

SPENCER-EAST BROOKFIELD REGIONAL SCHOOL DISTRICT  
STUDENT REGISTRATION FORM

STUDENT'S FIRST NAME: \_\_\_\_\_ STUDENT'S FULL MIDDLE NAME : \_\_\_\_\_

STUDENT'S LAST NAME : \_\_\_\_\_ GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ NONBINARY \_\_\_\_\_

STREET: \_\_\_\_\_ TOWN: \_\_\_\_\_

MAILING ADDRESS:(if different) \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_ OTHER TELEPHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CITY OF BIRTH: \_\_\_\_\_

**Ethnicity: Is the student Hispanic or Latino (Spanish origin)? *Select only one.***

\_\_\_\_\_ Yes, Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, Chicano, South or Central American, or other Spanish culture or origin, regardless of race.

\_\_\_\_\_ No, Not Hispanic or Latino

**Race: What is the student's race? *You may select one or more races.***

\_\_\_\_\_ **American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

\_\_\_\_\_ **Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_\_ **Black or African American:** a person having origins in any of the black racial groups of Africa.

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_ **White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

IS ENGLISH THE STUDENT'S PRIMARY LANGUAGE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, WHAT LANGUAGE IS THE STUDENT'S PRIMARY LANGUAGE? \_\_\_\_\_

REGISTERING STUDENT FOR GRADE: (PLEASE CIRCLE ONE) PRE-K K 1 2 3 4 5 6 7 8 9 10 11 12

HAS THE STUDENT PREVIOUSLY ATTENDED SCHOOL IN THIS DISTRICT? YES \_\_\_\_\_ NO \_\_\_\_\_

WHAT SCHOOL IS THE STUDENT TRANSFERRING FROM:

SCHOOL \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

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**SPECIAL EDUCATION SERVICES or 504 ACCOMMODATION PLAN**

DOES YOUR CHILD RECEIVE SPECIAL EDUCATION SERVICES? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE EXPLAIN SERVICES: \_\_\_\_\_

DO YOU HAVE A COPY OF THE STUDENT'S I.E.P.? \_\_\_\_\_ YES \_\_\_\_\_ NO

DOES THE STUDENT HAVE A 504 ACCOMMODATION PLAN? \_\_\_\_\_ YES \_\_\_\_\_ NO

DO YOU HAVE A COPY OF THE PLAN? \_\_\_\_\_ YES \_\_\_\_\_ NO

PARENT / GUARDIAN INFORMATION:

FATHER OR GUARDIAN: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

TELEPHONE: WORK \_\_\_\_\_ HOME \_\_\_\_\_ CELL \_\_\_\_\_

FATHER'S EMAIL ADDRESS: \_\_\_\_\_

MOTHER OR GUARDIAN: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

TELEPHONE: WORK \_\_\_\_\_ HOME \_\_\_\_\_ CELL \_\_\_\_\_

MOTHER'S EMAIL ADDRESS: \_\_\_\_\_

MILITARY FAMILY STATUS

\_\_\_\_\_ My child is a member of a military family

Military Family is defined as students who are children of:

- Active duty members of the uniformed services, National Guard and Reserve on active duty orders
- Members or veterans who are medically discharged or retired within one year
- Members who die on active duty

===== \*\*FOR DIVORCED / SEPARATED PARENTS ONLY\*\* =====

WHO HAS PHYSICAL CUSTODY OF THE CHILD? (PLEASE CIRCLE) FATHER MOTHER STATE WARD OTHER

WHO HAS LEGAL CUSTODY OF THE CHILD? (PLEASE CIRCLE) FATHER MOTHER STATE WARD OTHER

IS ANYONE LEGALLY BARRED FROM HAVING ACCESS TO YOUR CHILD? YES \_\_\_ NO \_\_\_ If yes you MUST provide court documentation

IF YES - PLEASE PROVIDE NAME: \_\_\_\_\_

IS THIS STUDENT A STATE WARD? YES \_\_\_ NO \_\_\_

DOES THE STUDENT HAVE A SOCIAL WORKER? (PLEASE PROVIDE THE NAME): \_\_\_\_\_

===== EMERGENCY INFORMATION =====

Please list a person to contact in the event of an emergency other than parent/guardian:

NAME: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

STUDENT'S PHYSICIAN'S NAME: \_\_\_\_\_

PHYSICIAN'S TELEPHONE NUMBER \_\_\_\_\_ INSURANCE CO. \_\_\_\_\_

DOES THE STUDENT RECEIVE MASSHEALTH BENEFITS? \_\_\_\_\_ YES \_\_\_\_\_ NO

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**THIS PAGE IS FOR DISTRICT USE ONLY**

LASID # \_\_\_\_\_

SASID # \_\_\_\_\_

DATE STUDENT ENTERED SCHOOL: \_\_\_\_\_

SCHOOL/GRADE ASSIGNED TO STUDENT: \_\_\_\_\_

NAME OF STAFF PERSON WHO REGISTERED THE STUDENT: \_\_\_\_\_

NAME OF STAFF PERSON WHO PUT INFORMATION ON POWERSCHOOL: \_\_\_\_\_

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**TRANSPORTATION INFORMATION:**

ASSIGNED BUS LETTER \_\_\_\_\_

BUS COORDINATOR NOT AVAILABLE (gave parents her #) \_\_\_\_\_

OWN TRANSPORTATION \_\_\_\_\_

WALKER \_\_\_\_\_

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**MEDICAL / IMMUNIZATION FORM**

Please check one:

\_\_\_\_\_ Parent / Guardian provided a copy when registering student

\_\_\_\_\_ Called previous school to have medical form faxed to our district

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**RELEASE OF RECORDS**

\_\_\_\_\_ DATE RELEASE OF RECORDS WAS SENT / FAXED TO PREVIOUS SCHOOL