

REGIONAL SCHOOL DISTRICT # 12

Bridgewater, Roxbury & Washington

Student Registration Form

Registration form must be completed by student's parents, guardians, or persons with whom the student legally resides. Please print and fill out form completely. Review the Health Record insert provided in this Student Registration Application and provide a copy of your child's Birth Certificate.

STUDENT INFORMATION

Previously Enrolled in Region 12: Yes ___ No ___

Full Legal Name _____
(Student) Last First Middle

Residency _____
Number Street Apartment No
Town State Zip Code

Mailing Address _____
Number Street Apartment No
Town State Zip Code

Home Phone _____

Resides with: Parents ___ Mother ___ Father ___ Other ___

TRANSPORTATION

Indicate Service Bus Special Vehicle Walker Parent Transportation

High School Student Driver: YES NO If Yes: Vehicle License Number _____
(Circle One)

Office Use Only:

Verified by: _____

If changes: _____

Health Record received: Yes No

Birth Certificate: Yes No

Registration Date: _____

School: _____

Grade: _____

Enrollment Date: _____

Date of Birth _____ Gender M F Non-Binary
Month/Day/Year

Birth Place _____
City State Country
(If other than U.S.A. complete immigration information)

Child's First Language _____ Is the Child Limited in the English Language? YES NO
(Circle One)

Homeless: (Check yes if child lacks a fixed regular and adequate nighttime residence)

Check One Box YES NO

Non-U.S. Citizen Migrant Status: (Check yes if family has moved within the past 36 months across state or district boundaries to obtain temporary/seasonal employment)

Check One Box YES NO

Ethnicity:

Hispanic/Latino Non-Hispanic/Latino

Immigrant Status: (check yes if child has not attended one or more schools in any U.S. states for more than 3 full academic years)

Check One Box YES NO Date of Entry into U.S. _____

Race: (Check All that apply)

American Indian or Alaska Native Asian

Black or African American Native Hawaiian or Other Pacific Islander White

SPECIAL SERVICES

Child has been identified as requiring Special Education /504 Services YES NO
State where services were received: _____

If YES box checked, indicate the types of services provided:

PARENT(S) OR LEGAL GUARDIANSHIP INFORMATION

1. Full Legal Name _____
Last First Middle

Address if different than student _____

Relationship _____ Employer _____

Parent Cell _____ Work Phone _____

E-mail Address _____
Level of Education (voluntary information)

2. Full Legal Name _____
Last First Middle

Address if different than student _____

Relationship _____ Employer _____

Parent Cell _____ Work Phone _____

E-mail Address _____
Level of Education (voluntary information)

Blackboard Alert Call: Phone #1 _____ Phone #2 _____

Family Status Married ___ Divorced ___ Single ___ Separated ___ Other ___

Father Deceased Mother Deceased Custody Status _____
(Attach any relevant current court order)

Is a parent/guardian a member of the Armed Forces on active duty /service or full time National Guard duty? Yes No

Language spoken at Home by Parents/Guardian _____

EMERGENCY CONTACT

(Other than Parent/Guardian)

1. Full Name _____ Phone Number _____
Person not residing at home address

Relationship _____ Cell Phone _____

2. Full Name _____ Phone Number _____
Person not residing at home address

Relationship _____ Cell Phone _____

3. Student's Doctor _____ Phone Number _____

4. Hospital Preference _____

SIBLINGS RESIDING AT HOME

Full Legal Name _____ Birth Date _____
Last First Middle

Full Legal Name _____ Birth Date _____
Last First Middle

Full Legal Name _____ Birth Date _____
Last First Middle

Full Legal Name _____ Birth Date _____
Last First Middle

OTHER OCCUPANTS OF HOME

Name _____ Relationship _____

Name _____ Relationship _____

PRE-KINDERGARTEN EXPERIENCE

(Complete if enrolling in primary grades)

Head Start _____
Town / City Agency / School Name

Licensed Day Care _____
Name City / Town State

Nursery School _____
Name City / Town State

Public Pre-School _____
Town / City Agency / School Name

Indicate number of Years in Attendance _____ Beginning Age (Years) _____

TRANSFER INFORMATION

In-State Transfer _____
City/Town School Name

Out-of-State Transfer _____
City/Town/State School Name

Out-of-USA Transfer _____
City/Town/State Country

Last Grade Completed _____
Date Left _____
Month / Day / Year

Retained _____
Grade Year
Grade Year

OFFICE USE ONLY: Transferring School Contact Name: _____ Verified by: _____

OTHER INFORMATION

Public Act 07-02: Does your child have health insurance? Yes No

Indicate if there are any special services or issues which we should be aware of:

Other issues _____

DISTRICT PROOF OF RESIDENCE

Rental Contract _____ Mortgage Statement _____ Utility Bill _____

(Provide one of these documents for Proof of Residence in Region #12)

Parent/Guardian Signature _____ Date _____

TUITION STUDENTS

Employee Dependent or Non-Resident

Parent/Guardian Signature _____ Date _____

Name of person completing this form: _____

Relationship to student: _____