



**CENTEREACH HIGH SCHOOL**  
**14 43<sup>rd</sup> Street, Centereach, NY 11720**

**Thomas Bell, Principal**

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

Assistant Principals

Steven Mercorella  
Danielle Rapisarda  
Angelina Saladino

August 2024

Dear Parent/Guardian:

Welcome back to the 2024/2025 school year at Centereach High School. The Administrative Team and I are ready to greet all students into our building on Wednesday, September 4<sup>th</sup>. We welcome our new Assistant Principal, Mrs. Saladino to our CHS family. Open communication and parental involvement are key to our students' success and we look forward to continuing to build working relationships with you and your student based on trust and mutual respect. Please know that we welcome your positive energy as we embark on what is sure to be a most productive and exciting school year.

Enclosed with this mailing you will find:

1. Emergency Contact Cards (9<sup>th</sup> and 11<sup>th</sup> grade);
2. Health Exam Form (9<sup>th</sup> and 11<sup>th</sup> grade);
3. Immunization Form (11<sup>th</sup> and 12<sup>th</sup> grade);
4. Medication Delivery Letter (9<sup>th</sup> through 12<sup>th</sup> grades);
5. Physical and Screenings Letter (9<sup>th</sup> and 11<sup>th</sup> grade); and
6. PTA Membership Form.

As in the past, our "Virtual Backpack" located on our school website contains additional documents which you may need to access periodically throughout the school year. At this time please familiarize yourself with our school website and our "Virtual Backpack" contents.

**FRESHMAN ORIENTATION**

This year, Freshman Orientation will take place on Wednesday, August 28, 2024 from 10:30 – 12:30 pm. Please note that this Orientation is for **STUDENTS ONLY**. Parents are responsible for dropping off and picking up their child. **BUSES ARE NOT AVAILABLE.**

**SENIOR PARKING PERMITS/MANDATORY WORKSHOPS**

To be eligible to park in our student lot, our senior students and their parent/guardian **MUST** attend a Safe Driving Workshop at either Centereach HS on Thursday, September 5<sup>th</sup> at 7pm or Monday, September 9<sup>th</sup> at Newfield HS at 7pm. Choose whichever date works best for you. This workshop

is for students who have or plan to obtain a CLASS D LICENSE and wish to park in the student parking lot during the 24/25 school year. Any questions regarding our senior parking privileges/permits can be answered by contacting the East Suite at (631) 285-8140.

### **TRANSPORTATION**

Bus information for students in grades 9 - 12 is on the PowerSchool parent/student portal. There will be no mailings from transportation. If you have a particular question, please call Transportation directly at (631) 285-8880.

### **FALL ATHLETICS**

Every student is required to pass a Sports Physical Examination in order to be eligible to participate in athletics. For further information, please call Mr. Joseph Mercado, Athletic Director.

### **STUDENT ATTENDANCE POLICY**

In order to be eligible to receive credit, students must attend class at least 85% of the time. Thus, the following:

- ☐ Full-year course – Student will be denied credit on the 28<sup>th</sup> absence.
- ☐ Half-year course – Student will be denied credit on the 14<sup>th</sup> absence.
- ☐ Lab Science course – Student will be denied credit on the 41<sup>st</sup> absence.

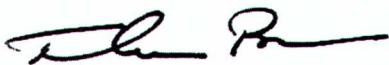
The policy addresses students that face extenuating circumstances regarding their school attendance via the appeals process. For further information and details regarding all District policies, please visit the official Middle Country website at [www.mccsd.net](http://www.mccsd.net).

### **WEBSITE/E-MAIL INFORMATION**

During the course of the year, please refer to our school website for information you may need regarding activities, dates and upcoming events. Through our website and e-mail, you will be able to communicate with all of your student's teachers and is the most efficient and effective way to communicate with a staff member.

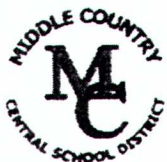
It is the hope of our faculty and staff that the upcoming 2024/2025 school year will be a wonderful learning experience for our students from start to finish! See you on Wednesday, September 4.

Sincerely,



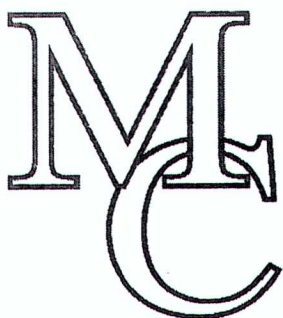
Thomas Bell  
Principal

TB/cs  
Enclosures



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  
HEALTH SERVICES**

**8 43<sup>RD</sup> STREET • CENTEREACH, NY 11720**

**631-285-8650 • 631-285-8151 (fax) • [www.mccsd.net](http://www.mccsd.net)**

*Roberta A. Gerold, Ed.D., Superintendent of Schools  
Francine McMahon, Deputy Superintendent for Instruction*

*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*

Dear Parent or Guardian,

Date: August 1, 2024

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 must be completed and 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 from **8am-2pm 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

