 ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PARTS 3 AND 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are completing the form for, all other children, your spouse, grandparents, and other related and unrelated people living in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.

Family Educational Rights and Privacy Act of 1974 (FERPA)

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. They are:

(1) The right to inspect and review the student's education records within 45 days of the day the District receives a request for access.

Parents and eligible students should submit to the school principal (or appropriate school official) a written request that identifies the record(s) they wish to inspect. The principal will make arrangements for access and notify the parent or eligible student of the time and place where the record(s) may be inspected.

(2) The right to request the amendment of the student's education record(s) that the parent or eligible student believes inaccurate or misleading or otherwise in violation of the student's privacy under FERPA. Parents or eligible students may ask the Middle Country Central School District to amend a record they believe is inaccurate or misleading. They should write the school principal, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading. If the District decides not to amend the record as requested by the parent or eligible student, the District will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

(3) The right to provide written consent before the District discloses personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the District as an administrator, supervisor, instructor, support staff member (including health or medical staff and law enforcement unit personnel), or a person serving on the School Board; a person or company with whom the District has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist), or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Another exception permits disclosure without consent to an authorized representative. An authorized representative is any individual or entity designated by a State or local educational authority or a Federal agency headed by the Secretary, the Comptroller General or the Attorney General to carry out audits, evaluations, or enforcement or compliance activities relating to educational programs.

The Board directs that "directory information" such as a student's name, address, telephone number, date and place of birth, major course of study, participation in school activities or sports, weight and height if a member of an athletic team, dates of attendance, degrees and awards received, and most recent school attended.

A directory of names, addresses and telephone numbers of 11th and 12th grade students will also be released to the Armed Services unless a written parental request is made preventing disclosure of this information.

Upon request, the District discloses education records without consent to officials of another school district in which a student seeks or intends to enroll.

(4) The right to file complaint with the U.S. Department of Education concerning alleged failures by the District to comply with the requirements of FERPA. The name and address of the office that administers FERPA are:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-5920

**All rights and protections given parents under the FERPA and this procedure transfer to the student when he or she reaches the age of 18 or enrolls in a post-secondary school. The student then becomes an "eligible student." The following information is designated as student "Directory Information:" student's name, address, date of birth, grade level, extra-curricular participation, awards or honors, photograph, height and weight (if a member of an athletic team), previous school attended, parent's name. "Directory Information" may be disclosed without prior written consent. Parents or eligible students will have two weeks from the beginning of the school year or date a student enrolls to advise the school district, in writing, of any and all items they refuse to permit the district to designate as directory information for the balance of the school year.*

Last Modified on January 11, 2019

**Community Eligibility Provision (CEP)
Household Income Eligibility Form, School Year 2024-2025**

Middle Country Central School District is participating in the Community Eligibility Provision (CEP) for the 2023-2024 school year. All children in the school will receive meals at no charge regardless of household income or completion of this form. **MCCSD requests households to complete this form as it is used to determine eligibility for additional State and federal program benefits that your child(ren) may qualify for.** Read the instructions on the back, complete only one form for your household, sign your name and return it to, **Middle Country CSD/Food Service Office, 14, 43rd Street, Centereach, NY 11720 or to your child's school. Call (631) 285-8190, if you need assistance.**

1. List ALL children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	No Income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 5, and sign the application.

Name: _____ CASE # _____

3. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

4. Signature: An adult household member must sign this application.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school may receive federal funds. The school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____

Date: _____

Email Address: _____

Home Phone _____

Work Phone _____

Home Address _____

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

**Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12**

SNAP/TANF/Foster
Income

Total Household Income/How Often:

Household Size:

Free Eligibility

Reduced Eligibility

Denied Eligibility

Signature of Reviewing Official



MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT

8 43RD STREET • CENTEREACH, NY 11720

631-285-8005 • 631-738-2719 (fax) • www.mccsd.net

Roberta A. Gerold, Ed.D., Superintendent of Schools

James G. Donovan, Assistant Superintendent for Human Resources

Beth A. Rella, Ed.D., Assistant Superintendent for Business

Jonathan Singer, Assistant Superintendent for Instruction

Carta a Los Padres/Tutores Sobre Los Programas de Comidas Escolares- Disposicion de Elegibilidad de la Comunidad 2024-2025

Estimado Padre o Tutor:

Nos complace informarle que **Middle Country Central School District** implementará una nueva opción disponible para las escuelas que participan en el Programas Nacional de Desayunos y Almuerzos Escolares llamado Provisión de Elegibilidad de la Comunidad (CEP) para el año escolar **2024-2025**

¿Qué significa esto para usted y sus hijos?

