

WACHUSETT REGIONAL SCHOOL DISTRICT

STUDENT REGISTRATION FORM

Date: _____

Gender: M F

Grade (PreK-8 only): _____

Year of Graduation (9-12 only): _____

For Office Use Only
LASID #
SASID #

Student Name:

Last First Full Middle Name

Name and Address of Last School Attended: _____

Has student previously attended a school in Massachusetts? Yes No

If yes, last year attended: _____ If yes, name of last Massachusetts school: _____

Has student previously attended a school in the Wachusett District? Yes No

If yes, last year attended: _____ If yes, name of last Wachusett school: _____

Residential Address:

Street Town Zip Code

Mailing Address (if different from above):

Street Town Zip Code

Home Phone: _____ Date of Birth: _____ Place of Birth: _____
mm/dd/yyyy City/Town State

If place of birth is outside the U.S.:

Has student completed 3 full academic years of school in any state? Yes No

If no, what is country of origin? _____

First language is English? Yes No If no, language learned or used by parent with student: _____

Aside from English, are other languages spoken by student or parents in the home? Yes No

If yes, what are they? _____

Is student currently on: an individualized education plan? Yes No

If yes, prototype: _____

a Section 504 Accommodation Plan? Yes No

Please turn over →

Student's ethnicity:
(select only one)

Hispanic or Latino (a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

NOT Hispanic or Latino

Student's race:
(select one or more races)

White (a person having origins in any of the peoples of Europe, the Middle East, or North Africa)

Black or African American (a person having origins in any of the black racial groups of Africa)

Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

American Indian or Alaska Native (a person having origins in any of the original peoples of North or South America including Central America, and who maintains tribal affiliation or community attachment)

Asian (a person having origins in any of the peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

Mother's Name & Address:

Father's Name & Address:

Home Phone: _____

Home Phone: _____

e-mail (optional): _____

e-mail (optional): _____

Place of work: _____

Place of work: _____

Work Telephone: _____

Work Telephone: _____

Pager #/Cell Phone: _____

Pager #/Cell Phone: _____

Migrant worker? Yes No

Migrant worker? Yes No

Student resides with: Mother Father Both Other

If other, list name & relationship: _____

Is the student a foster child under the Massachusetts Division of Social Service? Yes No

Is the student a "Ward of the Court?" Yes No

For all children in the family, please give:

NAME:	D.O.B.:	GENDER:		GRADE:
		M <input type="checkbox"/>	F <input type="checkbox"/>	
		M <input type="checkbox"/>	F <input type="checkbox"/>	
		M <input type="checkbox"/>	F <input type="checkbox"/>	
		M <input type="checkbox"/>	F <input type="checkbox"/>	
		M <input type="checkbox"/>	F <input type="checkbox"/>	