

EASTON PUBLIC SCHOOLS
STUDENT REGISTRATION FORM
STRICTLY CONFIDENTIAL

School: _____

I. STUDENT INFORMATION

Student's full, legal name: _____ Sex: _____

Student's Address: _____ S.E.; N.E.; E.; P.O.#

Home Phone: _____ Emerg.# _____ Birth Date: _____
month, day, year

Place of Birth: _____

(Above information must be verified by a birth certificate)

With whom does the student reside? (father, mother, grandparents, foster parent, guardian, other) Is this student a state ward? _____ Special Needs (603 CMR,28)? _____

II. FAMILY INFORMATION

<u>Father, Foster Parent, Guardian</u>	<u>Mother, Foster Parent, Guardian</u>
Name: _____	Name: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____
Bus. Address: _____	Bus. Address: _____
Cell Phone: _____	Cell Phone: _____

Number of brothers _____ or sisters _____

III. EDUCATION

Has this student ever attended Easton Public Schools before?

If so, date of last attendance: _____

Place of residence prior to Easton: _____

School last attended: _____ Grade last attended: _____

Address of School: _____

Have you notified school of your intent to move? _____ Signed release form? _____

IV. EMERGENCY

Name of person we may contact: _____ Phone #: _____

Family Doctor: _____ Phone #: _____

(An immunization record is required before the student can be admitted to school)

**PLEASE NOTE ANY HEALTH ISSUES OR CUSTODY INFORMATION
ON THE REVERSE SIDE OF THIS FORM**

This is to certify that the above information is correct.

Signature: _____ Date: _____