



**Bethlehem Central School District**  
 Office of the Registrar  
 700 Delaware Avenue  
 Delmar, NY 12054  
 (518) 439-2442  
 www.bethlehemschools.org

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 \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_  
*(First name, Middle initial, Last name)*  
Male  
 Female  
 Non-Binary

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)	Birth date (m/d/yy)	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Parent/Guardian 1 Name:** \_\_\_\_\_  
*(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/Guardian 2 Name:** \_\_\_\_\_  
*(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:** \_\_\_\_\_  
(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:** \_\_\_\_\_  
(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/Guardian Signature

\_\_\_\_\_  
Date