Bellows Free Academy Enrollment Form

Person completing form must be legal guardian (signa	•		mpleted
Information about the student:	BFA IS PAPERLESS	S - if you do not have internet plea	ase let us know.
Student Name:	, First ,	Preferred:	Grade:
Physical Address:		Middle	
Mailing Address:			
<u> </u>	nailing address you may be asked	to complete a residency verification form and pr	ovide proof.)
Birth date: Gender: F	M Student's Cell: _	Home Phone:	
Does the student have (special ed): 504?	IEP?	Student Internet Access at hon	ne? 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 Asi	an American Indian/F	Alaskan Native Native Hawaiian/F	'acific Islander
Previous School & Address:			
RESIDENCE : Town where legal parents	pay rent or taxes. Needed f	or both parents.(please specify town or city f	or St. Albans)
Legal Mother's Residence:			
First Generation Determination: (eligibility for		•	
, ,		degree 4 Yr. College degree or r	nore
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The school district must comply with all laws relating			egal access to their child's
education information Natural parent not living with child: ** This is ma		ease provide the following information.	
Natural parent not living with Gima. This is ma	Naatory II bour parems are <u>i</u>	<u>not</u> listeu III tile comact areas.	
Full Name		Town/State of Residence	
Lhava and local repopulatility for my student		(othorwise assu	
I have sole legal responsibility for my student _	(Please print nan	•	mea snarea)
PLEASE NOTE - <u>MANDATORY</u> : A copy of any <i>COU</i>	` '	,	ation of the child you are
	ust be given to BFA, otherwise	· •	
Is the student in DCF Custody: Yes	No If yes	please complete the following:	
Caseworker's Name:	Phone:	Email:	
		Residency/Town of:	
Name of Natural Father: There is an additional sheet for the caseworker to com		Residency/Town of:	<u> </u>
	-	d Other Important Contacts:	
	parent, grandmother)	(Circle one please)	% of time student lives
		1 04 4 0 1 0 1 44 54	
(mother, father, step parent, foster parent) Relationship to the student	Contact Or	der? 1st 2nd 3rd 4th 5th	with contact%
Relationship to the student	Contact Or		
Relationship to the student,		Employer	
Relationship to the student	First		
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Name,,	<i>First</i> Mailin Addres	Employer Middle g Address: □ Same as physical □ Same as ss:	
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More contact sections are on back.

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