

Beaver River Central School District

P.O. Box 179, 9508 Artz Road
Beaver Falls, New York 13305-0179
Phone: (315) 346-1211
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www.brcsd.org

Todd Green

Superintendent of Schools

Kimberly Lyman-Wright

Elementary Principal/CSE Chairperson

Christine LaBare

Middle School Principal



Rebecca Dunckel-King

High School Principal

Randolph Myers

Business Manager

Dear Parent and Guardians:

Welcome to Beaver River Central School District!

In order to ensure that the District has the most accurate and up-to-date information about your child, we have included the following information regarding the registration process.

Instructions to Register a Student in the Beaver River Central School District:

1. Parent/Guardian must print and complete one (1) registration packet per student. Packets can be obtained from the school website at www.brcsd.org or any school building in the District.

It is important that Numbers 2. and 3. below should be completed BEFORE attending registration appointment!

2. Parent/Guardian must bring the following **Documentation of Age** for the child to the registration appointment:
 - ✓ Documentation of Age should be produced as follows:
 - (a) Where available, a certified transcript of a birth certificate or record of baptism, either foreign or domestic; or
 - (b) If (a) is not available, either a foreign or domestic passport; or
 - (c) If (a) or (b) are not available, any other documentary or recorded evidence in existence two or more years, including but not limited to the following:
 - (1) official driver's license;
 - (2) state or other government issued identification;
 - (3) school photo identification with date of birth;
 - (4) consulate identification card;
 - (5) hospital or health records;
 - (6) military dependent identification card;
 - (7) documents issued by federal, state or local agencies (e.g., local social service agency, Federal Office of Refugee Resettlement);
 - (8) court orders or other court-issued documents;
 - (9) Native American tribal document; or
 - (10) records from non-profit international aid agencies and voluntary agencies.

3. Parent/Guardian must bring the following **Proof of Residency** to the registration appointment:

✓ Proof of residency: (one of the following is required)

HOMEOWNERS

Proof of Ownership, Original Tax Bill, Title, Mortgage Statement,
or Other Forms of Documentation below

OR

RENTERS

Original Lease (Parent/Guardian's name must appear on this lease)
or Other Forms of Documentation below

OR

LIVING WITH A HOMEOWNER OR RENTER OF THE DISTRICT

Resident of the District provided statement that parent/guardian and children reside in the District,
along with proof of residency listed above.

OR

OTHER FORMS OF RESIDENCY DOCUMENTATION

- (a) Such other statements by third-party(s) establishing the parent(s)' or person(s) in parental relation's physical presence in the district;
- (b) Documentation produced by the child, the child's parent(s) or person(s) in parental relation, including but not limited to the following:
 - (1) pay stub;
 - (2) income tax form;
 - (3) utility or other bills;
 - (4) membership documents (e.g., library cards) based upon residency;
 - (5) voter registration document(s);
 - (6) official driver's license, learner's permit or non-driver identification;
 - (7) state or other government issued identification;
 - (8) documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement); or
 - (9) evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.

****Please note: The above Documentation of Age and Proof of Residency documentation is all that is required to complete the basic registration process. Your child may not be able to continue to attend school as a resident of the District without this information.****

If possible, the requested information below and on the following pages should also be provided during your initial appointment and registration of your child. Additional time and arrangements can be made at registration to produce the requested information and documentation and will not prevent your child from attending.

- ✓ Immunization records (upto date immunizations must be presented);
- ✓ Army Military ID (if applicable);
- ✓ Current physical no later than 12 months old signed by licensed physician, physician assistant, or nurse practitioner, who is authorized by law to practice in NY State; and
- ✓ Any other Documentation to compete the following forms relevant to your child's education & enrollment.

BEAVER RIVER CENTRAL SCHOOL DISTRICT STUDENT ENROLLMENT PACKAGE

1. Student's Name: _____

2. Date of Birth: _____

3. Grade Level: _____

4. Gender: Male Female

5. Ethnicity: American Indian or Alaskan Native Asian
 Black or African American Hispanic or Latino
 Native Hawaiian or Other Pacific Islander White

6. Current Address: _____

(Street)

(Town, State & Zip)

(Telephone)

