



**BARKER CENTRAL SCHOOL  
STUDENT REGISTRATION FORM**

- Former BCS Student
- GED
- Outside District Placement

**STUDENT INFORMATION**

Registration Date \_\_\_\_\_ Entry Date \_\_\_\_\_ Student ID # \_\_\_\_\_ Grade \_\_\_\_\_

Student \_\_\_\_\_  
 Last First Middle Preferred Name

DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_ Street \_\_\_\_\_  
(city/state/province/region/country)

Male  Female  Migrant  Immigrant

PO Box/ Apt # \_\_\_\_\_  
 City \_\_\_\_\_  
 Zip \_\_\_\_\_ Bus # \_\_\_\_\_

Niagara County  Orleans County

Phone # \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_

Teacher/Counselor \_\_\_\_\_

1. Select **one**:  Yes, Hispanic  No, not Hispanic self-reported

2. Select **all that apply**:

Caucasian/White  American Indian/Alaskan Native  Asian

African-American/Black  Native Hawaiian/other Pacific Islander

**PARENT/GUARDIAN INFORMATION (in the household address above)**

**DOCUMENTATION (copies attached)**

1 \_\_\_\_\_  
 Title First MI Last  parent  step-parent  guardian  
 foster  adoptive parent

Employer \_\_\_\_\_  
(work phone)

2 \_\_\_\_\_  
 Title First MI Last  parent  step-parent  guardian  
 foster  adoptive parent

Employer \_\_\_\_\_  
(work phone)

- SS Card
  - Birth Certificate **(required)**
  - Proof of Residency \* **(required)**
  - Custody (district or legal)
  - Immunization **(required)**
  - Academic
  - Current Schedule
  - Current Report Card
  - CSE/504 **(contact SE Dept)**
  - DSS 2999 **(foster child-bus. office)**
- \* rent receipt, utility/tax bill, deed, lease agreement, certificate of occupancy, notarized letter

Do you want a duplicate mailing sent?  Yes  No Name \_\_\_\_\_

parent  step-parent  guardian  foster  \_\_\_\_\_ Address/PO \_\_\_\_\_

Phone \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**OTHER CHILDREN/SIBLINGS LIVING (in the household)**

Name	Relationship	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SCHOOL INFORMATION**

Transferred From \_\_\_\_\_ Records Requested \_\_\_\_\_  
 Date \_\_\_\_\_

Contact Person \_\_\_\_\_ Records Received \_\_\_\_\_  
 Date \_\_\_\_\_

Address \_\_\_\_\_  Academic  Health

City, State, Zip \_\_\_\_\_ School Phone \_\_\_\_\_

Has student been scheduled for:

Counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does student play a musical instrument?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remediation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is a language other than English spoken at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, language spoken _____	
OT/PT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Home language questionnaire must be completed <b>(contact ESL/ELL)</b>	
Free/Reduced	<input type="checkbox"/> Yes <input type="checkbox"/> No	National Honor Society	<input type="checkbox"/> Yes <input type="checkbox"/> No

self-reported

I further acknowledge that I am a legal resident of the Barker Central School District and the above named student will reside with me permanently at the above address.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_