



**Bethlehem Central
School District**
Office of the Registrar
700 Delaware Avenue
Delmar, NY 12054
(518) 439-2442
<http://bcasd.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 # _____
Homeschool: EA EL GL HA SL MS HS	

PRIVATE/PRESCHOOL STUDENT ENROLLMENT FORM

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

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

School Attending: _____

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Relationship to student _____

Address (if different from student) _____

Lives with Student Has Custody of Student

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Primary Email Address: _____

Employer's Name: _____ **Position:** _____

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

Relationship to student _____

Address (if different from student) _____

Lives with Student Has Custody of Student

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Primary Email Address: _____

Employer's Name: _____ **Position:** _____

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

(Emergency Contacts are not needed for Preschool Students)

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

Relationship to student _____

Address _____

Lives with Student Has Custody of Student

Home Phone _____ Work Phone _____ Cell Phone _____

Employer's Name: _____ Position: _____

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

Relationship to student _____

Address _____

Lives with Student Has Custody of Student

Home Phone _____ Work Phone _____ Cell Phone _____

Employer's Name _____ Position: _____

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

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 services provided by the Bethlehem Central School District.

Parent Signature

Date