

**WALPOLE PUBLIC SCHOOLS
STUDENT REGISTRATION FORM**

Registration Date _____

Start Date _____

Student Information:

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Gender: M ___ F ___ Grade Level Entering _____

Is this student Hispanic or Latino? (choose one only)

- _____ 1. No, not Hispanic or Latino
- _____ 2. Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

What is the student's race? (choose one or more)

- _____ 1. **American Indian or Alaska Native** (a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment).
- _____ 2. **Asian** (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).
- _____ 3. **Black or African American** (a person having origins in any of the black racial groups of Africa).
- _____ 4. **Native Hawaiian or Other Pacific Islander** (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).
- _____ 5. **White** (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa).

Place a check mark next to the area that best describes the parent(s)/guardian(s) living with this student:

Both parents ___ Mother only ___ Father only ___ Grandparents ___ Other Relative ___ Foster Care ___

If Other Relative is checked, specify relationship to student: _____

If Foster Care is checked, do the biological parent(s) live in Walpole: _____

Address Information:

Home Address: Street _____

Town _____ Zip _____

If there is a Mailing Address, other than the Home Address, such as a Post Office Box, please fill in below:

Mailing Address: _____

Mother/Guardian:

Name _____ Home Telephone # _____
Cell # _____
Work# _____ ext. _____
e-mail _____

Address (if different from Student) _____

Father/Guardian:

Name _____ Home Telephone # _____
Cell # _____
Work # _____ ext. _____
e-mail _____

Address (if different from Student) _____

(PLEASE COMPLETE OTHER SIDE)

Local person to be notified in case parent(s) cannot be contacted:

Name & Relationship _____	Phone _____
Name & Relationship _____	Phone _____
Name & Relationship _____	Phone _____

Please indicate the names of all other children living at home:

Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____

Additional Information:

Student's Place of Birth: City/Town _____ State _____ Country _____

If the student was born in a foreign country, is he/she a citizen of the United States? _____

If the student was born in a foreign country, how many years has he/she resided in the United States? _____

What is the primary language spoken at home? _____

What is the primary language of the student? _____

Is this family currently receiving aid under any of the following programs? _____

Please check all that apply. TAFDC _____ Food Stamps _____ Free or Reduced Lunch _____ DSS _____

Previous School Information:

Name and location of the previous school attended:

School _____

Address _____

Was this student receiving Special Education services at this school? _____

Was this student receiving Title I services at this school? _____

If relevant, please provide any court documents regarding custody of this student.

School Use:

Birth Certificate _____
Proof of Residency _____
Academic Record _____
Discipline Record _____
Health Record _____
Mass Transfer Card _____

Local ID: _____

State ID: _____

School Assigned: _____

Grade Assigned: _____ **Room:** _____