



Enrollment Form



Student Information

Grade Level: _____

Student Legal Name: _____, _____
Last First Middle Suffix

Preferred Name: _____ Preferred Pronouns: _____

Birth Date: ____/____/____ (Month/Day/Year) Legal Gender: _____

Physical Address: _____ City: _____ State: ____ Zip: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Home Phone: () _____ - _____ Mobile Phone: () _____ - _____

Is the student Hispanic or Latino? () Yes () No

Student's Ethnicity (Please mark one or more of the following):

() White () Black/African American () American Indian/Alaska Native

() Asian () Native Hawaiian or Pacific Islander

Does your student wish to receive communication from Military Recruiters? ____ Yes ____ No

Does your student have Internet access at home? ____ Yes ____ No

Do you give consent for your student to appear in photos featured in BFA Publications and/or social media?
____ Yes ____ No

Is your student currently receiving any of the following services? Check all that apply

() Early Ed./PreK () Speech/Language () Academic Support () Migrant Ed

() Social and Emotional Support () 504 () IEP () ELL () Other:

Please List Last School Attended:

School Name City State Phone Number

Parent or Legal Guardian-Contact #1

First Name: _____ Last Name: _____

Relationship to the student _____ (Ex: Mother, Father, Brother, etc.)

Physical Address	City	State	Zip Code	Same as Students	
				Y	N
Mailing Address	City	State	Zip Code	Same as Students	
				Y	N

Town of Residency (if St. Albans, please specify Town or City) _____

1st Contact Number: (____) ____-____ Circle Type: Mobile Home Work2nd Contact Number: (____) ____-____ Circle Type: Mobile Home Work

*****Please note: Student Alerts or Notifications will go out on numbers given for Contacts 1-3. Any numbers labeled as work, will not be called. Only Mobile and Home Phone Numbers will receive alerts such as snow days, absences, etc.*****

Primary Email: _____

Additional Email: _____

Employer: _____

Highest Level of Education: () Less than a 4 Yr. College Degree () 4 Yr. College Degree or More

Please Circle one for each category below:

Custody			Lives With			School Pick up			Emergency Contact		
Yes	No		Yes	No		Yes	No		Yes	No	

Parent or Legal Guardian-Contact #2

First Name:_____ Last Name:_____

Relationship to the student _____ (Ex: Mother, Father, Brother, etc.)

Physical Address	City	State	Zip Code	Same as Students	
				Y	N
Mailing Address	City	State	Zip Code	Same as Students	
				Y	N

Town of Residency (if St. Albans, please specify Town or City) _____

1st Contact Number: (____) ____-____ Circle Type: Mobile Home Work2nd Contact Number: (____) ____-____ Circle Type: Mobile Home Work

*****Please note: Student Alerts or Notifications will go out on numbers given for Contacts 1-3. Any numbers labeled as work, will not be called. Only Mobile and Home Phone Numbers will receive alerts such as snow days, absences, etc.*****

Primary Email:_____

Additional Email:_____

Employer:_____

Highest Level of Education: () Less than a 4 Yr. College Degree () 4 Yr. College Degree or More

Please Circle one for each category below:

Custody			Lives With			School Pick up			Emergency Contact		
Yes	No		Yes	No		Yes	No		Yes	No	

Additional Contact #3

First Name:_____ Last Name:_____

Relationship to the student _____ (Ex: Mother, Father, Brother, etc.)

Physical Address	City	State	Zip Code	Same as Students	
				Y	N
Mailing Address	City	State	Zip Code	Same as Students	
				Y	N

Town of Residency (if St. Albans, please specify Town or City) _____

1st Contact Number: (____) ____-____ Circle Type: Mobile Home Work2nd Contact Number: (____) ____-____ Circle Type: Mobile Home Work

*****Please note: Student Alerts or Notifications will go out on numbers given for Contacts 1-3. Any numbers labeled as work, will not be called. Only Mobile and Home Phone Numbers will receive alerts such as snow days, absences, etc.*****

Primary Email:_____

Additional Email:_____

Employer:_____

Highest Level of Education: () Less than a 4 Yr. College Degree () 4 Yr. College Degree or More

Please Circle one for each category below:

Custody			Lives With			School Pick up			Emergency Contact		
Yes	No		Yes	No		Yes	No		Yes	No	

Custody Details

The school district must comply with all laws relating to the rights of parents. Biological parents have legal access to their child's education record. **A copy of any court order pertaining to custody, restrictions, or visitation of the child you are enrolling must be given to the school,** otherwise each parent has equal access.

Student Resides With:

- ☐ Both Parents Living Together ☐ Other _____
- ☐ Joint ☐ Child currently in Foster Care living with _____
- ☐ One Parent Only (specify): _____
- ☐ State (temporary or permanent) Agency _____

Is there a biological parent NOT living with this child? ____ No ____ Yes

Biological Mother:

Residency/Town Of:

Biological Father:

Residency/Town Of:

If anyone is legally forbidden from access, what is their name?

- ☐ Submit Picture and Court Documentation

Is the Student in DCF Custody? Yes No *If yes, please complete the following:*

Case Manager's Name _____

Phone: _____

Email: _____

I certify that all the information I have provided is accurate and true for the student listed on this form. It is my responsibility to report changes to the BFA Registrar. (Ex. General Info or any custody changes.)

Name _____

Signature _____

Date _____