

REGIONAL SCHOOL DISTRICT # 12

Bridgewater, Roxbury & Washington

Student Registration Form

Registration form must be completed by student's parents, guardians, or persons with whom the student legally resides. Please print and fill out form completely. Review the Health Record insert provided in this Student Registration Application and provide a copy of your child's Birth Certificate.

DEMOGRAPHIC INFORMATION

(Student Information)

Full Legal Name _____
Last First Middle (full name)

Address (1) _____
Number Apartment No. Street Town

State Zip Code P.O. Boxes Are Not Considered An Address

Note: To register another mailing address for student complete the Additional Mailing Address Form

Home Phone _____ Social Security Number _____ - _____ - _____

E-mail Address _____ Date of Birth _____ Gender M F
Month/Day/Year Circle One

Birth Place _____
City State Country
(If other than U.S.A. complete immigration information)

Immigrant Status (Check yes if child has not attended one or more schools in any U.S. state for more than 3 full academic years.)

Check One Box YES NO

Race Codes (Check All that apply)

Hispanic or Latino American Indian or Alaska Native Asian

Black or African American Native Hawaiian or Other Pacific Islander White

Migrant (Check yes if family has moved within the past 36 months across state or district boundaries to obtain temporary/seasonal employment)

Check One Box YES NO

Homeless (Check yes if child lacks a fixed regular and adequate nighttime residence)

Check One Box YES NO

Date Registered _____ Date Enrolled _____

PARENT(S) OR LEGAL GUARDIANSHIP INFORMATION

Full Legal Name _____
Last First Middle

Relationship _____ Occupation _____

E-mail Address _____
Level of Education (voluntary information) _____

Full Legal Name _____
Last First Middle

Relationship _____ Occupation _____

E-mail Address _____
Level of Education (voluntary information) _____

Family Status Married _____ Divorced _____ Single _____ Separated _____ Other _____

Custody Status _____
(Attach any relevant current court order)

Mother Deceased Father Deceased

Language Spoken at Home by Parents/Guardian _____

Child's First Language _____ Is the Child Limited English Proficient? YES NO
(Circle One)

OTHER OCCUPANTS OF HOME

Name _____ Relationship _____

Name _____ Relationship _____

SIBLINGS RESIDING AT HOME

Full Legal Name _____ Birth Date _____
Last First Middle

Full Legal Name _____ Birth Date _____
Last First Middle

Full Legal Name _____ Birth Date _____
Last First Middle

Full Legal Name _____ Birth Date _____
Last First Middle

Full Legal Name _____ Birth Date _____
Last First Middle

EMERGENCY CONTACT

1. Parent/Guardian _____ Business Phone _____
 Employer _____ Cell Phone _____
 E-mail _____ Fax _____
2. Parent/Guardian _____ Cell Phone _____
 Employer _____ Business Phone _____
 E-mail _____ Fax _____
- =====
3. Full Name _____ Phone Number _____
Person not residing at home address
- Relationship _____ Cell Phone _____
4. Full Name _____ Phone Number _____
Person not residing at home address
- Relationship _____ Cell Phone _____
- =====
5. Student's Doctor _____ Phone _____
6. Hospital Preference _____

TRANSFER INFORMATION

- In-State Transfer _____
City/Town School Name
- Out-of-State Transfer _____
City/Town/State School Name
- Out-of-USA Transfer _____
City/Town/State Country

Last Grade Completed _____
Date Left _____ <small>Month / Day / Year</small>

Retained _____	_____
<small>Grade</small>	<small>Year</small>
_____	_____
<small>Grade</small>	<small>Year</small>

PRE-KINDERGARTEN EXPERIENCE

- Head Start _____
Town/City Agency/School Name
- Licensed Day Care _____
Name City/Town State
- Nursery School _____
Name City/Town State
- Public Pre-School _____
Town/City Agency/School Name
- Indicate Number of Years in Attendance _____ Beginning Age (Years) _____

SPECIAL SERVICES

Child has been identified as requiring Special Education Services YES NO

If YES box checked, indicate the types of services provided:

TRANSPORTATION

Indicate Service Bus Special Vehicle Walker Parent Transport

High School Student Driver: YES NO If Yes: Vehicle License Number _____
(Circle One)

OTHER INFORMATION

Public Act 07-02 : Does your child have health insurance? Yes No

Indicate if there are any special services or issues of which we should be aware:

Other Issues _____

PARENT/GUARDIAN SIGNATURE

I am a resident of Bridgewater Roxbury Washington (Check One)
and this student lives in Bridgewater Roxbury Washington (Check One)

Signature _____ Date _____

PROOF OF RESIDENCE

Rental Contract _____ Mortgage Statement _____ Utility Bill _____
(Provide one of these documents for Proof of Residence in Region # 12)

Registration Form Reviewed for Completion By: _____

Office Use Only:		
School Assigned _____	Immigrant Code _____	Free/Reduced Lunch Eligible _____
Special Education Code _____	Migrant Code _____	Transportation Code _____
Limited English Proficient _____	Homeless Code _____	Ethnic Code _____
Student ID # _____	Student Pin # _____	Home Room # _____
Year of Graduation _____	Grade _____	Guidance Counselor _____
Immunization Records Provided _____	Pre-Kindergarten _____	Retained _____
Birth Certificate _____	Proof of Residence _____	