

Bakersfield Elementary Middle School

P.O. Box 17, 82 Academy Drive, Bakersfield, VT 05441 Phone: 802-827-6611 Fax: 802-827-3170
Anissa Seguin, Principal

NEW STUDENT ENROLLMENT

Last _____ First _____ MI _____

DOB _____ Grade _____ New Bakersfield Teacher _____

Is your primary language spoken at home English? Yes No _____

Former School _____

Telephone _____

Fax _____

Student Begin Date _____

Please release all my child's school records to the:

Bakersfield Elementary Middle School
P.O. Box 17
Bakersfield, VT 05441

Parent/Guardian _____ Date _____

Mailing Address _____ Phone _____

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To The School Registrar, Please take a minute to complete this simple new student services check list and fax back to our school **within 24 hours** of receipt of this request. Thank you for helping us to create a smooth new student transition from your school to our school.

- 🍏 Student Demographic Number _____
- 🍏 Student has a current IEP. Special Ed Teacher Name _____
- 🍏 Student receives services from an individual aide _____
- 🍏 Student is currently on an EST Plan _____
- 🍏 Student is currently on a 504 Plan _____
- 🍏 Health Services-Student currently receives medical services or monitoring at school
 - 🍏 Student receives medications at school _____
 - 🍏 Student has a medical condition that the nurse should be aware of _____
 - 🍏 Please fax a current immunization record with this form _____
- 🍏 National School Meals Program Hot Lunch Agent _____
Student Receives: Free Reduced Direct Certified Pay _____
- 🍏 Current Copy of Report Card Attached _____
- 🍏 Report Card will be mailed on _____
- 🍏 New School Transition Meeting Requested, Please call _____

Completed by Former School Registrar

Date