



Belleville Henderson Central School Student Enrollment Form



Student's **LEGAL** Name _____ Gender: Male or Female _____ SSN: _____
Last, First, Middle circle one optional

Grade: _____ Age: _____ Date of Birth: _____ Place of Birth: _____
City, State

911/Physical Address: _____
House # Street/Road City State Zip Code

Mailing Address: _____
House # Street/Road City State Zip Code

Who does the student reside with: _____ Relationship: _____

In the case of separation or divorce, who has custody? _____
Parent Affidavit Form and Custody Paper MUST be submitted at time of registration.

Does the student have any court documents that we should be aware of (example: order of protection etc.)? _____

Has the student attended Belleville Henderson CSD in the past? _____ If yes, when? _____

Does the student have an IEP or 504 plan? _____

Language Spoken in Home: Primary Language _____ Secondary Language: _____

Ethnicity: Hispanic Yes or No (circle one)

Race: *Circle all that apply:*

- American Indian/Alaskan
- Asian
- Black/African American
- Native Hawaiian/other Pacific Islander
- White

Contact Information

Father's Name: _____ Mother's Name: Mrs/Miss/Ms. _____
Last, First, Middle Last, First, Middle

Father's Address: _____ Mother's Address: _____

Father's Home Phone #: _____ Mother's Home Phone #: _____

Father's Cell #: _____ Mother's Cell #: _____

Father's Employer: _____ Mother's Employer: _____

Father's Work #: _____ Mother's Work #: _____

Father's Occupation: _____

If Military please list which Branch: _____ If Military please list which Branch: _____

Choose 1 (ONE) number to be notified with automated calling system in the event of emergency school closing and or delay: _____

please continue on reverse side

List all household members:

Last Name, First Name

Relationship to student

Date of Birth

1		
2		
3		
4		
5		
6		
7		
8		

List local emergency Contacts--People you permit to assume care of your child if you cannot be reached by phone. Two people may be named.

Contact #1 Name: _____ Contact #2 Name: _____
Last, First Last, First

Relationship to student: _____ Relationship to student: _____

Phone #: _____ Phone #: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____