

Beaver River Central School District

P.O. Box 179, 9508 Artz Road
Beaver Falls, New York 13305-0179
Phone: (315) 346-1211
Fax: (315) 346-6775
www.brcsd.org



Todd Green

Superintendent of Schools

Kimberly Lyman-Wright

Elementary Principal

Troy Hebert

6-12 Assistant Principal

Daniel Rains

6-12 Principal

Ronald Rockwood

Business Manager

Dear Parent and Guardians:

Welcome to Beaver River Central School District!

In order to ensure that the District has the most accurate and up-to-date information about your child, we have included the following information regarding the registration process.

Instructions to Register a Student in the Beaver River Central School District:

1. Parent/Guardian must print and complete one (1) registration packet per student. Packets can be obtained from the school website at www.brcsd.org or any school building in the District.

It is important that Numbers 2. and 3. below should be completed BEFORE attending registration appointment!

2. Parent/Guardian must bring the following **Documentation of Age** for the child to the registration appointment:
 - ✓ Documentation of Age should be produced as follows:
 - (a) Where available, a certified transcript of a birth certificate or record of baptism, either foreign or domestic; or
 - (b) If (a) is not available, either a foreign or domestic passport; or
 - (c) If (a) or (b) are not available, any other documentary or recorded evidence in existence two or more years, including but not limited to the following:
 - (1) official driver's license;
 - (2) state or other government issued identification;
 - (3) school photo identification with date of birth;
 - (4) consulate identification card;
 - (5) hospital or health records;
 - (6) military dependent identification card;
 - (7) documents issued by federal, state or local agencies (e.g., local social service agency, Federal Office of Refugee Resettlement);
 - (8) court orders or other court-issued documents;
 - (9) Native American tribal document; or
 - (10) records from non-profit international aid agencies and voluntary agencies.

3. Parent/Guardian must bring the following **Proof of Residency** to the registration appointment:

✓ **Proof of residency:** (one of the following is required)

HOMEOWNERS

Proof of Ownership, Original Tax Bill, Title, Mortgage Statement,
or Other Forms of Documentation below

OR

RENTERS

Original Lease (Parent/Guardian's name must appear on this lease)
or Other Forms of Documentation below

OR

LIVING WITH A HOMEOWNER OR RENTER OF THE DISTRICT

Resident of the District provided statement that parent/guardian and children reside in the District,
along with proof of residency listed above.

OR

OTHER FORMS OF RESIDENCY DOCUMENTATION

- (a) Such other statements by third-party(s) establishing the parent(s)' or person(s) in parental relation's physical presence in the district;
- (b) Documentation produced by the child, the child's parent(s) or person(s) in parental relation, including but not limited to the following:
 - (1) pay stub;
 - (2) income tax form;
 - (3) utility or other bills;
 - (4) membership documents (e.g., library cards) based upon residency;
 - (5) voter registration document(s);
 - (6) official driver's license, learner's permit or non-driver identification;
 - (7) state or other government issued identification;
 - (8) documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement); or
 - (9) evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.

****Please note: The above Documentation of Age and Proof of Residency documentation is all that is required to complete the basic registration process. Your child may not be able to continue to attend school as a resident of the District without this information.****

If possible, the requested information below and on the following pages should also be provided during your initial appointment and registration of your child. Additional time and arrangements can be made at registration to produce the requested information and documentation and will not prevent your child from attending.

- ✓ Immunization records (upto date immunizations must be presented);
- ✓ Army Military ID (if applicable);
- ✓ Current physical no later than 12 months old signed by licensed physician, physician assistant, or nurse practitioner, who is authorized by law to practice in NY State; and
- ✓ Any other Documentation to compete the following forms relevant to your child's education & enrollmen

BEAVER RIVER CENTRAL SCHOOL

P.O. Box 179, 9508 Artz Rd.

Beaver Falls, NY 13305

Phone: (315) 346-1211

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www.brcsd.org

RECORDS TRANSFER REQUEST FORM

Must be filled out even if previous school records are hand carried.

Student Name: _____ Date of Birth: _____ Grade: _____

Parent/Legal Guardian _____ hereby authorizes

Previous School

Address

City State Zip

Phone: _____

Fax: _____

To release and/or exchange a copy of all academic and confidential information pertaining to the above student to the following (✓) school: (Please include: Birth Certificate, Health Records, Academic Records including Standardized Testing, Last Report Card and Sign-Out Grades, Confidential/Psychological/Special Education Records, IEP, 504 Plan, Custody or Guardianship Papers.)

