Middlesex County STEM Charter School (MCSCS)

Enrollment Form 2026-2027

Dear Parents and Applicant:

Please fill out this form completely. Falsifications, misrepresentations, or omissions may disqualify your application. Information you supply will not be given to any other person/company for any purpose. Please print clearly with blue or black ink.

Student Information:

Legal Name of Student:

(last)_____(first)_____(middle)_____

Preferred Name:_____

Gender: ❑ Male ❑ Female **Date of Birth:** _____**Home Phone:** (____)_____

Ethnicity: (check one) ❑ American Indian/Alaskan Native ❑ Asian ❑ Black, not Hispanic ❑ Hispanic

❑ White, not Hispanic ❑ Native Hawaiian or other Pacific Islander

Questions to be completed only if your child was born outside the USA

Date Entered U.S. _____Date Entered U.S. School: _____

Years attended School outside U.S. _____ Dates: From _____ To_____

Name of School Attended outside U.S._____

Grade level applying for: ❑Kindergarten ❑First ❑Second ❑Third ❑Fourth ❑Fifth

❑Sixth ❑Seventh ❑Eighth ❑Ninth ❑Tenth ❑~~Eleventh~~ ❑~~Twelfth~~

School Year: 2026/2027

Student's Residence Address: (Note: No P.O. Boxes)

Street: _____ Apt #: _____

City: _____County: _____ State: _____ Zip Code: _____

Student's Mailing Address: (❑ Check here if it is the same as the residence address.)

Street: _____ Apt #: _____

City: _____ County: _____ State: _____Zip Code: _____

Legal School District of Residence:

_____

Is the student's current school located in this district? ❑ Yes ❑ No If No, fill in district name:

_____

Previous School Information:

Name of Current School:

_____

Type of School: ❑ Public School ❑ Private School ❑ Registered Home School ❑ Charter School ❑ Not in school/Other

Address of Current School:

Street: _____City: _____ State: _____ Zip Code:_____

School Phone: _(_____)_____ School Fax: _(_____)_____

Name of Previous School:

_____

Type of School: ❑ Public School ❑ Private School ❑ Registered Home School ❑ Charter School ❑ Not in school/Other

Is applicant currently under expulsion from any school or district? ❑ No❑ Yes If yes, explain:

_____

Has the applicant ever skipped a grade? ❑ No ❑ Yes, which grade and why?

_____

Has the applicant ever repeated a grade? ❑ No ❑ Yes, which grade and why?

_____

Parent/Guardian Information:

Student lives with: ❑ Both parent ❑ Both parent alternately (Joint custody) ❑ Mother only ❑ Father only ❑ Legal guardian

Father's Name:_____

Address and phone same as student? ❑ Yes ❑ No If No, complete the following:

Street: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Name of Employer: _____ **Occupation:** _____

Work Address: Street: _____ Suite #: _____

City: _____County: _____State: _____ Zip Code: _____

Work Phone: (_____)_____ Home Phone:(_____)_____Cell Phone: (_____)_____

E-mail address: _____

Mother's Name: _____

Address and phone same as student? ❑ Yes ❑ No If No, complete the following:

Street: _____Apt #: _____

City: _____County: _____ State: _____Zip Code: _____

Name of Employer: _____ **Occupation:** _____

Work Address: Street: _____Suite #: _____

City: _____County: _____ State: _____Zip Code: _____

Work Phone: (_____)_____ Home Phone:(_____)_____ Cell Phone: (_____)_____

E-mail address: _____

Stepparent/Legal Guardian's Name:_____

Address and phone same as student? ❑ Yes ❑ No If No, complete the following:

Street: _____ Apt #: _____

City: _____County: _____ State: _____ Zip Code: _____

Name of Employer: _____**Occupation:** _____

Work Address: Street: _____Suite #: _____

City: _____County: _____ State: __Zip Code: _____

Work Phone: (_____)_____Home Phone:(_____)_____ ____Cell Phone: (_____)_____

E-mail address:_____

Emergency Contacts:

If a parent cannot be contacted we will attempt to contact one of the following in the order listed below. Please list at least one emergency contact.

