

**GRAFTON PUBLIC SCHOOLS
STUDENT REGISTRATION FORM**

Legal Last Name		Legal First Name	Legal Middle Name
Birth Date (Month/Day/Year)	Gender (circle) M F	City, State/Country of Birth	Grade Level

PARENT/GUARDIAN 1

Title	Last Name	First Name	Relationship to Student
Home Phone	Day Phone		Cell Phone
Primary Email	Secondary Email		Place of Employment
Resident Address	Apartment/ Suite		City/State/Zip
Mailing Address (if different)			City/State/Zip
Does this person live with the student?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does this person have legal custody of student?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does this person have physical custody?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Should this person receive mail?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

PARENT/GUARDIAN 2

Title	Last Name	First Name	Relationship to Student
Home Phone	Day Phone		Cell Phone
Primary Email	Secondary Email		Place of Employment
Resident Address	Apartment/ Suite		City/State/Zip
Mailing Address (if different)			City/State/Zip
Does this person live with the student?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does this person have legal custody of student?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does this person have physical custody?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Should this person receive mail?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

LEGAL ISSUES

For your child's safety, are there custodial or legal issues that the school should know about? Please provide copies of the legal paperwork.

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Student's Name _____

RESIDENCY DATA

Is this student's home address a temporary living arrangement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, where is the student living?		
<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Shelter	<input type="checkbox"/> Doubled Up
<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Unsheltered	
Is this a temporary living arrangement due to a loss of housing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is this a temporary living arrangement due to economic hardship?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is this student living with someone other than a parent or legal guardian?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is this student in a temporary foster care placement or awaiting foster care?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMERGENCY CONTACT 1

Title	Last Name	First Name	Relationship to Student
Home Phone		Day Phone	Cell Phone

EMERGENCY CONTACT 2

Title	Last Name	First Name	Relationship to Student
Home Phone		Day Phone	Cell Phone

EMERGENCY CONTACT 3

Title	Last Name	First Name	Relationship to Student
Home Phone		Day Phone	Cell Phone

Student Release Authorization:

In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.

Legal Parent/Guardian Signature: _____ Date: _____

PREVIOUS SCHOOL INFORMATION

School Previously Attended	Grades Attended	
Address	City/State	Phone
Has student ever been retained?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has student ever attended Grafton Public Schools?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, when, where, which grades?		

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Student's Name _____

DISCIPLINE INFORMATION

Has the student ever been suspended or expelled for a weapons violation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has the student ever been suspended or expelled for a drug violation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is student court ordered to attend school?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SPECIAL PROGRAMS

Does your child currently have an IEP?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your child currently have a 504 Plan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If no, has your child received special education or 504 services in the past?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your child currently receive ELL services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your child currently receive Title 1 services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

HOME LANGUAGE SURVEY

Regulations require that all schools determine the language(s) spoken in each student's home in order to identify their specific language needs. If a language other than English is spoken in the home, the District is required to do further assessment of your child.

What is the native language(s) of each parent/guardian? Parent/Guardian 1: _____ Parent/Guardian 2: _____
Which language(s) are spoken with your child? (include relatives-grandparents, uncles, aunts, caregivers) Language 1: _____ How often? seldom / sometimes / often / always Language 2: _____ How often? seldom / sometimes / often / always
What language did your child first understand and speak (Native Language)?
Which language do you use most with your child?
What language(s) does your child speak? What language(s) does your child write? What language(s) does your child read?
What language(s) does your child most often use?

INTERPRETER/TRANSLATION SERVICES

Will you require written information from school in your native language?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will you require an interpreter/translator at Parent-Teacher meetings?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SIBLINGS

Does the child have any siblings or children living in the same household in Grafton Public Schools?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please list the student names and schools attending.		

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Student's Name _____

ETHNICITY

Please select the student's ethnicity.

- Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
- Not Hispanic or Latino

RACE

What is the student's race? Please select all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

LOW INCOME STATUS

Is the student eligible for free or reduced lunch, receiving Transitional Aid to Families benefits, or eligible for food stamps?

- Yes (Please complete the current Massachusetts Free and Reduced Price School Meals Household Application)
- No

MILITARY STATUS

Is the student the child of an Active Duty member of the uniformed services, National Guard or Reserve on active duty orders?

- Yes
- No

Is the student the child of a member or veteran who was medically discharged or retired within the last (1) year?

- Yes Date of Discharge _____
- No

Is the student the child of a member who died while on active duty?

- Yes
- No

IMMIGRANT STATUS

If the student is between the ages of 3-21, was not born in the United States or any US territory, and has not attended one or more schools in any one or more states for more than three full academic years, the student is considered an immigrant.

Is the student considered an immigrant?

- Yes
- No

PHOTO RELEASE

Can your child be photographed or videotaped? (select one only)

- May take photo for school use only (i.e. yearbook, enrichment, etc.).
- May take photo and post in school online pages without my child's name.
- May take photo and post in school online pages with my child's name.
- May NOT post photo.

Verification of Information:

The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to school in the Grafton Public Schools, and that the District may hold me financially responsible if the information provided is not found to be true and accurate:

Legal Parent/Guardian Signature: _____ Date: _____