7. Student's Current Living Status:

	With Who(m): Please Check [√]		
	Family	Other (Please Describe)	Student Only
In permanent housing	[]	[]	[]
With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")	[]	[]	[]
In a shelter	[]	[]	[]
In a hotel/motel	[]	[]	[]
In a car, park, bus, train or campsite	[]	[]	[]
Other temporary living situation (Please explain)	[]	[]	[]

8. Parent or Guardian Information:

	Mother (if appropriate)	Father (if appropriate)	Guardian (if appropriate)
Name	Maiden Name:		
Street Address			
Town, State & Zip			
Phone	Home: Work: Cell:	Home: Work: Cell:	Home: Work: Cell:
E-mail			

9. If parents are divorced, please state custody arrangement: _____

10. Length of time you have resided at current address: _____ (Years) _____ (Months) _____ (Weeks)

11. Student's previous Addresses (List most recent first:)

From	To	Street	Town, State & Zip

12. Relationship with Student (e.g. Mother, Father, Stepmother, Stepfather, Adoptive Father, Adoptive Mother, Legal Guardian, Legal Custodian, Other): _____

13. If Student does not claim residency with Mother or Father, please answer the following questions regarding basis of relationship with student.

Relationship	Please \checkmark		Action Needed
	Yes	No	
Legal Guardian of Student?	[]	[]	If yes, attach Supporting Documents or provide explanation:
Legal Custody of Student?	[]	[]	If yes, attach Supporting Documents or provide explanation:
Other control over Student, e.g. adoption, court-ordered placement, surrender, abandonment?	[]	[]	If yes, attach Supporting Documents or provide explanation:
Other relationship with Student?	[]	[]	Please explain:
Custody and/or Restriction of Contact Information Documentation Provided	[]	[]	<input type="checkbox"/> Two Parents in Home <input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Separated <input type="checkbox"/> Foster Placement (DSS-2999/3424 must be provided) <input type="checkbox"/> Single Parent <input type="checkbox"/> Emancipated Minor/Student <input type="checkbox"/> Orders of Projection Person Restricted _____ Exp. Date _____ <input type="checkbox"/> Custody Papers Restriction Type _____ Person Restricted _____ Exp. Date _____ <input type="checkbox"/> Other Documents Provided Doc Type _____

14. When did/will the Student begin to live with you? _____
(Date)

15. How long will the Student reside with you? From _____ To _____
(Date)

16. Will the Student live with you during school vacations? _____ Yes _____ No
If not, where do you expect the Student to reside during that time? _____

17. Who will claim the Student as a dependent for Income Tax purposes? _____
Relationship to Student _____

18. Adult Responsibility:	
During the time the Student will reside with you	Who is responsible for?
Receiving and responding to academic and other reports concerning the Student?	
Authorizing medical treatment for Student?	
Payment for medical treatment of Student?	
Releasing records for the Student?	
Providing other necessary consents for the Student?	
Expense of Student's room and board?	
Expenses of clothing and other necessities?	

19. Will there be any period of time when the Student will not live with you while attending the School District? _____ Yes _____ No
If yes, please state where the student will reside and for how long: _____

20. What are the circumstances which brought this student to reside with you? _____

21. Other comments that would assist the School District in acting on the application of the Student: _____

By my signature below, I assume full responsibility for all matters relating to the student's education and medical care, except as otherwise stated herein.

Date: _____

(Parent/Guardian Signature)

Date: _____

(Parent/Guardian Signature)

Date: _____

(Student Signature if Unaccompanied Youth)

NOTICE: Signing this statement is a representation that the information provided is correct and true and made under the penalty of perjury.

STATE OF NEW YORK)

COUNTY OF LEWIS) ss:

On this _____ day of _____, before me, the subscriber,
personally appeared _____, to me personally known and known
to me to be the same person described in and who executed the within Instrument, and they
severally acknowledged to me that they executed the same.

Notary Public

PARENT AFFIDAVIT

IN THE MATTER OF:

The natural parents _____ and _____
of the above mentioned child consent that custody of _____
born _____ shall be with _____,
his/her _____.

_____ shall be responsible for any immediate medical or
educational needs.

Signed: _____

Natural mother

Natural father

Custodian

Custodian

STATE OF NEW YORK)

COUNTY OF LEWIS) ss:

On this _____ day of _____, before me, the subscriber,
personally appeared _____, to me personally known and known
to me to be the same persons described in and who executed the within Instrument, and they
severally acknowledged to me that they executed the same.

