



**Bethlehem Central  
School District**  
Office of the Registrar  
90 Adams Place  
Delmar, NY 12054  
(518) 439-7481  
<http://bcsd.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 # _____	

## PRIVATE/PRESCHOOL 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)** \_\_\_\_\_

**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. \_\_\_\_\_  
(Last name, First name, Middle initial)

**Relationship to student** \_\_\_\_\_

**Address (if different from student)** \_\_\_\_\_

Lives with Student  Has Custody of Student

**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

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

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

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

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. \_\_\_\_\_  
(Last name, First name, Middle initial)

Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

- Lives with Student       Has Custody of Student

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

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 for the District's services. 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 services provided by the Bethlehem Central School District.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date