

Brunswick (Brittonkill) Central Schools
Student Registration Form

For Office Use Only Student ID# _____ Lunch/Library# _____
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RESIDENT _____ **NON-RESIDENT** _____

Student Name: _____ / _____ / _____
First Middle Last

Address: _____ New York _____
Street City State Zip Code

Date of Birth: ____/____/____ Gender: Male ___ Female ___ Registering for Grade: _____

Home Language: English Other-Specify: _____

Ethnicity: Is the student Hispanic, Latino, or of Spanish origin? Yes, Hispanic No, not Hispanic

Race: Select one or more races from the following five racial groups:

White Black Asian America Indian or Alaskan native Hawaiian or other Pacific Islander Native

Parent/Guardian Information

Guardian #1 _____ / _____ / _____
First MI Last

Relationship to child: Mother Stepmother : Father Stepfather Legal Guardian Foster parent

Mailing Address if different from above: _____
Street City State Zip Code

Home Phone: (____) _____ Work number: (____) _____ Cell number: (____) _____

Occupation: _____ Employer: _____

Employer's Address: _____
Street City State Zip Code

Email Address: _____ Phone call priority (1-3) Home ___ Work ___ Cell/Pager ___

Guardian #2 _____ / _____ / _____
First MI Last

Relationship to child: Mother Stepmother : Father Stepfather Legal Guardian Foster parent

Mailing Address if different from above: _____
Street City State Zip Code

Home Phone: (____) _____ Work number: (____) _____ Cell number: (____) _____

Occupation: _____ Employer: _____

Employer's Address: _____
Street City State Zip Code

Email Address _____ Phone call priority (1-3) Home ___ Work ___ Cell/Pager ___

Other children living in the household

Name: _____ DOB ____/____/____ Name: _____ DOB ____/____/____

Name: _____ DOB ____/____/____ Name: _____ DOB ____/____/____

Emergency Contacts-In the event the parent or guardian can not be reached Names and addresses and phone numbers of two people with whom you have made arrangements to take responsibility for your child in the event you cannot be reached. Please indicate if the phone number is a cell phone. This arrangement includes permission to pick up your child in the event you are unable.

Name _____ Relationship _____ Phone _____ Cell ? Y N
Name _____ Relationship _____ Phone _____ Cell ? Y N

Legal Information (If Applicable)

If parents are divorced or separated, is there a court approved custody document? Yes No

Who retains legal custody? _____ Relationship to child? _____

If joint, who has residential (physical) custody? _____

Legal guardianship document provided

Is the student in the care of a guardian(s) other than his/her Parent? Yes No

If yes, name of legal guardian(s) _____

Relationship to child _____

Is the student in foster care? Yes No If yes, provide copy of placement order (DSS-2999)

Additional Mailing

_____/_____/_____
Relationship Last Name First Name

_____/_____/_____/_____
Street City State Zip Code

Previous School Information

Has the student attended Brunswick (Brittonkill) Central School previously? Yes No If yes, when? _____

School District last attended _____ School Name _____ Grade _____

Address _____
Street City State Zip code

Phone number _____

Preschool attended (if registering for Pre Kindergarten or Kindergarten) _____

Additional Services (If Applicable)

Special Education Services

Does the student currently have an IEP (Individualized Education Plan): Yes No

If yes, please indicate the type of services

Consultant teacher Self-Contained Classes Out of District Class (BOCES or QUESTAR) Resource Room

Other, please describe _____

Related Services

Speech and Language Therapy Occupational Therapy Physical Therapy

Counseling Other, please describe _____

Academic Intervention Services (AIS/Remedial)

Math English Language Arts Science Social Studies

Other Services

504 Plan English as a Second Language (ESL) Gifted and Talented Other _____

As specified by New York State Education Law and the Commissioner's Regulations, a continuum of program alternatives is available to meet the varied needs of students with disabilities who reside in New York. For more information regarding the referral and evaluation of students suspected of having a disability, please refer to New York State's [A Parent's Guide to Special Education](#) or contact Rochelle Hoot, Director of Special Education, at 279-4600 x 2702 with questions or to request a copy.

Photograph Permission

From time to time, your child may be photographed during the school year during a classroom project, assembly or field trip or may be videotaped as part of a concert or other special event. These photographs may be used on the school district's website, in school publications or released to the media to recognize student achievement or depict activities of the school.

I DO give my permission for my child to be photographed or videotaped

I DO NOT give my permission for my child to be photographed or videotaped

Residency

Examples of acceptable proof of residency documents (Two required)

- Current Lease/Rental Agreement
- Current Mortgage
- Current Utility Bill (electric, gas, fuel, cable, insurance)
- Current pay stub showing address

Brittonkill eNews is a new e-mail notification system that allows parents or community members to sign up to receive periodic e-mails with news and announcements about Tamarac schools.

- Yes If yes, what email address would you like to use? _____
- No

I affirm that the above information is true and correct. I understand that this registration form is an official record and that the provision of false information may be unlawful.

Signature _____ Date _____

*All documents are to be returned to:
Registrar's Office
Brunswick (Brittonkill) Central School
3992 NY 2
Troy, NY 12180
Phone: 518-279-4600 Ext. 2006
Fax: 518-279-4889*

Office Use Only

Documents provided to the district

- Driver's License
- Lease/Rental Agreement
- Mortgage
- Utility Bill
 - Electric
 - Gas
 - Fuel
 - Cable
- Birth Certificate
- Court Papers describe _____
- Immunization
- Physical Exam

Cohort: Date entered 9th grade _____

Anticipated Start Date _____

Homeroom _____

Counselor _____