☐ **PRINCIPAL**

Beaver River Central School

Elementary Office

9508 Artz Rd.

Beaver Falls, NY 13305

Fax: (315) 346-6775 Ph: (315) 346-1211 ext. 515

☒ **GUIDANCE OFFICE**

Beaver River Central School

Guidance Office

9508 Artz. Rd.

Beaver Falls, NY 13305

Fax: (315) 346-6775 Ph: (315) 346-1211 ext. 522

Signature of Parent/Guardian

Date

Beaver River Central School
Student Enrollment/Health Form for 2022-2023

Student Information

Student First Name: _____ Middle Name: _____ Student Last Name: _____
Date of Birth: ____/____/____ Place of Birth: _____ Gender: ☐ M ☐ F ☐ N Grade: _____
Ethnicity: _____ Home Phone: _____ Bus Number: _____ Homeroom/Teacher: _____
Student Residential Address: _____ City: _____ Zip: _____
Student Mailing Address: _____ City: _____ Zip: _____

Parent/Guardian and Family Information

(Please send in legal documentation if necessary.)

Child's Legal Guardian: ☐ Mother ☐ Father ☐ Other, please specify: _____
Parent's Current Marital Status: ☐ Married ☐ Divorced ☐ Single ☐ Widowed ☐ Remarried ☐ Separated
Mother's Maiden Name: _____ Special Instructions: _____

Parent/Guardian 1

Name: _____ Relation to student: _____ Child lives with Parent/Guardian 1? ☐ Yes ☐ No
Parent Residential Address: _____ City: _____ State: _____ Zip: _____
Parent Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: (H) _____ (W) _____ (C) _____ Employer: _____
Occupation Title: _____ E-mail Address: _____ Allowed to pick up student? ☐ Yes ☐ No
Receives Mailings? ☐ Yes ☐ No Currently Military: ☐ Yes ☐ No If no, do you work for the military: ☐ Yes ☐ No

Parent/Guardian 2

Name: _____ Relation to student: _____ Child lives with Parent/Guardian 2? ☐ Yes ☐ No
Parent Residential Address: _____ City: _____ State: _____ Zip: _____
Parent Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: (H) _____ (W) _____ (C) _____ Employer: _____
Occupation Title: _____ E-mail Address: _____ Allowed to pick up student? ☐ Yes ☐ No
Receives Mailings? ☐ Yes ☐ No Currently Military: ☐ Yes ☐ No If no, do you work for the military: ☐ Yes ☐ No

Parent/Guardian 3

Name: _____ Relation to student: _____ Child lives with Parent/Guardian 3? ☐ Yes ☐ No
Parent Residential Address: _____ City: _____ State: _____ Zip: _____
Parent Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: (H) _____ (W) _____ (C) _____ Employer: _____
Occupation Title: _____ E-mail Address: _____ Allowed to pick up student? ☐ Yes ☐ No
Receives Mailings? ☐ Yes ☐ No Currently Military: ☐ Yes ☐ No If no, do you work for the military: ☐ Yes ☐ No

Parent/Guardian 4

Name: _____ Relation to student: _____ Child lives with Parent/Guardian 4? ☐ Yes ☐ No
Parent Residential Address: _____ City: _____ State: _____ Zip: _____
Parent Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: (H) _____ (W) _____ (C) _____ Employer: _____
Occupation Title: _____ E-mail Address: _____ Allowed to pick up student? ☐ Yes ☐ No
Receives Mailings? ☐ Yes ☐ No Currently Military: ☐ Yes ☐ No If no, do you work for the military: ☐ Yes ☐ No

Names of Brothers & Sisters

Sibling 1: Name: _____ Date of Birth: ____/____/____ Grade: _____
Address (if not the same): _____ City: _____ State: _____ Zip: _____
Sibling 2: Name: _____ Date of Birth: ____/____/____ Grade: _____
Address (if not the same): _____ City: _____ State: _____ Zip: _____
Sibling 3: Name: _____ Date of Birth: ____/____/____ Grade: _____
Address (if not the same): _____ City: _____ State: _____ Zip: _____
Sibling 4: Name: _____ Date of Birth: ____/____/____ Grade: _____
Address (if not the same): _____ City: _____ State: _____ Zip: _____

Student Release Form (As per the BRCS Board of Education Policy)

Permission to Sign Out: (No student may be released from school to anyone other than the parent or guardian unless the parent/guardian has informed the school with a note. A student may be released to either parent unless a custodial parent supplies the school principal with a certified copy of a court order or divorce decree to the contrary.)

List two people as emergency contacts for whom your child can be released to in the event of an emergency and we are unable to reach you.

Contact #1: Name: _____ Relationship: _____

Phone #: _____ Address: _____

Contact #2: Name: _____ Relationship: _____

Phone #: _____ Address: _____

Signature of Parent or Persons Responsible for Signing Excuses:

Parent/Guardian 1: _____ Parent/Guardian 2: _____

Health Information

Please indicate any health conditions which may affect classroom performance, attendance, or limit physical activity. It is important this information is kept up to date.

