

Office of Registration & Records  
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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