



Bolivar-Richburg Central School District

"The foundation of every nation is the education of its youth." ~ Diogenes

NEW STUDENT REGISTRATION

To Parents/Guardians:

When registering your student in the Bolivar-Richburg School District, please bring the following information:

1. Birth Certificate
2. Proof of Residence in the District (utility bill, rental agreement, driver's license with current address, Social Services letter, Purchase agreement or homeowner's insurance)
3. Custody papers, court orders and legal documentation, if applicable
4. Immunization records & recent physical
5. Report card and/or records from previous school/district, if available
6. Any special services information, such as an IEP, 504, etc.
7. Name, address, phone numbers or contact person from previous school/district

Providing us with this information will speed the transition and registration process.

Thank you for your assistance.

Jeffrey M. Margeson

Principal

Bolivar-Richburg Jr/Sr High School

Megan Duke

Principal

Bolivar-Richburg PK/Elementary

NOTE: *If you are interested in registering as an out-of-district student, please contact the following individual for additional paperwork:*

Connie Emery, Secretary to the Superintendent

Telephone: 585-928-2937, Fax: 585-928-2411

Middle/High School (6-12)
100 School Street
Bolivar, NY 14715
Telephone: 585-928-2561
Fax: 585-928-1832

Elementary School (Pre-K-5)
P.O. Box 158, 211 Main Street
Richburg, NY 14774
Telephone: 585-928-2561
Fax: 585-928-2362

Pre-Kindergarten School
422 Main Street
Bolivar, NY 14715
Telephone: 585-928-2561
Fax: 585-928-2159



Bolivar-Richburg Central School District

"The foundation of every nation is the education of its youth." ~ Diogenes

CONSENT TO RELEASE RECORDS

PREVIOUS

SCHOOL: _____

STUDENT: _____

ADDRESS

of

previous

school

DOB: _____

GRADE: _____

PHONE: _____

FAX: _____

I give permission to release all educational, psychological & medical (health) records belonging to my child. Please make sure to forward this release to any other support service, (Special Education, OT/PT, Speech, Language), Title I, Medical, etc. who may have records on this student.

DATE

SIGNATURE PARENT/GUARDIAN

TRANSCRIPT

SCHOOL RECORDS

ALL HEALTH DATA

(Including immunizations & physicals)

STANDARDIZED TESTS RESULTS

IEP/504

LAB RECORDS

RCT/REGENTS SCORES

BIRTH CERTIFICATE

CUSTODY/COURT PAPERS

ATTENDANCE REPORTS

DISCIPLINE REPORTS

OTHER USEFUL INFORMATION

Grades PK - 5

Diane Sortore

Bolivar-Richburg Elementary School

Main Street - PO Box 158

Richburg, NY 14774

Telephone: 585-928-2882

Fax: 585-928-2362

dsortore@bolivarrichburg.org

Grades 6 - 12

Suzanne Slocum

Bolivar-Richburg MS/HS

100 School Street

Bolivar, NY 14715

Telephone: 585-928-2986

Fax: 585-928-1832

sslocum@bolivarrichburg.org

Middle/High School (6-12)

100 School Street

Bolivar, NY 14715

Telephone: 585-928-2561

Fax 585-928-1832

Elementary School (K-5)

P.O. Box 158, Main Street

Richburg, NY 14774

Telephone: 585-928-2882

Fax 585-928-2362

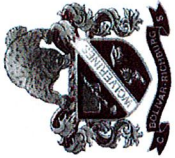
Pre-Kindergarten School

422 Main Street

Bolivar, NY 14715

Telephone: 585-928-2561

Fax 585-928-2159



Bolivar - Richburg Registration Form

Personal Data Sheet / Student Information

Office Use Only

Legal Name:

Last _____ First _____ Middle _____

Legal Address:

Street - Town - State - Zip Code _____

Proof of Age:

(Birth Certificate, Baptism Certificate, etc.) _____

Birthdate:

Place of Birth: _____

Grade:

Gender: **M / F**
(Circle One)

Ethnicity:
(Circle One)

City _____ State _____
Native American or _____ Asian or _____ Hispanic
Alaskan Nat. _____ Pacific Isle _____ Black _____ White _____

Has the student attended Bolivar-Richburg CSD in the past?

Yes No If yes, during which year or grade? _____

School last attended: _____

Has student ever received special education services or does he/she have an IEP?

Yes No

Is the student receiving 504 services?

Yes No

Is a language other than English spoken at home?

Yes No

Has this student ever received English as a Second Language (ESL) services?

Yes No

If yes, what language? _____

PARENT/GUARDIAN INFORMATION

Is this a foster placement?

Yes No

Foster Agency: _____

Is there a custody order or separation agreement that governs custody of this child? Yes No *If yes, please provide a copy with this registration form.*

Are both parents allowed to pick up child from school?

Yes No

Student resides with: Parent #1 Parent #2 Both Guardian

Parent/Guardian #1 Name: _____

Parent/Guardian #2 Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____
If different from student

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Employer: _____

Employer: _____

Email: _____

Email: _____

Continued on reverse side.....

OTHER CHILDREN BIRTH TO AGE 18 RESIDING IN THE HOME

Name	Date of Birth	Relationship	Grade	School Attending

EMERGENCY INFORMATION (OTHER THAN PARENT/GUARDIAN)

Name	Relationship	Telephone	Alt Telephone	Pick-up?

