

**OHM BOCES Regional Summer School 2025
Elementary School Registration Form**

STUDENT INFORMATION TO BE FILLED OUT BY PARENT/GUARDIAN & RETURNED TO GUIDANCE COUNSELOR

School District: _____

Name: _____ Birth Date: _____ Gender: _____
Last First M.I. MM-DD-YYYY M or F

Home Address: _____ Phone: _____
Street City State Zip Code Area code only if not 315

Please fill in all Parent/Guardian information below that applies. (A Primary Parent/Guardian is a person student lives with.)

Primary Parent/Guardian Prefix (please circle): Mrs. Ms. Miss Mr. Dr. Rev. If not in list, write prefix: _____

Primary Parent/Guardian Name: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Other Parent/Guardian Prefix (circle): Mrs. Ms. Miss Mr. Dr. Rev. If not in list, write prefix: _____

Other Parent/Guardian Name: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Other Par/Guar Relationship: _____ Does student live with Other Parent/Guardian?: Yes No (If No, fill in info below)

Home Address: _____ Home Phone: _____
(If different than student's) Street City State Zip Code (If different than student's)

EMERGENCY AUTHORIZATION, MEDICAL CONCERNS, & PARENT/GUARDIAN PERMISSION

If my child must be taken home and parent(s)/guardian(s) cannot be reached, please call:

Name: _____ Phone: _____

Address: _____ Relationship to Student: _____

Should an emergency arise that requires immediate action, I authorize BOCES to take my child to the nearest first aid available or to a hospital by ambulance, if necessary. I realize that the school district cannot assume responsibility for the payment of medical fees or expenses incurred.

Does student have any special conditions, requirements, medications, or anything the classroom teacher should know about? **Yes No**

If YES, please state here: _____

Allergies? **Yes No** To what? _____

Signature of Parent/Guardian: _____ Date: _____

HOME SCHOOL GUIDANCE INFORMATION (to be filled out by counselor)

Grade Completing: _____ Grade Level in Summer School: _____

Enrollment level for summer classes is based on the grade that the student would be entering in the Fall 2024 school year.

English as a Second Language Student (ESL): **Yes No** Special Education Student: **Yes No** (If Yes, see below.)

Test modification requirements: **IEP OR 504**

(Please attach copy of the IEP or 504 Accommodation Plan to this form)

Guidance Counselor's Name: _____ Phone: _____

Counselor's Signature: _____ Date: _____

NOTE: Counselor/district representative registering student using OHM BOCES Regional Summer School Online Form confirms parent/guardian authorization/approval.