My child:

Wears Glasses ☐ Yes ☐ No

Has ear conditions/ hearing loss ☐ Yes ☐ No

Requires medication ☐ Yes ☐ No

Has serious illness ☐ Yes ☐ No

Has asthma ☐ Yes ☐ No

Has allergic reaction to insects/medicinal food ☐ Yes ☐ No

Has restriction of activities or diet ☐ Yes ☐ No

Has had serious injury ☐ Yes ☐ No

Has seizures ☐ Yes ☐ No

Please give details to any yes answers: _____

List child's allergies: _____

Medication(s) student is currently taking: _____

Reason: _____

Family Doctor: _____ Phone: _____ Preferred Hospital: _____

Family Dentist: _____ Phone: _____

I authorize officials of BRCS to contact directly the persons named on this information sheet, and do authorize the named physicians and/or hospital to render such treatment as may be deemed necessary in an emergency, for the health of said child. I realize the above information will be used for school purposes only.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Living Situation

Complete this section only if (1) it reflects your child's current living condition; or (2) your living situation if you are a youth not living with a parent or guardian. (Your answer will help school staff with school enrollment and may enable the student to receive additional services according to the McKinney-Vento Homeless Assistance Act of 2002.) Check one box if you are living:

☐ In a shelter;

☐ With relatives or others due to lack of housing;

☐ In a park or a car;

☐ In a camping ground, or other similar situation due to the lack of alternative, adequate housing;

☐ In an abandoned apartment/building;

☐ Temporarily housed in a shelter awaiting a DCFS permanent foster placement.

IMPORTANT: Please sign and return to the Elementary or Guidance Office **as soon as possible.**

BEAVER RIVER CENTRAL SCHOOL DISTRICT
SCHOOL REGISTRATION HEALTH INFORMATION

Dear Parent/Guardian:

We would like your child to gain the most from his/her school experience. In order for us to assist in accomplishing this, it is necessary to have a current health history. We also need a copy of your child's immunization record. Please complete this form and return it to the school.

Student's Last Name _____ First: _____ Middle Initial: _____

Gender ☐ M ☐ F

Student's Address: Street _____
City _____ State _____ Zip _____

Mailing Address (if different): Street _____
City _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____

Family Physician _____

Father's Name _____ Date of Birth _____
Occupation _____ Education _____

Mother's Name (inc. maiden) _____ Date of Birth _____
Occupation _____ Education _____

Does any close relative in your family have a history of: (check all that apply)

☐ Diabetes

☐ Cancer

☐ High Blood Pressure

☐ Other _____

☐ Heart Disease

☐ Epilepsy

☐ Learning Problems

Is your child physically able to participate in physical education and swim classes? _____

OVER →

Please check the information that applies and add any pertinent information:

Accidents:

- ☐ Serious head injury _____
- ☐ Loss of consciousness _____
- ☐ Other (specify) _____

Eye Difficulties:

- ☐ "Lazy Eye" _____
- ☐ Glasses or contact lens _____
- ☐ Other (specify) _____

Ear Problems:

- ☐ Ear infections _____
- ☐ Tubes _____
- ☐ Hearing Loss _____

Heart Problems:

- ☐ Heart murmurs _____
- ☐ Rapid heartbeat/palpitation _____

Respiratory Difficulties:

- ☐ Asthma _____
- ☐ Bronchitis/pneumonia _____
- ☐ Frequent colds/sore throats _____
- ☐ Other (specify) _____

Kidney/Bladder Difficulties:

- ☐ Kidney disease _____
- ☐ Bladder infection _____
- ☐ Bedwetting _____
- ☐ Encopresis (fecal soiling) _____
- ☐ Undescended (or one) testicle _____

Musculoskeletal Problems:

- ☐ Joint pain or swelling _____
- ☐ Poor coordination _____
- ☐ Fractures _____
- ☐ Adaptive equipment _____
- ☐ Other (specify) _____
- ☐ Hospitalizations _____

- ☐ Operations _____
- ☐ ADHD _____
- ☐ Emotional Problems (specify) _____

- ☐ Illness with high fever (greater than 103 _____)

- ☐ Seizures _____
- ☐ Allergies (specify) _____

Type of reaction _____

- ☐ Hepatitis _____
- ☐ Diabetes _____
- ☐ Regularly taking medication? _____

Reason _____
Is medication required in school? _____

- ☐ Chickenpox _____
- ☐ Tuberculosis Tb contact _____
- ☐ Mono _____
- ☐ Skin conditions (specify) _____

Is there any other information that you feel we ought to know about your child? Have there been any changes in family in the past year? For example: health problems, changes in marital status, new baby, etc. Please explain. _____

Signature _____

Parent/Guardian

Date _____