Please list the *names & phone numbers* of people who can pick the student up from school:

Name	Relationship	Telephone	Alt Telephone	Pick-up?

Physician Name: _____ Other Medical: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

FOR DISTRICT USE ONLY

Teacher: _____ Classroom: _____

AM Bus # _____ Pick up time: _____

PM Bus # _____ Drop off time: _____

Copies to: Teacher (Elem) Cafeteria Nurse Main Office Attendance Bus Garage

LIVING ARRANGEMENTS TO IDENTIFY HOMELESS STUDENTS

BOLIVAR-RICHBURG DISTRICT CENTRAL SCHOOL

NAME OF STUDENT: _____

DATE: _____

PARENT NAME: _____

CURRENT ADDRESS: _____

Identify/Describe your living arrangements. Check the situation that most closely fits where you live:

- _____ In an emergency or transitional shelter
- _____ Trailer park set up for temporary housing due to circumstances of nature or catastrophe
- _____ In a motel/hotel, campground, car, park, train/bus station, abandoned building due to lack of an alternative
- _____ Abandoned in a hospital or awaiting foster care
- _____ Doubled up with a relative or friend due to lack of housing
- _____ As a migratory child in any of the above conditions
- _____ Adequate housing (apartment, house, mobile home) – NOT HOMELESS

If you live in any of the situations above EXCEPT for living in adequate housing....you have rights and protections under the Federal McKinney-Vento Homeless Education Assistance Act. This includes if your living arrangements change even after enrollment. You have a right to:

- Attend School – no matter where you live or how long you have lived there. You must be given immediate access to the same public education provided to other students.
- Continue in the school - you attended before you became homeless or the school you last attended. You have a choice.
- Support in accessing education – via the district's local Homeless Education Liaison; this Liaison is mandated to explain to you the Federal Law that protects your education rights while homeless as well as support and assist you in your efforts in securing those rights.
- Transportation – to school and school programs.
- Attend and participate – in school programs with students who are not homeless. Students cannot be separated from their permanently-housed peers due to homelessness.
- Enroll and attend immediately –
 - While school arranges for transfer of school and immunization records or other required documents; schools cannot require proof of residency that might prevent or delay school enrollment.
 - While enrollment dispute is resolved.

FORMER ADDRESS: _____

FORMER SCHOOL DISTRICT: _____

BOLIVAR-RICHBURG CENTRAL SCHOOL STUDENT HEALTH HISTORY UPDATE

Name:	DOB:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian: (person completing this form)	Grade:	Home Phone:	Date:
	Cell Phone:		

Has your child ever:	YES	NO	If Yes, please explain and include date:
Had an ongoing medical condition	<input type="checkbox"/>	<input type="checkbox"/>	
Seen a medical specialist	<input type="checkbox"/>	<input type="checkbox"/>	
Had allergies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> food <input type="checkbox"/> environmental <input type="checkbox"/> insect <input type="checkbox"/> medication <input type="checkbox"/> other
Been hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	
Had an operation	<input type="checkbox"/>	<input type="checkbox"/>	
Had an injury requiring an Emergency Room visit	<input type="checkbox"/>	<input type="checkbox"/>	
Missed 5 days of school in a row due to illness/injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a bone/muscle injury	<input type="checkbox"/>	<input type="checkbox"/>	
Passed out, had a concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a convulsion/seizure	<input type="checkbox"/>	<input type="checkbox"/>	
Had a vision problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> glasses <input type="checkbox"/> contacts
Had a hearing problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hearing aid <input type="checkbox"/> cochlear implant
Worn dental bridge, braces or mouthpiece	<input type="checkbox"/>	<input type="checkbox"/>	
Have any family members under the age of 50 ever:	YES	NO	If Yes, please specify:
Had a heart attack	<input type="checkbox"/>	<input type="checkbox"/>	
Had other serious health problems	<input type="checkbox"/>	<input type="checkbox"/>	

CHECK ALL THAT APPLY TO YOUR CHILD:

- | | | |
|--|---|---|
| <input type="checkbox"/> ADHD
<input type="checkbox"/> Asthma/trouble breathing
<input type="checkbox"/> Autism/Asperger
<input type="checkbox"/> Dental Injuries
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Ear Infections | <input type="checkbox"/> GI Conditions (ulcer, reflux, IBS)
<input type="checkbox"/> Headaches/migraines
<input type="checkbox"/> Heart Conditions
<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Mental Health Condition
(depression, eating disorder, anxiety,
OCD, ODD, etc.) | <input type="checkbox"/> Scoliosis
<input type="checkbox"/> Single Organ (<input type="checkbox"/> kidney, <input type="checkbox"/> testicle)
<input type="checkbox"/> Skin Condition
<input type="checkbox"/> Speech Condition
<input type="checkbox"/> Urinary Condition |
|--|---|---|

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s)
Given at school	<input type="checkbox"/>	<input type="checkbox"/>	
Taken at home	<input type="checkbox"/>	<input type="checkbox"/>	
ASSISTIVE EQUIPMENT	YES	NO	Please check all that apply
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> crutches <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> other:
TREATMENTS	YES	NO	
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> insulin/blood glucose monitoring <input type="checkbox"/> inhaler/nebulizer/peak flow monitoring <input type="checkbox"/> special diet

Is there any condition that would prevent your child from participating in physical education or sports?

☐ No ☐ Yes: _____

Please list any additional concerns: (use back of sheet if necessary) _____

Parent/Guardian Signature: _____ Date: _____