Pendiente de financiación adicional del estado de Nueva York, todos los estudiantes matriculados en una escuela de **Middle Country** son elegibles para recibir un desayuno y almuerzo saludable en la escuela sin ningún costo para los padres cada día del año escolar **2024-2025**. No se requiere ninguna acción adicional de usted. Su(s) hijo(s) podrá participar en estos programas de alimentación sin tener que pagar para las comidas o presentar una aplicación.

Middle Country CSD solicita a todos los hogares certificados indirectamente que completen el Formulario de Elegibilidad de Ingresos del Hogar de la Provisión de Elegibilidad Comunitaria (CEP), ya que se utiliza para determinar la elegibilidad para beneficios adicionales del programa Estatal y Federal para los que su(s) hijo(s) pueden calificar. Este formulario está se encuentra adjunto, y disponible en mccsd.net en la página Información Importante sobre Recursos, Alimentos y Nutrición y Departamento de Servicios Alimentarios. También puede solicitar una copia llamando al (631) 285-8190 o enviando un correo electrónico a foodservice@mccsd.net.

Si tiene preguntas, por favor contacte nuestra Oficina de Servicio de Alimentos de Middle Country, (631) 285-8190.

Atentamente,

Sharon Dyke

School Lunch Coordinator

Middle Country Central School District

14-43rd Street

Centereach, NY 11720

(631) 285-8190

foodservice@mccsd.net

De acuerdo con la ley federal de derechos civiles y las regulaciones y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA), esta institución tiene prohibido discriminar por motivos de raza, color, origen nacional, sexo (incluida la identidad de género y la orientación sexual), discapacidad, edad, o represalias o represalias por actividades anteriores de derechos civiles.

La información del programa puede estar disponible en otros idiomas además del inglés. Las personas con discapacidades que requieran medios de comunicación alternativos para obtener información del programa (por ejemplo, Braille, letra grande, cintas de audio, lenguaje de señas americano), deben comunicarse con la agencia estatal o local responsable que administra el programa o con el Centro TARGET del USDA al (202) 720- 2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (Forma AD-3027) que está disponible en línea en: <http://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17> o llame al (866) 632-9992 o mande por FAX, o escriba una carta dirigida al USDA. La carta debe contener el nombre, la dirección, el número de teléfono del denunciante y una descripción escrita de la supuesta acción discriminatoria con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y la fecha de una supuesta violación de los derechos civiles. El formulario AD-3027 completado o su carta debe enviarse al USDA por:

- (1) correo: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; o
- (3) correo electrónico: program.intake@usda.gov.

Esta institución es un proveedor que ofrece igualdad de oportunidades.

La misión del MCCSD es empoderar e inspirar a todos los estudiantes para que apliquen el conocimiento, las habilidades y las actitudes necesarias para resolver problemas de manera creativa, lograr el éxito personal y contribuir responsablemente en un mundo diverso y dinámico.

PARTE 1 TODOS LOS HOGARES DEBEN LLENAR LA INFORMACIÓN DEL ESTUDIANTE. NO LLENE MÁS DE UN FORMULARIO PARA SU HOGAR.

- (1) Escriba en un solo formulario y con letra de molde los nombres de los niños para los que presenta la solicitud, incluyendo a los hijos de acogida.
- (2) Escriba sus grados y escuelas.
- (3) Marque la casilla para indicar a un hijo de acogida que vive en su hogar, y marque la casilla para cada hijo sin ingresos.

PARTE 2 LOS HOGARES QUE RECIBEN SNAP, TANF O FDPIR DEBEN LLENAR LA PARTE 2 Y FIRMAR LA PARTE 4.

- (1) Escriba el número de caso vigente de SNAP (siglas en inglés del Programa de Asistencia Nutricional Suplementaria), TANF (siglas en inglés de Asistencia Temporal para Familias Necesitadas) o FDPIR (siglas en inglés del Programa de Distribución de Alimentos en Reservaciones Indias) de todas las personas que viven en su hogar. No use el número de 16 dígitos que aparece en su tarjeta de beneficios. El número de caso se encuentra en su carta de beneficios.
- (2) Un miembro adulto del hogar debe firmar la PARTE 4 del formulario. **OMITA LA PARTE 3** - No escriba los nombres ni los ingresos de los miembros del hogar si incluyó algún número de SNAP, TANF o FDPIR.

PARTES 3 Y 4 TODOS LOS DEMÁS HOGARES DEBEN LLENAR EN SU TOTALIDAD LAS PARTES 3 Y 4.

