

STUDENT REGISTRATION

PLEASE COMPLETE BOTH SIDES OF FORM

Please print:

Date: _____ School Year: 20____ to 20____ Grade Entering: _____

Part I

Student's Full Name: _____
(Last name) (First name) (Middle name as it appears on Birth Certificate)

Home Address: _____
(street) (city/town) (zip)

Home Phone: _____ Gender: Male Female

Date of Birth: _____ Birth City/State: _____

Has student ever previously attended Medway Public Schools? No Yes

Is student a state ward/foster child? No Yes

Is student a School Choice Student approved by the Superintendent? No Yes

Part II

Previous School Information

Last School Attended: _____ City/Town: _____

Please check any additional services the student was receiving:

- Student has an Individual Educational Plan
- Student has a 504 Plan
- Student was receiving LEP services
- Student was receiving Title I services

Part III

Father's Name: _____ **Occupation:** _____

Address, if different: _____
(street) (city/town) (zip)

Check box to indicate primary contact number during schools hours

- Work Phone: _____ Home Phone: _____
- Cell Phone: _____ Email: _____

Mother's Name: _____ **Occupation:** _____

Address, if different: _____
(street) (city/town) (zip)

Check box to indicate primary contact number during schools hours

- Work Phone: _____ Home Phone: _____
- Cell Phone: _____ Email: _____

With whom does student reside? Both Parents Mother Father Guardian Other
Who has legal custody of this student? Both Parents Mother Father Guardian Other
Is there any other legal information that the school should be aware of? (Documentation is required)

_____ Check here if any of the above information has changed from previous school year

(over)

Part IV

In case of accident or illness and I cannot be reached, please contact:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

If applicable:

If both parents work, who is responsible for student after school?

Name: _____ Relationship: _____

Address: _____ Phone: _____

Please list siblings who attend Medway Public Schools:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Part V

Voluntary Information:

The district is required to provide this information to state and federal agencies for statistical purposes to demonstrate compliance with the 1964 Civil Rights Act.

Please select from each of the categories:

Ethnicity (select only one):

- Hispanic or Latino
- Not Hispanic or Latino

Race (select one or more):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

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I hereby certify the above information to be true and correct.

Date

Parent/Guardian Signature

<i>For Office Use Only:</i>	
LASID #: _____	SASID #: _____