



# 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.

*Jessica Talbot*  
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:

**Amy Shelp, Secretary to the Superintendent**  
**Telephone: 585-928-2937, Fax: 585-928-2411**

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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



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## CONSENT TO RELEASE RECORDS

PREVIOUS

SCHOOL: \_\_\_\_\_

STUDENT: \_\_\_\_\_

ADDRESS  
of  
previous  
school  
\_\_\_\_\_

DOB: \_\_\_\_\_

PHONE: \_\_\_\_\_

GRADE: \_\_\_\_\_

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

IEP/504

CUSTODY/COURT PAPERS

SCHOOL RECORDS

LAB RECORDS

ATTENDANCE REPORTS

ALL HEALTH DATA

RCT/REGENTS SCORES

DISCIPLINE REPORTS

*(Including immunizations & physicals)*

BIRTH CERTIFICATE

OTHER USEFUL INFORMATION

STANDARIZED TESTS RESULTS

### Grades PK - 5

Denise Kasperski

Bolivar-Richburg Elementary School

Main Street - PO Box 158

Richburg, NY 14774

Telephone: 585-928-2882

Fax: 585-928-2362

[dkasperski@bolivarrichburg.org](mailto:dkasperski@bolivarrichburg.org)

### Grades 6 - 12

Sheila Sorensen

Bolivar-Richburg MS/HS 100

School Street

Bolivar, NY 14715

Telephone: 585-928-2986 Fax:

585-928-1832

[ssorensen@bolivarrichburg.org](mailto:ssorensen@bolivarrichburg.org)

Middle/High School (6-12)

100 School Street

Bolivar, NY 14715

Telephone: 585-928-2561

Fax 585-928-1832

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P.O. Box 158, Main Street

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## 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:**

City \_\_\_\_\_ State \_\_\_\_\_

**Grade:**

**Gender: M / F**

(Circle One)

**Ethnicity:**

Native American  
or

Asian or

Hispanic

(Circle One)

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? \_\_\_\_\_

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*

*If different from student*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ 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:
	Grade:		<input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian: (person completing this form)	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"/>	
<b>Have any family members under the age of 50 ever:</b>	<b>YES</b>	<b>NO</b>	<b>If Yes, please specify:</b>
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"/> GI Conditions (ulcer, reflux, IBS)	<input type="checkbox"/> Scoliosis
<input type="checkbox"/> Asthma/trouble breathing	<input type="checkbox"/> Headaches/migraines	<input type="checkbox"/> Single Organ ( <input type="checkbox"/> kidney, <input type="checkbox"/> testicle)
<input type="checkbox"/> Autism/Asperger	<input type="checkbox"/> Heart Conditions	<input type="checkbox"/> Skin Condition
<input type="checkbox"/> Dental Injuries	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Speech Condition
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Mental Health Condition (depression, eating disorder, anxiety, OCD, ODD, etc.)	<input type="checkbox"/> Urinary Condition
<input type="checkbox"/> Ear Infections		

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	<input type="checkbox"/> insulin/blood glucose monitoring <input type="checkbox"/> inhaler/nebulizer/peak flow monitoring <input type="checkbox"/> special diet
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	

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: \_\_\_\_\_