- (1) Escriba los nombres de todos los miembros de su hogar, reciban o no ingresos. Inclúyase a usted mismo, a los hijos por los que llena la solicitud, a todos sus demás hijos, a su cónyuge, a los abuelos y a las demás personas, con o sin parentesco, que viven en su hogar. Use otra hoja de papel si necesita más espacio.
- (2) Escriba el monto de los ingresos actuales que recibe cada miembro del hogar, antes de impuestos y de cualquier deducción, e indique de dónde proviene, como ingresos, beneficencia, pensiones u otros ingresos. Si los ingresos actuales fueron mayores o menores de lo usual, escriba los ingresos usuales de la persona. **Especifique con cuánta frecuencia recibe este monto de ingresos; semanal, cada dos semanas (catorcenal), 2 veces al mes, mensual. Si no tiene ingresos, marque la casilla correspondiente.** El valor del cuidado de niños provisto u organizado, así como cualquier monto recibido como pago por dicho cuidado de niños y reembolso por costos incurridos debido a dicho cuidado de acuerdo con el Subsidio en Bloque para Cuidado y Desarrollo de Niños, TANF y Programas de Cuidado de Menores en Situación de Riesgo, **no debe considerarse como ingreso para efectos de este programa.**

DECLARACIÓN DE PRIVACIDAD (FERPA)

La Ley de privacidad y derechos educativos de la familia (FERPA) otorga a los padres/tutores y estudiantes mayores de 18 años (denominados "estudiantes elegibles" en este aviso) ciertos derechos con respecto a los registros educativos del estudiante. Ellos son:

1) El derecho a inspeccionar y revisar los registros educativos del estudiante dentro de los 45 días posteriores al día en que el Distrito Escolar de Middle Country recibe una solicitud de acceso. Los padres/tutores o estudiantes elegibles deberán presentar una solicitud por escrito al director de la escuela

que identifica los registros que desean inspeccionar. El director hará los arreglos para el acceso y notificará a los padres o al estudiante elegible sobre la hora y el lugar donde se pueden inspeccionar los registros.

2) El derecho a solicitar la enmienda de los registros educativos del estudiante que el padre/tutor o el estudiante elegible crea que son inexactos o engañosos. Los padres/tutores o estudiantes elegibles pueden pedirle al Distrito Escolar de Middle Country que modifique un registro

que creen que es inexacta o engañosa. Deben escribir al director de la escuela, identificando claramente la parte del registro que desean cambiar y especificar por qué creen que es inexacto o engañoso. Si el Distrito Escolar de Middle Country decide no enmendar el registro según lo solicitado por el padre/tutor o estudiante elegible, notificará la decisión al padre/tutor o estudiante elegible y les informará sobre su derecho a una audiencia con respecto a la solicitud de enmienda. Se proporcionará información adicional sobre los procedimientos de audiencia al padre/tutor o al estudiante elegible cuando se le notifique el derecho a una audiencia.

3) El derecho a dar su consentimiento para la divulgación de información de identificación personal contenida en los registros educativos del estudiante, excepto en la medida en que FERPA autorice la divulgación sin consentimiento. Una excepción que permite la divulgación sin consentimiento es la divulgación a funcionarios escolares con intereses educativos legítimos. Un funcionario escolar es una persona empleada por el Distrito Escolar de Middle Country como administrador, supervisor, instructor o miembro del personal de apoyo (incluido el personal médico o de salud y el personal de seguridad); una persona que sirve en la Junta de Educación; una persona o empresa contratada por el Distrito Escolar de Middle Country para realizar una determinada tarea (como un abogado, auditor, consultor médico o terapeuta), o un padre/tutor o estudiante que participe en un comité oficial, como un comité disciplinario o comité de quejas, o ayudar a otro funcionario escolar a realizar sus tareas.

Un funcionario escolar tiene un interés educativo legítimo si el funcionario necesita revisar un registro educativo para cumplir con sus responsabilidades profesionales. Previa solicitud, el Distrito Escolar de Middle Country CSD divulga registros educativos sin consentimiento a los funcionarios de otro distrito escolar en el que un estudiante busca o tiene la intención de inscribirse. Además, la Ley de Educación Primaria y Secundaria revisada requiere que las escuelas secundarias divulguen la información del directorio de estudiantes (nombre, dirección, números de teléfono) a los reclutadores militares e "institutos de educación superior", que incluyen universidades, escuelas de oficios y escuelas técnicas. Sin embargo, bajo FERPA, los padres/tutores tienen derecho a prohibir la divulgación de información del directorio sin el consentimiento previo de los padres. Si los padres/tutores o estudiantes mayores de 18 años desean ejercer este derecho, se debe enviar una solicitud por escrito dentro de un (1) mes a partir del primer día de clases al Asistente del Superintendente de Educación Secundaria, en el **Middle Country CSD, Administrative Bldg., 8 43rd Street, Centereach, NY 11720.**

