



**BOARD OF COOPERATIVE EDUCATIONAL SERVICES**  
**Eastern Suffolk BOCES**  
 First Supervisory District of Suffolk County  
**MIDDLE SCHOOL REGISTRATION FORM**

2018-19  
 Summer School Course  
 Registration  
 (631) 244-4283

**REGISTRATION FORMS WITHOUT SIGNATURES WILL NOT BE ACCEPTED**

**DIRECTIONS:** Your home school principal or guidance counselor must approve your registration by signing this registration form.  
**THE ATTACHED MEDICAL FORM MUST BE COMPLETED AND SUBMITTED WITH REGISTRATION.**

STUDENT NAME \_\_\_\_\_ Student ID# \_\_\_\_\_  
 LAST FIRST MI  
 ADDRESS \_\_\_\_\_  
 NUMBER STREET CITY ZIP  
 MAILING ADDRESS (if different) \_\_\_\_\_ GENDER FEMALE  MALE   
 HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_ GRADE LEVEL DURING SCHOOL YEAR 2017-2018 \_\_\_\_\_  
 PARENT/ PERSON IN PARENTAL RELATION (PRINT) \_\_\_\_\_  
 LAST FIRST  
 EMERGENCY CONTACT \_\_\_\_\_ EMERGENCY # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY BY THE GUIDANCE COUNSELOR.**  
**IF THERE IS ANY MISSING INFORMATION, THE APPLICATION WILL BE REJECTED.**

District \_\_\_\_\_ Student ID# \_\_\_\_\_  
 Middle School \_\_\_\_\_ Tuition District (if different) \_\_\_\_\_  
 BEDS Code \_\_\_\_\_

All required health immunizations are up to date and on file in the home school Yes  No  \*\*Please attach a copy to this form  
 \*\*Student has an IEP Yes  No  \*\*Please attach a copy to this form  
 \*\*Student has a 504 Yes  No  \*\*Please attach a copy to this form  
 ESL Student Yes  No  Exam in Alternate Language Yes  No  Please specify language \_\_\_\_\_

Place an "x" next to your choice(s).

Bay Shore Courses (max. two)		East Islip Courses (max. two)	
English 6		English 6	
Math 6		Math 6	
Science 6		Science 6	
Social Studies 6		Social Studies 6	
English 7		English 7	
Math 7		Math 7	
Science 7		Science 7	
Social Studies 7		Social Studies 7	
English 8		English 8	
Math 8		Math 8	
Science 8		Science 8	
Social Studies 8		Social Studies 8	

**RESIDENTS** (including Bay Shore and East Islip) – There is no tuition for the summer school program.

**NON-DISTRICT RESIDENTS** or **STUDENTS FROM NON-PARTICIPATING DISTRICTS** pay the amount listed for each district, per course.

Location	Cost Per Course
<i>Bay Shore UFSD*</i>	\$215.93 (max two)
<i>East Islip UFSD</i>	\$221.74 (max two)

**CLASSES WILL BE OFFERED CONTINGENT ON SUFFICIENT ENROLLMENT.** If a class does not run due to low enrollment, you may be offered a seat in another program. Please see Summer School Administration for more information.

**Payment must be made by money order or certified check**  
**payable to the DISTRICT where the student registers.**

**Cash, credit cards\* and personal checks will not be accepted.** \*(Bay Shore accepts credit cards.)

**PRINCIPAL'S APPROVAL (Required)**

I approve the above summer school registration. The student indicated above has completed all appropriate pre-requisite courses. All state required immunizations have been received.

\_\_\_\_\_  
Print Principal's or Guidance Counselor's Name

\_\_\_\_\_  
Principal's or Guidance Counselor's Signature

\_\_\_\_\_  
Home School Phone #

\_\_\_\_\_  
Date

**PARENTAL CONSENT**

The summer semester is comprised of 25 instructional days. Eastern Suffolk BOCES requires that attendance be in accordance with the policy set at each individual site. Credit may not be granted if absences exceed three days.

If your child does not attend the course/assignment, no refund will be given.

Students taking state tests are required to submit appropriate identification.

Approved ID includes:

- passport
- government-issued ID
- student ID (from student's middle school as of June)

We pledge to do our best to place your child in the site you selected. However, in rare instances, we may have to reassign your child to a different site due to lack of enrollment.

You agree that your child will follow the summer school site's Code of Conduct regarding discipline and attendance.

\_\_\_\_\_  
Parent/Person in Parental Relation Signature

**MEDICAL FORM MUST ACCOMPANY REGISTRATION FORM**

**FOR OFFICE USE ONLY:**

TOTAL AMOUNT PAID \$ \_\_\_\_\_ RECEIPT # \_\_\_\_\_ CHECK/MONEY ORDER# \_\_\_\_\_

REGISTRAR \_\_\_\_\_ DATE \_\_\_\_\_

**Please attach a copy of latest report card.**

**Non-Discrimination Statement**

Eastern Suffolk BOCES does not discriminate against any employee, student, applicant for employment, or candidate for enrollment on the basis of sex, gender, race, color, religion or creed, age, weight, national origin, marital status, disability, sexual orientation, military or veteran status, domestic violence victim status, genetic predisposition or carrier status, or any other classification protected by Federal, State, or local law. This policy of nondiscrimination includes: access by students to educational programs, student activities, recruitment, appointment and promotion of employees, salaries, pay, and other benefits. ESBOCES also provides equal access to the Boy Scouts and other designated youth groups. ESBOCES fully complies with all applicable rules and regulations pertaining to civil rights for students and employees (e.g., Title IX of the Education Amendments of 1972, §504 of the Rehabilitation Act of 1973, Titles VI and VII of the Civil Rights Act of 1964, Dignity for All Students Act, §303 of Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, and the Boy Scouts of America Equal Access Act of 2001). Inquiries regarding the implementation of the above laws should be directed to either of the ESBOCES Civil Rights Compliance Officers at [ComplianceOfficers@esboces.org](mailto:ComplianceOfficers@esboces.org); the Assistant Superintendent for Human Resources, 631-687-3029, or the Associate Superintendent for Educational Services, 631-687-3056, 201 Sunrise Highway, Patchogue, NY 11772. Inquiries may also be addressed to the Office for Civil Rights at the US Department of Education, 32 Old Slip, 26<sup>th</sup> Floor, New York, NY 10005, 646-428-3800, [OCR.NewYork@ed.gov](mailto:OCR.NewYork@ed.gov).