



# 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____
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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	<b>Ethnicity:</b> 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)? _____	<b>Race</b> (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 <b>Individual Education Plan</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is the student currently on a <b>504 Plan</b> ? <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: \_\_\_\_\_