Notary Public

STUDENT AFFIDAVIT OF EMANCIPATION

STATE OF NEW YORK)

COUNTY OF _____) SS:

_____, being duly sworn, deposes and says:

1. I was born on _____, and I am over the age of sixteen (or seventeen in New York City.)

2. I am not living with my parents because _____

3. I currently reside at _____

4. My current means of financial support is _____

5. I am/am not receiving financial assistance from my parents.

6. My current relationship with my parents is as follows (e.g. when last seen, contacted, knowledge of whereabouts, etc): _____

7. Other facts relevant to my status as an emancipated minor are as follows: _____

Signature of Student

Sworn to before me this _____
day of _____, 20_____.

Notary Public

BEAVER RIVER CENTRAL SCHOOL
BEAVER FALLS, NEW YORK 13305

Dear Parents:

Welcome to Beaver River Central School. I hope the following information will answer some of the questions you may have.

SCHOOL ENROLLMENT

We have approximately 900 children in our school in grades UPK-12.

CLASS SIZE

Our class size averages 18 children in grades UPK-5.

TRANSPORTATION

Bus transportation is provided to all students. Children must ride home on their regular bus unless they have a signed permission slip from a parent/guardian stating otherwise.

SCHOOL LUNCH

The school lunch costs \$2.00. Elementary children are encouraged to buy a week's lunches in advance on Monday mornings at a cost of \$10.00. Children bringing a packed lunch to school may purchase white or chocolate milk for \$.55 per serving. Free and reduced price lunches are available to those families who meet government qualifications for the program.

SNACK

School milk or juice is also available morning and/or afternoon for children in grades UPK-5 at \$.55 per serving. We encourage this be paid for on Monday mornings for the coming week.

ATTENDANCE/EXCUSES

Please call the elementary office (346-1211 Ext. 515) to inform them of your child's absence from school. Children absent from school must bring a written excuse from a parent on the first day they return stating the exact reason for the absence.

PHYSICAL EDUCATION

Children in grades K-3 have PE three times every six days and must wear sneakers or sneaker-type shoes to PE class.

(OVER)

Children in grades 4-5 have swimming once every six days and PE twice every six days. They must bring suitable clothes to change into for PE class. Bathing suits and towels are needed for swim class.

SCHOOL DAY

Attendance is taken at 8:30 A.M. and children are considered tardy after this time. School dismissal is:

- 3:15 - Kindergarten
- 3:17 - Grade 1
- 3:18 - Grades 2-3
- 3:19 - Grades 4-5

Buses leave at approximately 3:30 P.M.

EMERGENCY CLOSING

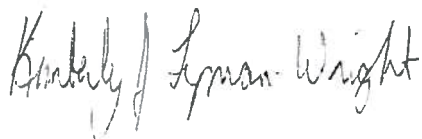
Should it be necessary to cancel school for weather or some other reason, the closing will be announced on WTNV, WBRV, WLLG, and WTOJ (Magic 103), WWNY TV 7 and WNYF Fox 28. You will also be notified via phone by the School Messenger system. Please do not call the school - we need the phone lines.

Teacher and room assignments for your children are:

STUDENT	TEACHER	GRADE	ROOM	BUS #

Please feel free to call the elementary office (346-1211) with any additional questions you may have.

Sincerely,



Kimberly Lyman-Wright
Elementary Principal

BEAVER RIVER CENTRAL SCHOOL
BEAVER FALLS, NY 13305

AUTHORIZATION FOR RELEASE OF INFORMATION

I HEREBY AUTHORIZE

TO RELEASE/RECEIVE ALL CONFIDENTIAL INFORMATION FROM THE RECORDS FOR:

<u>STUDENT'S NAME</u>	<u>BIRTHDATE</u>	<u>GRADE LEVEL</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TO/FROM: ELEMENTARY PRINCIPAL
BEAVER RIVER CENTRAL SCHOOL
9508 ARTZ ROAD
BEAVER FALLS, NY 13305

THIS CONFIDENTIAL INFORMATION INCLUDES:

- ACADEMIC INFORMATION
- HEALTH AND ATTENDANCE RECORDS
- TITLE I RECORDS
- CSE/PSYCHOLOGICAL RECORDS
- GITED/TALENTED/ENRICHMENT INFORMATION
- BIRTH CERTIFICATE
- CUSTODY INFORMATION

SIGNATURE OF PARENT/GUARDIAN

DATE

IN ACCORDANCE WITH PUBLIC LAW 93-380 "FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974."
THIS IS AUTHORIZATION TO RELEASE A COPY OF STUDENT RECORDS (INCLUDING COMPLETE
TRANSCRIPT OF THE SCHOOL RECORD, STANDARDIZED TEST RESULTS, HEALTH RECORD AND
PSYCHOLOGICAL RECORDS).

