Unity Drive Pre-K/Kindergarten Center
11 Unity Drive, Centereach, NY 11720
Ms. Denise Ferrera, Principal
Tel. 631-285-8760 Nurse's Phone # 631-285-8770
Fax 631-285-8761 Nurse's Fax 631-285-8985

August 2024

Dear Parent/Guardian:

It is with great pleasure that I welcome you to the 2024-2025 school year at the Unity Drive Pre-K/Kindergarten Center. Please note and save the following information:

I. School begins on **Wednesday, September 4, 2024.**

II. CLASS ASSIGNMENT

Your child's teacher is
Your child's Room Number is

School starts at 9:10 a.m.
Dismissal is from 3:30 - 3:45 p.m.

III. Transportation Notices:

PLEASE NOTE:

Students are not permitted to be transported on a bus other than their assigned bus.
Until the bus pickup stabilizes (this usually takes about one week to stabilize times) have your child at the bus stop approximately **10 MINUTES BEFORE THE ANTICIPATED PICKUP**.

IV. Walkers/Personal Vehicle Transports
Please park in the large (North) parking lot **only**. Please **do not** park in the front of the school, on the streets, **or walk between buses. Bring your children to the Pre-K/walker entrance for arrival. Late students (after 9:20 drop off) should be brought to the front entrance.**

V. Name Tags – Please write your child's first and last name on the front of the name tag. Please complete the bus information on the back of the name tag. Please have your child wear the name tag until at least the third week of school. Please copy the name tag information on an index card and place this information inside your child's backpack. In addition, please **Label jackets, backpacks and lunch boxes with name, teacher, and bus number.**

VI. UNITY DRIVE PRE-KINDERGARTEN / KINDERGARTEN CENTER
Phone Number is (631) 285-8760
(Voice Mail is always an option)
School Nurse – Ms. Jessica Cerdas (631) 285-8770
School Custodian – Mr. Julio Delgado – (631) 285-8777
Attendance Secretary (A.M. only) – Mrs. Carolee Messier-Melisi - (631) 285-8763
Building Secretary – Mrs. Lynn MacLean – (631) 285-8760

VII. **Absences** – Prior to 8:30 a.m., please call (631) 285-8763 and leave a message on Voicemail reporting: the absent student's name, and teacher, and date of the absence. A written note should accompany your child when they return to school with a reason for absence.

VIII. **Contact with Teachers and other school personnel** – Teachers will return phone calls after classes end at 3:45 p.m. or if possible during the school day. **We are not able to interrupt instructional time to ask a teacher to speak with parents.** Please also note that teachers who use messaging such as Class Dojo cannot immediately respond as they are teaching. So if you have an emergency that requires an immediate response, please call the office and we will assist you.

IX. **Early Dismissal** – If you know in advance that your child will need an early dismissal, please send in a note with the child. If an emergency arises, please call the office at (631) 285-8760 prior to picking up the child. In the event that you are unable to pick up your child yourself, we must receive written permission from you to have an individual other than a parent pick up your child. A phone call is not acceptable, unless the individuals are listed on your emergency contact card. Individuals must be 18 years of age or older and have photo ID with them or we cannot release your child.

X. **Early School Closing** – You will receive a Connect Ed phone call or text, notifying parents of early school closings. Please update phone numbers so that the office will have accurate information. Early closing and school cancellations are posted on MCCSD website and broadcasted on the following channels:

Walk 97.5 FM – Radio
WBLI 106.1 FM – Radio
News 12 LI

XI. **Celebrations** – In an effort to ensure a safe, healthy and inclusive environment, food celebrations will be very limited. We are unable to distribute party invitations or goodie bags in school for individual birthday celebrations. Please see your child's teacher for ways we can celebrate your child's special day!

XII. **State Mandated Physicals** – Please have your physician complete these forms as soon as possible.

XIII. **Medication In School** – We would like to remind parents that NO medication is to be brought into school by children on their own. This is a New York State Law. Please do not send medications with your child in their back-pack. Please contact the school nurse for all medication questions.

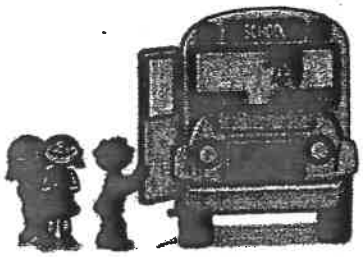
XIV. **Student Supplies** – Please provide a backpack for your child on the first day of school. All other supplies as requested by the teachers are due by September 16th. A complete change of seasonal clothing in a labeled Ziplock bag is strongly recommended.

