



Marshfield Public Schools

Marshfield, Massachusetts

Student Registration Form

School: _____

Enrollment Date: _____

Last Name:	_____
First Name:	_____
Middle Name:	_____
Gender/Grade:	_____

Student Birth Date: _____ <small>(mm/dd/yyyy)</small>	City-State-Country of Birth: _____	U.S. Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO
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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 _____

Is the student homeless: YES NO Home Telephone Number: _____

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? <input type="checkbox"/> YES <input type="checkbox"/> NO	Ethnicity: Is the student either Hispanic or Latino? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is the student capable of performing ordinary classwork in English? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is not, what is the child's primary language (spoken most often at home)? _____	Race (check one or more below): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian
Is the student currently on an Individual Education Plan ? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is the student currently on a 504 Plan ? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are there any court actions pending against the student? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is the student currently suspended? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is the student expelled? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Signature of Parent/Guardian: _____ **Date:** _____