BEAVER RIVER CENTRAL SCHOOL DISTRICT
SCHOOL REGISTRATION HEALTH INFORMATION

Dear Parent/Guardian:

We would like your child to gain the most from his/her school experience. In order for us to assist in accomplishing this, it is necessary to have a current health history. **We also need a copy of your child's immunization record.** Please complete this form and return it to the school.

Student's Last Name _____ First: _____ Middle Initial: _____

Gender M F

Student's Address: Street _____

City _____ State _____ Zip _____

Mailing Address (if different): Street _____

City _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____

Family Physician _____

Father's Name _____ Date of Birth _____

Occupation _____ Education _____

Mother's Name (inc. maiden) _____ Date of Birth _____

Occupation _____ Education _____

Does any close relative in your family have a history of: (check all that apply)

Diabetes

Heart Disease

Cancer

Epilepsy

High Blood Pressure

Learning Problems

Other _____

Is your child physically able to participate in physical education and swim classes? _____

OVER →

Please check the information that applies and add any pertinent information:

Accidents:

- Serious head injury _____
- Loss of consciousness _____
- Other (specify) _____

Eye Difficulties:

- "Lazy Eye" _____
- Glasses or contact lens _____
- Other (specify) _____

Ear Problems:

- Ear infections _____
- Tubes _____
- Hearing Loss _____

Heart Problems:

- Heart murmurs _____
- Rapid heartbeat/palpitation _____

Respiratory Difficulties:

- Asthma _____
- Bronchitis/pneumonia _____
- Frequent colds/sore throats _____
- Other (specify) _____

Kidney/Bladder Difficulties:

- Kidney disease _____
- Bladder infection _____
- Bedwetting _____
- Encopresis (fecal soiling) _____
- Undescended (or one) testicle _____

Musculoskeletal Problems:

- Joint pain or swelling _____
- Poor coordination _____
- Fractures _____
- Adaptive equipment _____
- Other (specify) _____
- Hospitalizations _____

- Operations _____
- ADHD _____
- Emotional Problems (specify) _____

Illness with high fever (greater than 103) _____

Seizures _____

Allergies (specify) _____

Type of reaction _____

Hepatitis _____

Diabetes _____

Regularly taking medication? _____
Reason _____

Is medication required in school? _____

Chickenpox _____

Tuberculosis Tb contact _____

Mono _____

Skin conditions (specify) _____

Is there any other information that you feel we ought to know about your child? Have there been any changes in family in the past year? For example: health problems, changes in marital status, new baby, etc. Please explain. _____

Signature _____ Date _____
Parent/Guardian

Beaver River Central School
Student Enrollment/Health Form for 2014-2015

Student Information

Student First Name: _____ Middle Name: _____ Student Last Name: _____
Date of Birth: ____/____/____ Place of Birth: _____ Gender: M F Grade: _____
Ethnicity: _____ Home Phone: _____ Bus Number: _____ Homeroom/Teacher: _____
Student Residential Address: _____ City: _____ Zip: _____
Student Mailing Address: _____ City: _____ Zip: _____

Parent/Guardian and Family Information

(Please send in legal documentation if necessary.)

Child's Legal Guardian: Mother Father Other, please specify: _____
Parent's Current Marital Status: Married Divorced Single Widowed Remarried Separated
Mother's Maiden Name: _____ Special Instructions: _____

Parent/Guardian 1

Name: _____ Relation to student: _____ Child lives with Parent/Guardian 1? Yes No
Parent Residential Address: _____ City: _____ Zip: _____
Parent Mailing Address: _____ City: _____ Zip: _____
Phone: (H) _____ (W) _____ (C) _____ Employer: _____
Occupation Title: _____ E-mail Address: _____ Allowed to pick up student? Yes No
Receives Mailings? Yes No Currently Military: Yes No If no, do you work for the military: Yes No

