BGCS REGISTRATION CHECKLIST

Student Name	School	Grade
Date student was officially registered	Date to start a	ttendance
School Employee: Check each section as the form is document with a paperclip.	completed. After being	checked, attach form(s) to this
*Required before registration can be completed.		
*Residency Requirement (documents used verification, utility bill, voter registration) *Photo copy of the Driver's License of pare	(Due within 10 days)	
3 *Custody Documents (if applicable) (Due w	vithin 10/60 days)	
4 *Student Social Security card		
 *Proof of Age (documents used: birth certi record, birth affidavit, or school record) (Health Documents: Immunizations 		record, hospital
7 Transcripts/Academic History		
8 Special Needs Documents (if applicable) Cir	rcle: IEP ETR 504	
 a) If Kindergarten, sign up for screening ti b) If kindergarten, pages 1-5 of Ohio Healt dentist 	_	t takes to physician and
9 If former student of BGCS check recor	ds for cumulative folde	r
10. Forms:		
 a) Student Registration Form b) Parent Consent for Record Release c) Emergency Medical Form d) Bus request card e) Permission to Release Student Infor f) Ethnicity/Race Collection Data Work 	mation	
11. Basic/Student EMIS Contacts DASL Entry		