Year Enrolled:	BRIGHTON CENTRAL SCHOOL DISTRICT ID:					
School Name:	DECISTRATION FORM FAIL.					
Email/Assoc:	<del></del>		IEP/504:			
Flags:	— Above f	for Office Use Only		<u>.</u>		
udent Name:Preferred Name:						
Last	First Middle					
Gender: M F Non-Binary B	irth Date:	Grade Entering:	Start	Date:		
<b>Proof of Age:</b> Birth Certificate P	assport Other:	**see BCSD webs	ito for a list of accor	table decuments**		
Proof of Posidoness Toy Bill Mo			,	table documents		
Proof of Residency: Tax Bill Mo	rtgage Deed	Lease with US mail		list of acceptable documents**		
Primary Contact (first persor	to call)		condary Contac	t		
Relationship to Child:	¬	Relationship to Child:	□ a			
Parent/Legal Guardian Stepparent	<del>_</del>	Parent/Legal Guardian		<del>_</del>		
Please Check: Mr.   Mrs.   Ms.   Dr.   Name:	Other:	Please Check: Mr.   Mr Name:	s. Ms. Dr.	Other:		
Nume.		Nume.				
Address:		Address:				
City State	Zip	City	State	Zip		
Phone: Home Cell	Work	Phone: Home	Cell	Work		
Email:		Email:				
Family members must reside within the Br guardianship must be presented at time o status is not permissible under New York S Is there a custody order or separation **If yes, documentation is required.	fregistration. Enrolling State law.	non-resident students in a s	school district wi	= = =		
Is any adult family member on active	duty (excluding sibling	ngs)? Name:		_Start date:		
Is child being registered to attend:	Early intervention se	rvices Brighton P	ublic	Private/Parochial		
School to attend:						
I give the PTSA School Liaison permission	to contact me with scho	ool information: Yes	No			
Will transportation services be requir	ed?	Yes	No			
Last School child attended:		School Phone Nu	ımber:			
Last School/District attended/addres	s:					
Is student currently receiving Special (Resource Room, Speech, ENL-English a		s? Yes	No 🗌			
Does student have a 504 plan?		Yes	No 🗌			
Does student have an Individual Educ	cation Plan (IEP)?	Yes	No			

## Emergency Contact Information: (Person(s) to call if Parents/Guardians are not available)

	•	• •			•		
Name:				Name:			
Address:				Address:			
Phone:	Phone:			Phone:			
Relationship to Studer	ationship to Student:  Relationship to Student:						
Siblings in household	l from birth thro	ough grade 12:	1				
Child's Name	e M/F	Birth Date		School Attending/Grade			
						_	
These questions are in information will help of				ct 42 U>S>C> 11435. The ans e to receive.	wers to this res	idency	
1. Is this curren	t address a temp	orary living arra	angemen	t?	Yes	No	
If you answere	ed yes, please con	nplete remaining	question	s. If no, you may stop here.			
2. Is this a temporary arrangement due to loss of housing or economic hardship? Yes No					No		
3. Where is the	family presently	living?					
In a motel	I						
In a shelte	er						
_	her family membe						
=	Moving from place to place						
			ng accomn	nodations such as a car, bus, tr	ain, park		
Other tem	porary living situa	ition:					

## **RESIDENCY STATEMENT**

The undersigned, being the Parent/Guardians of,								
(Herein after referred to as the "Student"), hereby acknowledge, state and agree as follows:								
1.	The undersigned are permanent residents of the Brighton Central School District (herein after referred to as the "District"), and have provided the appropriate documentation of their residence at:							
 (Address)								
2.	The undersigned grant permission for the District to <b>verify residency</b> of the Student at the abo time of registration, and from time to time in the future as the District deems necessary. If res leased, the district reserves the right to reverify residency at the expiration of the rented or lea	idence is rented or						
3.	If the undersigned moves out of the District while the Student is still attending the District's schools, the undersigned will notify the District <b>in writing immediately</b> . Notification will be sent to the school the Student attends.							
4.	If the undersigned moves out of the District, the Student will no longer be considered a resident for school purposes, and the District will have no obligation to educate the Student. The undersigned shall be responsible for payment of non-resident tuition, in accordance with District policy and procedures, starting on the day after the date on which the undersigned move out of the District.							
5.	The undersigned may request that the District continue to educate the Student. If the District chooses to educate the student, its decision will be made on a space-available basis and will be dependent upon the undersigned complying with District policy and procedures relating to the education of non-resident students including, but not limited to, payment of tuition in advance.							
6.	If the tuition referred to above is not paid by the undersigned and the District is required to pursue collection, the undersigned shall pay, in addition to the unpaid tuition, all costs, fees and expenses, including reasonable legal fees, incurred by the District to collect the unpaid tuition.							
Date:								
_		Please Print Name						
Date: _	Signature	Please Print Name						
	Signature 1	. Case i i i i i i i i i i i i i i i i i i i						