Parent/Guardian 2

Name: _____ Relation to student: _____ Child lives with Parent/Guardian 2? Yes No
Parent Residential Address: _____ City: _____ Zip: _____
Parent Mailing Address: _____ City: _____ Zip: _____
Phone: (H) _____ (W) _____ (C) _____ Employer: _____
Occupation Title: _____ E-mail Address: _____ Allowed to pick up student? Yes No
Receives Mailings? Yes No Currently Military: Yes No If no, do you work for the military: Yes No

Parent/Guardian 3

Name: _____ Relation to student: _____ Child lives with Parent/Guardian 3? Yes No
Parent Residential Address: _____ City: _____ Zip: _____
Parent Mailing Address: _____ City: _____ Zip: _____
Phone: (H) _____ (W) _____ (C) _____ Employer: _____
Occupation Title: _____ E-mail Address: _____ Allowed to pick up student? Yes No
Receives Mailings? Yes No Currently Military: Yes No If no, do you work for the military: Yes No

Parent/Guardian 4

Name: _____ Relation to student: _____ Child lives with Parent/Guardian 4? Yes No
Parent Residential Address: _____ City: _____ Zip: _____
Parent Mailing Address: _____ City: _____ Zip: _____
Phone: (H) _____ (W) _____ (C) _____ Employer: _____
Occupation Title: _____ E-mail Address: _____ Allowed to pick up student? Yes No
Receives Mailings? Yes No Currently Military: Yes No If no, do you work for the military: Yes No

Names of Brothers & Sisters

Sibling 1: Name: _____ Date of Birth: ____/____/____ Grade: _____
Address (if not the same): _____ City: _____ State: _____ Zip: _____
Sibling 2: Name: _____ Date of Birth: ____/____/____ Grade: _____
Address (if not the same): _____ City: _____ State: _____ Zip: _____
Sibling 3: Name: _____ Date of Birth: ____/____/____ Grade: _____
Address (if not the same): _____ City: _____ State: _____ Zip: _____
Sibling 4: Name: _____ Date of Birth: ____/____/____ Grade: _____
Address (if not the same): _____ City: _____ State: _____ Zip: _____

Student Release Form (As per the BRCS Board of Education Policy)

Permission to Sign Out: (No student may be released from school to anyone other than the parent or guardian unless the parent/guardian has informed the school with a note. A student may be released to either parent unless a custodial parent supplies the school principal with a certified copy of a court order or divorce decree to the contrary.)

Please list any other people your child/children may be released to/from school.

Name: _____ Phone #: _____ Relationship: _____ Address: _____

Name: _____ Phone #: _____ Relationship: _____ Address: _____

List two neighbors/relatives who will be authorized to assume temporary care of your child if you can't be reached.

Name: _____ Phone #: _____ Relationship: _____ Address: _____

Name: _____ Phone #: _____ Relationship: _____ Address: _____

Emergency School Closing Contact (one name only, please):

Name: _____ Phone #: _____ Relationship: _____ Address: _____

Signature of Parent or Persons Responsible for Signing Excuses:

Parent/Guardian 1: _____ Parent/Guardian 2: _____

Health Information

(Please indicate any health conditions which may affect classroom performance, attendance, or limit physical activity.)

Explanation: _____

List child's allergies: _____

Medication(s) student is currently taking: _____

Reason: _____

Family Doctor: _____ Phone: _____ Preferred Hospital: _____

Family Dentist: _____ Phone: _____

I authorize officials of BRCS to contact directly the persons named on this information sheet, and do authorize the named physicians and/or hospital to render such treatment as may be deemed necessary in an emergency, for the health of said child. I realize the above information will be used for school purposes only.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Living Situation

Complete this section only if (1) it reflects your child's current living condition; or (2) your living situation if you are a youth not living with a parent or guardian. (Your answer will help school staff with school enrollment and may enable the student to receive additional services according to the McKinney-Vento Homeless Assistance Act of 2002.) Check one box if you are living:

- In a shelter;
- With relatives or others due to lack of housing;
- In a park or a car;
- In a camping ground, or other similar situation due to the lack of alternative, adequate housing;
- In an abandoned apartment/building;
- Temporarily housed in a shelter awaiting a DCFS permanent foster placement.

IMPORTANT: Please sign and return to the Elementary or Guidance Office as soon as possible.

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Female Date of Birth: ____/____/____ Grade: ____ ID#: ____
Month Day Year (preschool-12) (optional)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____
- In permanent housing

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

Date
If the student is **NOT** living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.