Nurse: Kerri Mirabella, BSN-RN & Ryan Nelson, BSN-RN

Phone: 631-285-8133

Fax: 631-285-8198

Email: [Kmirabella@mccsd.net](mailto:Kmirabella@mccsd.net)

# 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



**CENTEREACH HIGH SCHOOL****2024/2025****ALPHA SUITE BREAKDOWN**

	<b>WEST SUITE (285-8160)</b>		<b>EAST SUITE (285-8140)</b>		<b>NORTH SUITE (285-8180)</b>	
<b>ASSISTANT PRINCIPALS</b>	<b>MR. MERCORELLA</b>		<b>MRS. SALADINO</b>		<b>MS. RAPISARDA</b>	
<b>GUIDANCE COUNSELOR</b>	<b>MS. BLIEBERG</b>	<b>MS. SHUMWAY</b>	<b>Mr. SIRAGUSA</b>	<b>MR. RIVERA</b>	<b>MS. THOMAS</b>	<b>MS. CIFUNI</b>
<b>Grades</b>	<b>9<sup>TH</sup> – 12<sup>th</sup> A-C</b>	<b>9<sup>th</sup> – 12<sup>th</sup> D-Ga</b>	<b>9<sup>th</sup> - 12<sup>th</sup> Ge-La</b>	<b>9<sup>th</sup>-12<sup>th</sup> – Le -N</b>	<b>9<sup>th</sup>-12<sup>th</sup> – O - Sc</b>	<b>9<sup>th</sup> – 12<sup>th</sup> – Se - Z</b>

# CENTEREACH HIGH SCHOOL

2024/2025



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Thomas Bell, Principal

285-8105 (Main Office)

Assistant Principals:

Steven Mercorella

285-8160 (West Suite)

Angelina Saladino

285-8140 (East Suite)

Danielle Rapisarda

285-8180 (North Suite)

Nurse

285-8133/34

Attendance

285-8170

# Centereach H.S.

## Bell Schedule

### 2024/2025 SCHOOL YEAR

Period 1	7:05 – 7:46	41 minutes
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#### **7:46 – 7:50 ANNOUNCEMENTS (4 minutes)**

Period 2	7:54 – 8:35	41 minutes
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Period 3	8:39 – 9:20	41 minutes
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Period 4	9:24 – 10:05	41 minutes
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Period 5	10:09 – 10:50	41 minutes
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Period 6	10:54 – 11:35	41 minutes
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Period 7	11:39 – 12:20	41 minutes
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Period 8	12:24 – 1:05	41 minutes
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Period 9	1:09 – 1:50	41 minutes
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**41 minutes/class; 4 minutes/passing time**







## Centereach High School PTSA

Lettice Washington, President  
Nichol Vanore, 1st Vice President  
Staci Landi, 2nd Vice President  
Jennifer Mitchell, Treasurer  
Karen Paoli, Recording Secretary  
Linda Siedlecki, Corresponding Secretary  
Nancy Graziano, Council Delegate

Welcome CHS Faculty, Families, and Friends,

The Centereach High School PTSA Board and I would like to welcome you all to a new school year! We are so excited to work with our supportive administration to create a memorable 2024-2025 high school experience. Our goals include providing programs and events that empower families to support student success.

We invite you to attend our monthly PTSA meetings which are usually held on the second Tuesday of the month at 7:00pm. Our first meeting is scheduled for September 17, 2024. These meetings provide our CHS community with an opportunity to hear information about school events and programs first hand and provide input for future programs and events. A list of meeting dates and location will be on the PTSA tab of the CHS page of the district website <https://www.mccsd.net/domain/177>.

We invite all of you to become part of the CHS PTSA. Parents, guardians, students, teachers, administrators, staff and community members are all welcome to enroll. Joining the PTSA is a great way to support our school and our children. Money raised from PTSA memberships and other fundraising events throughout the year goes directly to programs benefiting our school community. Visit <https://chsptsa.memberhub.com/store> to purchase a membership via our online store..

Please feel free to reach out with any questions or concerns to [centereachhighptsa@gmail.com](mailto:centereachhighptsa@gmail.com). We look forward to working with you for a wonderful 2024-2025 school year!

Sincerely,  
Lettice Washington  
Centereach High School PTSA President

### CHS PTSA Membership Form

Standard, Teacher/Staff membership = \$10

Student Membership = \$5

Member Name	Email	Phone	Standard, Student, or Teacher/Staff

Total Members: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Memberhub([chsptsa.memberhub.com/store](https://chsptsa.memberhub.com/store))

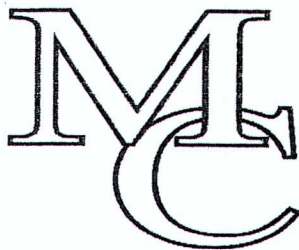
**PTSA Use Only**

Date Received: \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Memberhub \_\_\_\_\_



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](http://www.mccsd.net)



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*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:**

Phone #: 631-285-8133	Fax: 631-285-8198	Email: <a href="mailto:Kmirabella@mccsd.net">Kmirabella@mccsd.net</a>
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