

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