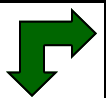


STUDENT'S NAME: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Gender: ( ) Male ( ) Female

STUDENT'S ADDRESS: \_\_\_\_\_ (Number) \_\_\_\_\_ (Street) \_\_\_\_\_ (PO Box) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ HOME PH: \_\_\_\_\_ STUDENT PH: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (MM/DD/YYYY) PLACE OF BIRTH: \_\_\_\_\_ (City) \_\_\_\_\_ (State) PARENT'S EMAIL ADDRESS: \_\_\_\_\_ STUDENT'S EMAIL: \_\_\_\_\_

PREVIOUS SCHOOL STUDENT IS ENTERING FROM: \_\_\_\_\_ (Name) \_\_\_\_\_ (City) \_\_\_\_\_ (State) PREVIOUS SCHOOL'S PHONE NUMBER: \_\_\_\_\_ (Area Code) \_\_\_\_\_

	Name	Student Lives With (X)	Custody (X)	Would you like report cards sent to the Non-Custodial Parent? (X)	Non-Custodial Parent's Address (Please make sure that the address is complete, including zip code)	Employer	Work Phone	Cell Phone
Father								
Mother								
Step-Father								
Step-Mother								
Guardian								
Other								

Does your child receive Special Education Services? ( ) YES / ( ) NO Individual Education Plan ( ) YES / ( ) NO Section 504 Plan ( ) YES / ( ) NO

\*\*\*\*\* I understand, for the safety of my child, I MUST promptly inform the school of phone number and address changes: ( ) YES / ( ) NO \*\*\*\*\*

Do you give BCS permission to take photos of your child and use them on the School District's website, local newspapers & the Brocton Review school newspaper? ( ) YES / ( ) NO

**DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY**

STUDENT NUMBER	DATE OF ENTRY	GRADE LEVEL	HOME ROOM TEACHER

\*\*\*\*\*PLEASE CONTINUE TO THE BACK OF THIS FORM \*\*\*\*\*

## STUDENT CONTACT INFORMATION IN THE EVENT OF AN EMERGENCY

Contact's Name	Contact's Relationship to Student	Cell Phone	Work Phone	Home Phone

**To the Parent/Guardian:** The Brocton Central School District has adopted a policy which requires the collection and recording of the ethnic identity of students of Brocton Central School in accordance with Federal categories and definitions. The information will be used for State and Federal Education Department reports, educational plans, analyzing academic performance, attendance and completion rates. Please answer the questions below and select all that apply.

### FEDERAL ETHNICITY CODE: The following information will be used for reports to the State and Federal Education Departments.

**1. Is the student Hispanic, Latino or of Spanish origin?** Hispanic, Latino or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South America, or other Spanish culture of origin, regardless of race.

(    ) YES                      (    ) NO

**2. Select one or more races from the following five racial groups.** (For question (2), check (X) all groups that apply to your child. Please check at least one box).

(    ) **AMERICAN INDIAN OR ALASKAN NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America), who maintains Tribal affiliations or community attachments.

(    ) **ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

(    ) **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

(    ) **BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.

(    ) **WHITE:** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

NAME, AGES AND GRADE LEVELS OF OTHER CHILDREN LIVING IN THE HOUSEHOLD			
Last Name	First Name	Date of Birth	Grade Level

PLEASE LIST ANYONE WHO IS <u>NOT</u> AUTHORIZED TO PICK UP YOUR STUDENT		
Name	Relationship to Child (if any)	Is there an Order of Protection?

### AFTER SCHOOL CHILD CARE OR IN THE CASE OF AN EMERGENCY

PLEASE SEND MY CHILD:	HOME (    )	DAY CARE PROVIDER (    )	NAME OF PROVIDER:
ADDRESS OF PROVIDER:			PHONE NUMBER OF PROVIDER: (    )

<b>PARENT/GUARDIAN SIGNATURE:</b>  	Relationship to Student:	Date:
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