

# Bellows Free Academy Enrollment Form

Person completing form must be legal guardian (signature): \_\_\_\_\_ Date form was completed \_\_\_\_\_

**Information about the student:** ***BFA IS PAPERLESS - if you do not have internet please let us know.***

Student Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Preferred: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last, First, Middle

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(If the physical address does not match mailing address you may be asked to complete a residency verification form and provide proof.)

Birth date: \_\_\_\_\_ Gender: F M Student's Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Does the student have (special ed):** 504? \_\_\_\_\_ IEP? \_\_\_\_\_ **Student Internet Access at home?** Yes \_\_\_ No \_\_\_

**Please check student's Ethnic background:** Non-Hispanic or Latino \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_

**Please check student's Race (select all that apply):**

White \_\_\_ Black/African American \_\_\_ Asian \_\_\_ American Indian/Alaskan Native \_\_\_ Native Hawaiian/Pacific Islander \_\_\_

**Previous School & Address:** \_\_\_\_\_

**RESIDENCE** : Town where legal parents pay rent or taxes. Needed for both parents.(please specify town or city for St. Albans)

Legal Mother's Residence: \_\_\_\_\_ Legal Father's Residence: \_\_\_\_\_

**First Generation Determination:** (eligibility for special programs/scholarships)

Mother's highest level of education? Less than a 4 Yr. College degree \_\_\_ 4 Yr. College degree or more \_\_\_

Father's highest level of education? Less than a 4 Yr. College degree \_\_\_ 4 Yr. College degree or more \_\_\_

The school district must comply with all laws relating to the rights of parents. Natural parents (custodial and non-custodial) have legal access to their child's education information. To verify such requests, please provide the following information.

**Natural parent not living with child: \*\* This is mandatory if both parents are not listed in the contact areas. \*\***

\_\_\_\_\_ Full Name \_\_\_\_\_ Town/State of Residence \_\_\_\_\_

I have sole legal responsibility for my student \_\_\_\_\_ (otherwise assumed shared)

(Please print name)

**PLEASE NOTE - MANDATORY:** A copy of any **COURT** documents pertaining to legal responsibility, custody, restrictions or visitation of the child you are enrolling must be given to BFA, otherwise each parent have equal rights.

Is the student in DCF Custody: Yes No If yes please complete the following:

Caseworker's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Natural Mother: \_\_\_\_\_ Residency/Town of: \_\_\_\_\_

Name of Natural Father: \_\_\_\_\_ Residency/Town of: \_\_\_\_\_

There is an additional sheet for the caseworker to complete.

## **Student's Parents/Legal Guardian and Other Important Contacts:**

(mother, father, step parent, foster parent, grandmother...)

(Circle one please)

% of time student lives

Relationship to the student \_\_\_\_\_ Contact Order? 1st 2nd 3rd 4th 5th with contact \_\_\_\_\_%

Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Employer \_\_\_\_\_  
Last First Middle

Physical Address:  Same as Student

Mailing Address:  Same as physical  Same as Student

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone	Call Priority	Type: Cell, Home, Work	Hours: Any, Day, Evening	*Alert Now:	Comments
				Y N	
				Y N	
				Y N	

Email: \_\_\_\_\_

***More contact sections are on back.***

\*Alert Now is notification of school emergencies/closings/announcements.

(mother, father, step parent, foster parent, grandmother...)

(Circle one please)

% of time student lives

Relationship to the student \_\_\_\_\_ Contact Order? 1st 2nd 3rd 4th 5th with contact \_\_\_\_\_%

Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Employer \_\_\_\_\_  
Last First Middle

Physical Address:  Same as Student

Mailing Address:  Same as physical  Same as Student

Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Phone	Call Priority	Type: Cell, Home, Work	Hours: Any, Day, Evening	*Alert Now:	Comments
				Y N	
				Y N	
				Y N	

Email: \_\_\_\_\_

(mother, father, step parent, foster parent, grandmother...)

(Circle one please)

% of time student lives

Relationship to the student \_\_\_\_\_ Contact Order? 1st 2nd 3rd 4th 5th with contact \_\_\_\_\_%

Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Employer \_\_\_\_\_  
Last First Middle

Physical Address:  Same as Student

Mailing Address:  Same as physical  Same as Student

Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Phone	Call Priority	Type: Cell, Home, Work	Hours: Any, Day, Evening	*Alert Now:	Comments
				Y N	
				Y N	
				Y N	

Email: \_\_\_\_\_

(mother, father, step parent, foster parent, grandmother...)

(Circle one please)

% of time student lives

Relationship to the student \_\_\_\_\_ Contact Order? 1st 2nd 3rd 4th 5th with contact \_\_\_\_\_%

Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Employer \_\_\_\_\_  
Last First Middle

Physical Address:  Same as Student

Mailing Address:  Same as physical  Same as Student

Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Phone	Call Priority	Type: Cell, Home, Work	Hours: Any, Day, Evening	*Alert Now:	Comments
				Y N	
				Y N	
				Y N	

Email: \_\_\_\_\_

(mother, father, step parent, foster parent, grandmother...)

(Circle one please)

% of time student lives

Relationship to the student \_\_\_\_\_ Contact Order? 1st 2nd 3rd 4th 5th with contact \_\_\_\_\_%

Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Employer \_\_\_\_\_  
Last First Middle

Physical Address:  Same as Student

Mailing Address:  Same as physical  Same as Student

Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Phone	Call Priority	Type: Cell, Home, Work	Hours: Any, Day, Evening	*Alert Now:	Comments
				Y N	
				Y N	
				Y N	

Email: \_\_\_\_\_

\*Alert Now is notification of school emergencies/closings/announcements.