4) El derecho a presentar una queja ante el Departamento de Educación de los Estados Unidos sobre supuestos incumplimientos por parte del Distrito Escolar de Middle Country de cumplir con los requisitos de FERPA. Más información sobre las regulaciones de FERPA está disponible en cada edificio escolar del Distrito. FERPA se administra a través de la Oficina de Cumplimiento de Políticas Familiares, Departamento de Educación de los Estados Unidos, 100 Maryland Avenue, SW, Washington, DC 20202-4605

Disposición de Elegibilidad Comunitaria (CEP) Formulario de elegibilidad para ingresos de vivienda,
Año Escolar 2024-2025

El Distrito Escolar Central de Middle Country está participando en la Provisión de Elegibilidad Comunitaria (CEP) en el año escolar 2023-2024. Los niños de la escuela recibirán comidas y leche sin costo, sin reportar los ingresos de su hogar o si llenaron este formulario. Este formulario tiene la finalidad de determinar la elegibilidad para beneficios adicionales de programas estatales y federales que sus hijos podrían recibir. Lea las instrucciones al reverso, llene solamente un formulario por hogar, firmelo y a, Middle Country CSD/Food Service Office, 14-43rd Street, Centereach, NY 11720 o a la escuela de su hijo. Llame al (631) 285-8190 si necesita ayuda.

1. Escriba los nombres de todos los niños de su hogar que asisten a la escuela:

Nombre del estudiante	Escuela	Grado/Maestro	Hijo de acogida	Sin ingresos

2. Beneficios de SNAP/TANF/FDPIR:
Si algún miembro de su hogar recibe beneficios de SNAP, TANF o FDPIR, escriba su nombre y numero de CASO aquí. Vaya a la parte 5 y firme la solicitud.

Nombre: N.º de caso:

3. Ingresos brutos del hogar: Escriba los nombres de todas las personas que viven en su hogar, cuál es su sueldo y con qué frecuencia lo reciben (semanal, cada dos semanas, dos veces al mes, mensual). No deje el ingreso en blanco. Si no tiene ingresos, marque la casilla correspondiente. Si mencionó a un hijo de acogida antes, debe incluir sus ingresos personales.

Nombre del miembro del hogar	Ingresos del trabajo antes de deducciones Cantidad / Frecuencia	Manutención de menores, pensión por divorcio Cantidad / Frecuencia	Pensiones, pagos por jubilación Cantidad / Frecuencia	Otros ingresos, Seguro Social Cantidad / Frecuencia	Sin ingresos
	\$ /	\$ /	\$ /	\$ /	
	\$ /	\$ /	\$ /	\$ /	
	\$ /	\$ /	\$ /	\$ /	
	\$ /	\$ /	\$ /	\$ /	
	\$ /	\$ /	\$ /	\$ /	
	\$ /	\$ /	\$ /	\$ /	
	\$ /	\$ /	\$ /	\$ /	
	\$ /	\$ /	\$ /	\$ /	

4. Firma: Un miembro adulto del hogar debe firmar esta solicitud.

Certifico (prometo) que toda la información en esta solicitud es veraz y que se han incluido todos los ingresos. Entiendo que la información se proporciona con el fin de que la escuela pueda recibir fondos federales. Los funcionarios escolares pueden verificar la información, y en caso de que haya proporcionado información falsa de manera deliberada puedo ser procesado de acuerdo con las leyes federales y estatales aplicables, y mi hijo puede perder los beneficios de comidas.

Firma: Fecha:

Dirección de correo electrónico:

Teléfono de residencia

Teléfono de trabajo

Domicilio

NO ESCRIBA EN ESTE CUADRO – SÓLO PARA USO DE LA ESCUELA
Conversion de los ingresos anuales (convierta solamente cuando se informen frecuencias de ingresos distintas en la solicitud) Semanal X 52; Cada dos semanas (catorcenal) X 26; Dos veces al mes X 24; Mensual X 12
SNAP/TANF/Acogida
Ingresos del hogar: Ingresos totales del hogar/Frecuencia: / Tamaño del hogar:
Elegibilidad gratuita Elegibilidad reducida Elegibilidad denegada
Firma del funcionario que revisa: