

Year Enrolled: _____ BRIGHTON CENTRAL SCHOOL DISTRICT ID: _____
School Name: _____ REGISTRATION FORM ENL: _____
Email/Assoc: _____ IEP/504: _____
Flags: _____

Office Use Only

Student Name: _____ **Preferred Name:** _____
Last First Middle

Gender: M F Other **Birth Date:** _____ **Grade Entering:** _____ **Start Date:** _____

Proof of Age: Birth Certificate Passport Other: _____
see BCSD website for a list of acceptable documents

Proof of Residency: Tax Bill Mortgage Deed Lease with US mail Other: _____
see BCSD website for a list of acceptable documents

Primary Contact <i>(first person to call)</i>				Secondary Contact			
Relationship to Child: Parent/Legal Guardian <input type="checkbox"/> Stepparent <input type="checkbox"/> Other: _____ Please Check: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____				Relationship to Child: Parent/Legal Guardian <input type="checkbox"/> Stepparent <input type="checkbox"/> Other: _____ Please Check: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____			
Name:				Name:			
Address:				Address:			
City		State		City		State	
Zip		Zip		Zip		Zip	
Phone:	Home	Cell	Work	Phone:	Home	Cell	Work
Email:				Email:			

Family members must reside within the Brighton Central School District boundaries with their parent or legal guardian. Proof of guardianship must be presented at time of registration. Enrolling non-resident students in a school district without proper residency status is not permissible under New York State law.

Is there a custody order or separation agreement that governs custody of this child? Yes No
****If yes, documentation is required.**

Is any adult family member on active duty (excluding siblings)? Name: _____ Start date: _____

Is child being registered to attend: Early intervention services Brighton Public Private/Parochial

School to attend: _____

Will transportation services be required? Yes No

Last School child attended: _____ **School Phone Number:** _____

Last School attended address: _____

Is student currently receiving Special Ed/Support programs? Yes No
(Resource Room, Speech, ENL-English as a new language, etc.)

Does student have a 504 plan? Yes No

Does student have an Individual Education Plan (IEP)? Yes No

Emergency Contact Information: (Person(s) to call if Parents/Guardians are not available)

Name:	Name:
Address:	Address:
Phone:	Phone:
Relationship to Student:	Relationship to Student:

Siblings in household from birth through grade 12:

Child's Name	M/F	Birth Date	School Attending/Grade

These questions are intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information will help determine the services you may be eligible to receive.

- Is this current address a temporary living arrangement? Yes No
If you answered yes, please complete remaining questions. If no, you may stop here.
- Is this a temporary arrangement due to loss of housing or economic hardship? Yes No
- Where is the family presently living?
 - In a motel
 - In a shelter
 - With another family member
 - Moving from place to place to place
 - In a place not designated for ordinary sleeping accommodations such as a car, bus, train, park
 - Other temporary living situation: _____

RESIDENCY STATEMENT

The undersigned, being the Parent/Guardians of _____,
(Herein after referred to as the "Student"), hereby acknowledge, state and agree as follows:

1. The undersigned are permanent residents of the Brighton Central School District (herein after referred to as the "District"), and have provided the appropriate documentation of their residence at:

(Address)

2. The undersigned grant permission for the District to **verify residency** of the Student at the above address, at the time of registration, and from time to time in the future as the District deems necessary. If residence is rented or leased, the district reserves the right to reverify residency at the expiration of the rented or leased property.
3. If the undersigned moves out of the District while the Student is still attending the District's schools, the undersigned will notify the District **in writing immediately**. Notification will be sent to the school the Student attends.
4. If the undersigned moves out of the District, the Student will no longer be considered a resident for school purposes, and the District will have no obligation to educate the Student. The undersigned shall be responsible for payment of non-resident tuition, in accordance with District policy and procedures, starting on the day after the date on which the undersigned move out of the District.
5. The undersigned may request that the District continue to educate the Student. If the District chooses to educate the student, its decision will be made on a space-available basis and will be dependent upon the undersigned complying with District policy and procedures relating to the education of non-resident students including, but not limited to, payment of tuition in advance.
6. If the tuition referred to above is not paid by the undersigned and the District is required to pursue collection, the undersigned shall pay, in addition to the unpaid tuition, all costs, fees and expenses, including reasonable legal fees, incurred by the District to collect the unpaid tuition.

Date: _____

Signature

Please Print Name

Date: _____

Signature

Please Print Name