

**OHM BOCES Regional Summer School 2026  
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 2025 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.**