XV. **Parent Portal Information and Webpage**– Bus information and report cards are accessed through your parent portal account. Menus, forms and our monthly newsletter are accessible on our district website and Unity's home page.

Sincerely,

Ms. Denise Ferrera
Principal

Bus Driver Note
For The Safety of the Children



The Middle Country Central School District Procedure for KINDERGARTEN and 1st GRADE STUDENTS is that a PARENT/GUARDIAN or DESIGNEE meet the child at the bus stop.

My Child, _____ ***has permission in my absence at the bus stop to be released to any person named below:***

PLEASE PRINT

PHOTO I.D. IS REQUIRED FOR RELEASE OF YOUR CHILD

1. _____ / _____ PHONE _____
   RELATIONSHIP
2. _____ / _____ PHONE _____
   RELATIONSHIP
3. _____ / _____ PHONE _____
   RELATIONSHIP
4. _____ / _____ PHONE _____
   RELATIONSHIP

I realize that the Driver, with the Safety of my Child in mind, **will return** my Child to the **School** if **ANY** of the names listed above are not at the bus stop in my absence.

This rule applies to **ALL Kindergarten and 1st Grade Students**

_____

Parent/Guardian Signature **Contact#** **Date**

Bus Stop: _____

School: _____ **Route#** _____ **Grade** _____

PLEASE RETURN FORM TO DRIVER BY THE NEXT SCHOOL DAY

MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT
ANNUAL EMERGENCY HOME CONTACT - NURSE'S OFFICE

Date _____ **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 <u>TWO LOCAL</u> 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 _____

DP118(EMHMC)

Fecha _____ MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT
TARJETA ANUAL DE EMERGENCIA - OFICINA DE LA ENFERMERA Aula/Salón de clases ____
Grado_____

Si su dirección o número de teléfono ha cambiado desde el año pasado cheqeua aguí _____
POR FAVOR ESCRIBA
NOMBRE DE ESTUDIANTE_____ ESCUELA del niño(a)_____ SEXO M __ F __
(Apellido) (Nombre)

Madre Celular _____
DIRECCIÓN _____ TELÉFONO _____
(NÚMERO DE CASA Y CALLE) (CIUDAD Y CODIGO) (DE CASA) Padre Celular _____
NOMBRE del PADRE / GUARDIÁN _____ NOMBRE de MADRE /GUADIÁN _____
DIRECCIÓN Y CIUDAD SI ES DIFERENTE DE NIÑO(a) DIRECCIÓN Y CIUDAD SI ES DIFERENTE DE NIÑO(a)
_____ _____

SI LA ESCUELA NO PUEDE CONTACTAR LAS PERSONAS LISTADAS, POR FAVOR NOMBRE DOS CONTACTOS LOCALES QU PODEMOS LLAMAR Y QUE TOMEN RESPONSABILIDAD DEL NIÑO SI ESTÁ ENFERMO:
NOMBRE _____ NOMBRE _____
_____ _____
(DIRECCIÓN y ciudad) (DIRECCIÓN y ciudad)
TELÉFONO _____ Celular _____ RELACIÓN_____ TELÉFONO_____ Celular_____ RELACIÓN _____

MEDICO Local en caso de EMERGENCIA _____ TELÉFONO _____
PADRE/ Guardian: Lugar de Empleo _____ TELÉFONO _____
MADRE /Guardian: Lugar de Empleo _____ TELÉFONO _____

TRANSPORTE DE NIÑO ENFERMO DEBERÍA SER ARREGLADO POR PADRES O PERSONAS NOMBRADAS ARRIBA. ES RESPONSABILIDAD DE LOS PADRES NOTIFICAR A LA ENFERMERA DE LA ESCUELA DE LOS CAMBIOS ANTES DE TIEMPC CONOZCO LAS POLÍTICAS DEL DISTRITO SOBRE: ASISTENCIA A LA ESCUELA, CÓDIGO DE CONDUCTA Y EL USO DEL INTERNET / LA COMPUTADORA:

FIRMA DEL PADRES / GUARDIAN_____
DP118 (EMHMC)

MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT
AT CENTEREACH
8 43RD STREET □ CENTEREACH, NY 11720
631-285-8650 □ 631-285-8151 (fax) □ www.mccsd.net

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

August 2024

Dear Parents and Guardians,

Food allergies can be life-threatening. There is a possibility that one or more students in your child's class might have a severe food allergy to peanuts, all tree nuts (cashews, pecans, walnuts and pistachios), eggs and/or sesame seeds. We are distributing this letter to all parents to help you understand this situation and to foster a safe and worry-free year for all students and their parents.

