



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 _____
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 Male Female Non-Binary Grade _____
(First name, Middle initial, Last name as it appears on birth certificate)

Preferred Name _____ Preferred name will be used on all unofficial district documents. Official documents (transcripts, etc.) will use the legal name above.

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 Siblings 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