



**Bethlehem Central
School District**
Office of the Registrar
90 Adams Place
Delmar, NY 12054
(518) 439-7481
<http://bcscd.k12.ny.us>

For Office Use Only							
Enroll Date _____	Proofs of Residence _____						
Immunization Y or N _____	Birth Certificate Y or N _____	Other _____					
Student ID# _____	Family # _____						
Home School:	CL	EAG	EL	GL	HAM	SL	MS HS

STUDENT ENROLLMENT FORM

The information on this form is very important. **PLEASE PRINT CLEARLY.**

Student Name _____ M or F _____ Grade _____
(Last name, First name, Middle initial) (Circle one)

Preferred Name _____ Date of Birth _____ Home Phone _____

Home Address _____
(Number) (Street) (Town) (Zip Code)

Mailing Address (if different and/or P.O. box) _____

Previous School District Attended: _____

Has your child ever attended a Bethlehem school? YES or NO If Yes, When? _____ Last Grade _____

Name(s) of Brothers and Sisters residing with student: (Attach additional sheet if needed.)

Name (Last, First, Middle initial)	M or F	Birth date (m/d/yy)	Grade	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are there any restricted releases for this child? [Documentation required. Please attach.] _____

Parent 1 Name: Dr. / Mr. / Mrs. / Ms. _____
(Last name, First name, Middle initial)

Relationship to student _____

Address (if different from student) _____

Lives with Student Has Custody of Student Should Receive Student Mailings/BC@Home

Home Phone _____ Work Phone _____ Cell Phone _____

Employer's Name: _____ Position: _____

Work Address _____

Parent 2 Name: Dr. / Mr. / Mrs. / Ms. _____
(Last name, First name, Middle initial)

Relationship to student _____

Address (if different from student) _____

Lives with Student Has Custody of Student Should Receive Student Mailings/BC@Home

Home Phone _____ Work Phone _____ Cell Phone _____

Employer's Name: _____ Position: _____

Work Address _____

If parent / guardian **cannot be reached please contact:** (see backside)

Emergency Contact 1 Name: Dr. / Mr. / Mrs. / Ms. _____
(Last name, First name, Middle initial)

Relationship to student _____

Address _____

Lives with Student Has Custody of Student Should Receive Student Mailings/BC@Home

Home Phone _____ Work Phone _____ Cell Phone _____

Employer's Name: _____ Position: _____

Work Address _____

Emergency Contact 2 Name: Dr. / Mr. / Mrs. / Ms. _____
(Last name, First name, Middle initial)

Relationship to student _____

Address _____

Lives with Student Has Custody of Student Should Receive Student Mailings/BC@Home

Home Phone _____ Work Phone _____ Cell Phone _____

Employer's Name _____ Position: _____

Work Address _____

If your child has received special education services or accommodation through an Individualized Education Program (IEP) or a Section 504, please sign a consent for the release of special education records so that special education services can begin as soon as possible.

Consent for release of special education records signed?

YES NO

Your answers to the following questions are not used for purposes of determining eligibility to attend the District's schools. Your answers to these questions are necessary for certain programming and data collection purposes.

Birthplace: _____ **Home language:** _____

Ethnic category (check all that apply):

American Indian/Alaskan Native Asian Black/African American

Hispanic Native Hawaiian/Other Pacific Islander White

If born in a foreign country:

Date entered the USA: _____ **Date started in a U.S. School:** _____

Date started in a New York State School: _____

Parent Statement:

I certify the above information is true and correct. Any misinformation regarding residency may result in being billed to cover the cost of instruction and/or exclusion from attending the Bethlehem Central School District.

Parent Signature Date