One or more students in your child's class may need access to an EpiPen at all times. We need your help in maintaining a nut-and egg aware environment in the classroom and ask that any classroom snacks or treats that you send be nut-and egg-aware. Some allergies can be triggered not only by direct eating or coming into contact with the items listed above, but also by exposure to foods that contain any peanut/nut traces, oils, flours, or food that is processed in a plant with peanuts, nuts, and/or sesame seeds. Also, many bakeries use nut products, flavorings, or oils in their facilities or products. If you are sending in any classroom treats, please notify the teacher in advance.

We want you and your child to understand that some allergies can be triggered by ingesting or exposure to very small amounts of the above mentioned allergens. We realize that helping us maintain a nut-and egg aware classroom takes a certain amount of effort and diligence on your part, and we thank you in advance for your cooperation in helping us maintain a safe, healthy environment for all of our students. If you have any questions, please feel free to contact me.

I know this will be an outstanding school year!

Warmly,

Joseph Mercado
Director of Physical Education, Health & Athletics

UNITY DRIVE PTA 2024-2025 MEMBERSHIP FORM

Your Unity PTA board is excited for this school year and plan to make it the most successful one yet!

Below is our PTA membership QR code that will bring you to our memberhub, where you can sign up electronically for a "Standard" membership. You may also fill out the form below to pay cash or check.

Joining our PTA:

- Is a great way to help support the school and students and ensure your children have the best Pre-K and Kindergarten experiences.
- No commitment necessary.
- Both parents, guardians, and grandparents are encouraged to join our PTA. Anyone who wants to support your child and their school.

Your PTA membership helps pay for events such as:

- Welcome Back Picnic
- PARP
- Arts In Education Programs
- Field day

Please Join Our PTA Today!

Send in bottom portion of this form with your child in a envelope labeled PTA

Member Name:_____

Spouse/Additional Member Name:_____

Contact Number:_____Email:_____

Add me to the volunteer list: YES ____ NO ____

Students Name & Teacher:_____

Cash or Check Single Membership:____ $8 Additional Member:____ $7

Please make checks payable to *Unity Drive PTA*

*Fees and charges due to returned checks are the responsibility of the issuer.

Any questions can be emailed to us at Ptaunitydrive@gmail.com or find us on social media.

MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT
HEALTH SERVICES
8 43RD STREET □ CENTEREACH, NY 11720
631-285-8650 □ 631-285-8151 (fax) □ www.mccsd.net

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

Dear Parent or Guardian, Date: _____

Health care provider and parent permission is needed for all prescription and over the counter (OTC) medications used at school or school-sponsored activities.

- Parents/guardians are responsible for having medications delivered directly to the school in a properly labeled original container by an adult, unless the student has a health care provider attestation to carry and use their medication independently (see below).
- Please bring all medication directly to the school health office.
- If your child's health care provider decides your child can carry and use their diabetes, asthma or epinephrine auto-injector medication independently and you wish them to do so, they must put in writing (attest) that your child can do so safely. We have a form they can use to provide this information if they wish.
- Please provide emergency action plan from physician in the event of life-threatening allergies
- Please ask the pharmacist to give you a **labeled container for prescription medications** so we can send this bottle on field trips.
- Sending **small containers of any OTC medications** makes it easier to send the correct amount needed on field trips and comply with New York State laws pertaining to medication storage.

Medication forms are available on our district web site or may be obtained from the School Health Office. Your physician may use their own form if desired.

We will be available for medication drop off through school hours on September 4, 2024.

If you need to make special arrangements to drop off medication, please call to make these arrangements.

