



**Bethlehem Central  
School District**  
Office of the Registrar  
90 Adams Place  
Delmar, NY 12054  
(518) 439-7481  
<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 # _____						
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 \_\_\_\_\_ Social Security # \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Date entered USA, if born in foreign country \_\_\_\_\_ U.S. Citizen: YES or NO

Home Language \_\_\_\_\_ Date started in a USA School: \_\_\_\_\_

**Ethnic Category (choose one):** White American Indian/Alaskan Native Asian/Pacific Islander  
Black (Non-Hispanic) Hispanic

Home Address \_\_\_\_\_  
(Number) (Street) (Town) (Zip Code)

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

Previous School District Attended: \_\_\_\_\_

Previous School Address: \_\_\_\_\_

Has your child ever attended a Bethlehem school? YES or NO If Yes, When? \_\_\_\_\_

Grade \_\_\_\_\_ Which School: \_\_\_\_\_

**Name(s) of Brothers and Sisters** (Attach additional sheet if needed.)

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

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

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 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

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Position \_\_\_\_\_

Work Address \_\_\_\_\_

..... *If parent / guardian cannot be reached:* .....

**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

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer's Name \_\_\_\_\_ Position: \_\_\_\_\_

Work Address \_\_\_\_\_

**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