

Office of Registration & Records
Phone: 585-637-1857
Fax: 585-637-1899

Email: registrar@bcs1.org

Brockport Central School District
40 Allen Street
Brockport, NY 14420

HOUSEHOLD INFORMATION FORM

Primary Address _____ City _____ State _____ Zip _____

Children in the Household (Include all Pre-School Age Children):

Name of Child (First, Middle, Last)	Date of Birth	Sex	Hispanic (Y/N)	Ethnicity	Current Grade
1					
2					
3					
4					
5					

Parent/Guardian Information:

Parent/Guardian #1	Address (If diff than Primary)	Cell Phone #	Home #	Work #
Relationship	Email:			
Parent/Guardian #2	Address (If diff than Primary)	Cell Phone #	Home #	Work #
Relationship	Email:			

Other Persons who live in household:

Name	Relationship	Cell Phone #	Home #	Work #
Name	Relationship	Cell Phone #	Home #	Work #
Name	Relationship	Cell Phone #	Home #	Work #

Emergency Contact Information:

Name	Relationship	Cell Phone #	Home #	Work #
Name	Relationship	Cell Phone #	Home #	Work #
Name	Relationship	Cell Phone #	Home #	Work #

PEDIATRICIAN: _____

Parent Signature

Date