Thank you in advance for your cooperation

School Nurse: Jessica Cerdas, BSN, RN Phone: 631-285-8770

Fax: 631-285-8985 Email: jcerdas@mccsd.net

MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT

8 43RD STREET □ CENTEREACH, NY 11720
631-285-8650 □ 631-285-8151 (fax) □ www.mccsd.net

Health Services Office
145 Marshall Dr
Selden, NY 11784

Date: August 2024

School: Unity Drive **Nurse(s):** Jessica Cerdas, BSN, RN **Phone:** 631-285-8770

Dear Parent/Guardian:

The district's School Health Services program supports your student's academic success by promoting health in the school setting. One way that we provide care for your student is by performing the health screenings as mandated by the State of New York.

During this school year, the following screenings will be required or completed at school:

Vision

Near Vision testing and color perception screening for all newly enrolled students.
Distance screening for newly enrolled students and students in Pre-K, Kindergarten, 1, 3, 5, 7 and 11th grades.

Hearing

Screening will be done for all newly enrolled students and students in Pre-K, Kindergarten, 1,3,5,7 and 11th grades.

Scoliosis

Scoliosis (curvature of the spine) screening for girls in grades 5 & 7, and boys in grade 9.

Health Appraisal

A physical examination including Body Mass Index with Weight Status Category is required for all newly enrolled students and students in Pre-K, Kindergarten, 1, 3, 5, 7, 9 and 11th grades. Should the physical not be supplied within thirty days of the first day of school an appointment will be scheduled for your child with the District Physician.

Dental Certificates

A dental certificate is requested for all newly enrolled students and students in Pre-K, Kindergarten, 1, 3, 5, 7, 9, & 11th grades.

A letter will be sent home if there are any findings on the screening done at school that would cause concern or need medical follow-up. Please call the school's Health Office if you have any questions or concerns.

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
Beth Rella, Ed.D., Assistant Superintendent for Business
James G. Donovan, Assistant Superintendent for Human Resources
Joseph Mercado, Director of Health, Physical Education & Athletics
Jonathan Singer, Assistant Superintendent for Instruction

To Parents/Guardians of Pre-K and Kindergarten Students:

PRE-K REGISTRATION

The following immunizations are required at the time of registration:

Diphtheria & Tetanus toxoid-containing vaccine & Pertussis vaccine (DTaP/DTP)	4
doses Polio vaccine (IPV)	
3 doses	
Measles, Mumps & Rubella vaccine (MMR)	1 dose
Hepatitis B vaccine	3 doses
Varicella vaccine (Chickenpox)	1
dose	
Haemophilus influenzae type b conjugate vaccine (Hib)	1 to 4 doses
Pneumococcal Conjugate vaccine (PCV)	1 to 4 doses

KINDERGARTEN

The following immunizations are required at the time of registration:

Diphtheria & Tetanus toxoid-containing vaccine & Pertussis vaccine (DTaP/DTP)	5 or 4 doses if
4th given after 4 yrs of age	
Polio vaccine	4 or 3 doses if 3rd is
given after 4 yrs of age	
Measles, Mumps & Rubella vaccine (MMR)	2 doses
Hepatitis B vaccine	3 or 2 adult
doses	
Varicella vaccine (Chickenpox)	2 doses

PLEASE CHECK WITH YOUR PEDIATRICIAN. YOUR CHILD WILL BE EXCLUDED FROM SCHOOL BY THE REQUIRED EXCLUSION DATE, AND EVERY DAY THEREAFTER UNTIL REQUIRED IMMUNIZATIONS OR A MEDICAL NOTE EXPLAINING WHY THEY WERE NOT COMPLETED HAS BEEN SUBMITTED.

Thank you.

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED BY PRIVATE HEALTH CARE 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	Sex: ☐ M ☐ F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies ☐ No ☐ Yes, indicate type	Type: ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
Asthma ☐ No ☐ Yes, indicate type	☐ Intermittent ☐ Persistent ☐ Other : ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
Seizures ☐ No ☐ Yes, indicate type	Type: Date of last seizure: ☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
Diabetes ☐ No ☐ Yes, indicate type	Type: ☐ 1 ☐ 2 ☐ Medication/Treatment Order Attached ☐ 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: ☐ No ☐ Yes ☐ Not Done **Hypertension:** ☐ No ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height: **Weight:** **BP:** **Pulse:** **Respirations:**

