



Marshfield Public Schools
Marshfield, Massachusetts

Student Registration Form

School: _____

Enrollment Date: _____

Last Name: _____

First Name: _____

Middle Name: _____

Gender/Grade: _____

SASID # _____ Office Use Only

Student Birth Date: _____

(mm/dd/yyyy)

City-State-Country of Birth: _____

U.S. Citizen: YES NO

Has student ever been enrolled in a Massachusetts school? YES NO

If YES, where: _____

Has student ever been enrolled in a Marshfield school? YES NO

If YES, where: _____

Former School Name & Address: _____

Student's Physical Address: _____

Street/P.O. Box

Town

Zip

Student's Mailing Address: _____

(if different)

Street/P.O. Box

Town

Zip

Home Telephone Number: _____

MPSD complies with the McKinney Vento Law

Parent/Guardian1 Name: _____

Lives with student: Yes No

Parent/Guardian1 Home Phone (if different from student)

Parent/Guardian1 Address (if different from student)

Parent/Guardian1 Cell Phone

Parent/Guardian1 Occupation / Place of Work

Parent/Guardian1 Work Phone

Parent/Guardian2 Name: _____

Lives with student: Yes No

Parent/Guardian2 Home Phone (if different from student)

Parent/Guardian2 Address (if different from student)

Parent/Guardian2 Cell Phone

Parent/Guardian2 Occupation / Place of Work

Parent/Guardian2 Work Phone

Parent/Guardian 1 Email: _____

Parent/Guardian 2 Email: _____

Note: The legal address of both parents is required if the parents are living apart in order to establish co-payment reimbursement for certain school services.

Guardian: Mother Father Both Other >

May child be dismissed to either parent? YES NO

Other Guardian Name: _____

Relationship: _____

Are there any legal issues or dismissal restrictions

that the school should be aware of? YES NO

If YES, a copy of legal documentation **MUST** be on file in the School Office.

Full names and birthdates of brothers and sisters, including half-and step-siblings:

Name: _____	Birth Date: _____	Name: _____	Birth Date: _____
Name: _____	Birth Date: _____	Name: _____	Birth Date: _____

Information below is **required** by the Massachusetts Department of Education (please check **each** appropriate answer).

Is English the first (native) language of the student? YES NO

Is the student capable of performing ordinary classwork in English? YES NO

If not, what is the child's primary language (spoken most often at home)? _____

Is the student currently on an **Individual Education Plan**? YES NO

Is the student currently on a **504 Plan**? YES NO

Are there any court actions pending against the student? YES NO

Is the student currently suspended? YES NO

Is the student expelled? YES NO

Ethnicity: Is the student either Hispanic or Latino? YES NO

Race (check one or more below):

White

Black or African American

Pacific Islander

American Indian or Alaskan Native

Asian

Signature of Parent/Guardian: _____

Date: _____