FIRST person to contact if parents cannot be reached:

Name: (last)_____ _____ (first)_____ ___Relationship: _____

Home Phone: (_____)_____Cell Phone:(_____)_____Work Phone: (_____)_____

SECOND person to contact if parents cannot be reached:

Name: (last)_____ (first)_____Relationship: _____

Home Phone: (_____)_____Cell Phone:(_____)_____ Work Phone: (_____)_____

Sibling Information:

Siblings	Birth Date	Attending School	Relationship to Student
1			
2			
3			
4			
5			

Special Programs

Has your child been evaluated for and/or participated in any of the following special services?

❑ Gifted & Talented ❑ Title 1/Chapter 1 Program ❑ Special Education (IEP)

❑ 504 ❑ English as a Second Language (ESL) ❑ Other: _____

If you checked Special Education (IEP), do you have the student's special education records? ❑ Yes ❑ No

Photo/Video Release

During the course of your child's enrollment at MCSCS, there are occasions where Middlesex County STEM Charter School takes pictures/videos of your child participating in events/activities. We use these pictures/videos in MCSCS publications, local newspapers, school websites, homerooms, advertising, or on a display at the Middlesex County STEM Charter School. We kindly ask that you sign a photo/video release for your child. Thank you in advance for your support and understanding.

❑ I give my consent for MCSCS to use pictures/video of my child.

❑ I do not give my consent for MCSCS to use pictures/video of my child.

Health Insurance and Health Information
Primary Physician Information:

Doctor Name: _____Doctor Phone: _____

Dentist Name: _____ Dentist Phone: _____

Type of Health Insurance: ❑ HMO ❑ Medicaid ❑ No health insurance ❑ Other

Insurance Provider:_____

If the student is covered by Medicaid, provide the Medicaid number:_____

Read and check:

❑ *I understand that for those school health and health-related services that the Medicaid-eligible student may be receiving—including but not limited to:*
vision and hearing screenings, nursing services, speech therapy, occupational and/or physical therapy—the school district has the right to receive partial reimbursement from Medicaid for those services rendered.

Please list any serious allergies, conditions, or restrictions the student:

_____

Please list any physical or emotional disabilities the student has:

_____

Please indicate any special health or other needs of which we should be aware and which will help us plan and provide for the applicant's educational experience:

_____

EMERGENCY RELEASE MCSCS will attempt to reach the parent/legal guardian or one of the people listed as an emergency contact but if none of these people can be reached, CJCP personnel have my permission to use discretion in securing medical aid in an emergency. IT IS UNDERSTOOD THAT NEITHER THE CJCP NOR THE PERSON RESPONSIBLE FOR OBTAINING THIS MEDICAL AID WILL BE RESPONSIBLE FOR THE EXPENSE INCURRED.

Parent/Guardian Signature: _____ Date: _____

Enrollment Acceptance

Statement of Educational Equality:

The Middlesex County STEM Charter School is committed to a policy of educational equality. Accordingly, the program admits students and conducts all educational programs, activities, and employment practices without regard to race, color, religion, gender, sexual preference, national origin, marital status, ancestry, disability, or any other legally protected classification. Any person having inquiries concerning the school's compliance with regulations implementing Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act, the American with Disabilities Act, or the Individuals with Disabilities Education Act is directed to contact the School Director at the school address.

Please accept this signed and completed document to enroll _____

(Student's name)

to the Middlesex County STEM Charter School for the 2026-2027 academic year.

I/We, the undersigned, hereby certify that, to the best of my/ our knowledge and belief, the answers to the foregoing questions and statements made by me/us in this application are complete and accurate.

I/we understand that any false information, omissions, or misrepresentations of facts may result in rejection of this application or future dismissal of the applicant.

Parent/Guardian's Signature: _____Date: _____

HOME LANGUAGE QUESTIONNAIRE (HLQ)

To provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads, and writes English. Your assistance in answering these questions is greatly appreciated.

What language(s) is spoken in the student's home or residence?

☐ **English** ☐ **Other: _____**

What language(s) is spoken most of the time to the student, in the home or residence?

☐ **English** ☐ **Other: _____**

What language(s) does the student understand?

☐ **English** ☐ **Other: _____**

What language(s) does the student speak?

☐ **English** ☐ **Other: _____**

What language(s) does the student read?

☐ **English** ☐ **Other: _____** ☐ **Does not Read**

What language does the student write?

☐ **English** ☐ **Other: _____** ☐ **Does not Write**

In your opinion, how well does the student understand, speak, read and write English?

	Very well	**Only a little**	**Not at all**
Understands English	☐	☐	☐
Speaks English	☐	☐	☐
Reads English	☐	☐	☐
Writes English	☐	☐	☐