Laboratory Testing	Positive	Negative	Date
TB- PRN	☐	☐	
Sickle Cell Screen-PRN	☐	☐	
Lead Level Required Grades Pre- K & K			**Date**
☐ Test Done ☐ Lead Elevated ≥5 µg/dL			

List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)

☐ **System Review and Abnormal Findings Listed Below**

☐ HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
☐ Dental	☐ Cardiovascular	☐ Back/Spine	☐ Skin	☐ Social Emotional
☐ Neck	☐ Lungs	☐ Genitourinary	☐ Neurological	☐ Musculoskeletal

☐ Assessment/Abnormalities Noted/Recommendations:

☐ Additional Information Attached

Diagnoses/Problems (list) ICD-10 Code*

*Required only for students with an IEP receiving Medicaid

Name:	DOB:

SCREENINGS

Vision (w/correction if prescribed)	**Right**	**Left**	**Referral**	**Not Done**
Distance Acuity	20/	20/	☐ Yes ☐ No	☐
Near Vision Acuity	20/	20/		☐
Color Perception Screening ☐ Pass ☐ Fail				☐
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** ☐ Pass ☐ Fail	**Left** ☐ Pass ☐ Fail	**Referral** ☐ Yes ☐ No	☐
Notes				

Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7	**Negative**	**Positive**	**Referral**	**Not Done**
	☐	☐	☐ Yes ☐ No	☐

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

☐ **Student may participate in all activities without restrictions.**

☐ **Student is restricted from participation in:**

- ☐ **Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
- ☐ **Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.
- ☐ **Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.
- ☐ **Other Restrictions:**

Developmental Stage for Athletic Placement Process ONLY 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: ☐ I ☐ II ☐ III ☐ IV ☐ V Age of First Menses (if applicable) : _____

☐ **Other Accommodations*:** (e.g. Brace, orthotics, insulin pump, prostectic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

MEDICATIONS

☐ **Order Form for Medication(s) Needed at School Attached**

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS

HEALTH CARE PROVIDER

Medical Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone: Fax:

Please Return This Form To Your Child's School When Completed.

MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT
HEALTH SERVICES

8 43RD STREET □ CENTEREACH, NY 11720
631-285-8650 □ 631-285-8151 (fax) □ www.mccsd.net

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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.

_____
School Nurse

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

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

Letter to Parents/Guardians for School Meal Programs-Community Eligibility Provision 2024-2025

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, audiotape, 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.

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

Community Eligibility Provision 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. ¡Una gran noticia para usted y sus hijo(s)!

Todos los estudiantes matriculados **de 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 hijos podrá participar en estos programas de alimentación sin tener que pagar para las comidas o presentar una solicitud.

Si sus hijos asisten a escuelas que no participan en el CEP, su familia todavía tiene que llenar la solicitud de alimentos confidencial o para pagar las comidas.

Si tiene preguntas, por favor llama la ofecina de Servicios de Alimentos.

Si podemos ser de más ayuda, contáctenos en Middle Country, Oficina de Servicio de Alimentos, (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

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
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

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 ***Amount / How Often***	Child Support, Alimony ***Amount / How Often***	Pensions, Retirement Payments ***Amount / How Often***	Other Income, Social Security ***Amount / How Often***	No Income
	$ ______ / ______	$ ______ / ______	$ ______ / ______	$ ______ / ______	☐
	$ ______ / ______	$ ______ / ______	$ ______ / ______	$ ______ / ______	☐
	$ ______ / ______	$ ______ / ______	$ ______ / ______	$ ______ / ______	☐
	$ ______ / ______	$ ______ / ______	$ ______ / ______	$ ______ / ______	☐
	$ ______ / ______	$ ______ / ______	$ ______ / ______	$ ______ / ______	☐
	$ ______ / ______	$ ______ / ______	$ ______ / ______	$ ______ / ______	☐
	$ ______ / ______	$ ______ / ______	$ ______ / ______	$ ______ / ______	☐
	$ ______ / ______	$ ______ / ______	$ ______ / ______	$ ______ / ______	☐

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

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

Disposición de Elegibilidad Comunitaria (CEP) Formulario de elegibilidad para ingresos de vivienda, Ano 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 importar 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, fírmelo 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.° 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:______________________________

INSTRUCCIONES del formulario de ingresos del hogar para CEP/Disposición 2 en año no básico

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, 400 Maryland Avenue, SW, Washington, DC 20202-4605