



**BRIGHTON CENTRAL SCHOOLS REGISTRATION FORM (continued)**

STUDENT'S NAME \_\_\_\_\_  
*Last*
*First*
*M.I.*

**STUDENT'S SCHOOL INFORMATION**

IS THIS CHILD \_\_\_ PRESCHOOL OR \_\_\_ ATTENDING PRIVATE/PAROCHIAL SCHOOL \_\_\_\_\_  
*name of school*

LAST SCHOOL (K-12) ATTENDED, INCLUDE ADDRESS: \_\_\_\_\_

HAS STUDENT EVER ATTENDED BRIGHTON SCHOOLS? \_\_\_ NO \_\_\_ YES Date of Enrollment \_\_\_\_\_

HAS STUDENT EVER BEEN ENROLLED IN A NEW YORK STATE SCHOOL? \_\_\_ NO \_\_\_ YES Date \_\_\_\_\_

HAS STUDENT EVER RECEIVED SPECIAL EDUCATION SERVICES OR DOES HE/SHE HAVE AN IEP? \_\_\_ NO \_\_\_ YES

IS A LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME \_\_\_ NO \_\_\_ YES IF YES, WHAT LANGUAGE(S): \_\_\_\_\_

HAS THIS STUDENT EVER RECEIVED ENGLISH AS A SECOND LANGUAGE (ESOL) SERVICES? \_\_\_ NO \_\_\_ YES

IS THIS STUDENT IN NEED OF ESOL SERVICES? \_\_\_ NO \_\_\_ YES

**PLEASE COMPLETE FOR STUDENTS BORN OUTSIDE THE U.S.**

CITIZENSHIP STATUS: \_\_\_ U.S. CITIZEN \_\_\_ DUAL NATIONAL \_\_\_ NON-RESIDENT ALIEN \_\_\_ RESIDENT ALIEN  
 OTHER \_\_\_\_\_

TYPE OF VISA CURRENTLY IN EFFECT \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

DATE STUDENT ENTERED THE U.S. \_\_\_\_\_ LAST COUNTRY OF RESIDENCE \_\_\_\_\_

DATE STUDENT FIRST ENROLLED IN A U.S. SCHOOL \_\_\_\_\_

**PROOF OF RESIDENCY**

TYPE OF PROOF PROVIDED: \_\_\_\_\_

**I understand that it may be necessary for the Brighton Central School District to verify this student's residency at time of registration and from time to time in the future in order to provide him/her with a tuition free education. I grant permission for the address on this form to be verified. I further understand that it is my responsibility to report and provide proof of any change of this address.**

Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

**FOR OFFICE USE ONLY**

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ STUDENT ID# \_\_\_\_\_

NON-RESIDENT INFORMATION: \_\_\_ Urban/Suburban \_\_\_ Tuition Paying \_\_\_ DB BOCES \_\_\_ DFY or Group Home  
 \_\_\_ Foreign Exchange \_\_\_ Foster Child \_\_\_ Affidavit

HOMEROOM # \_\_\_\_\_ HOMEROOM TEACHER \_\_\_\_\_ COUNSELOR \_\_\_\_\_

NOTES: \_\_\_\_\_