

**MCI -Registration Form**  
**Keep your information up to date through your parent portal online.**

<i>Office Use Only</i>		<b>Home Room#</b>	<b>Student ID #</b>	<b>State ID #</b>
<b>Advisor Name:</b>	<b>Counselor:</b>	<b>District Entry Date:</b>	<b>School Entry Date:</b>	

*Please have your parent / guardian complete the information requested below:*

DATA INFORMATION					
<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Grade Level</b>	09, 10,11,12	<b>Date of Birth</b>	Month ____/Day ____/Year ____	<b>Gender</b>	Male Female
<b>School Admission Status</b>	MSAD 53	Day Admission	Supt. Agreement		
<b>Ethnicity</b> Please circle one	Asian, Black / African American, Caucasian / White, Hispanic, American Indian / Native Alaskan		<b>Is the individual Hispanic/Latino?</b> Yes or No	<b>Is the individual from one or more of the following races?</b> (circle at least one)	
<b>Home Language:</b> (Circle one)	English, Spanish, French, German, Japanese, Korean, Russian, Vietnamese, Chinese (Cantonese/HongKong), Chinese (Mandarin/Tawian), Other _____				

STUDENT INFORMATION					
<b>Student place of birth:</b>	<b>County of Birth:</b>	<b>State of Birth:</b>	<b>Country of Birth:</b>		
<b>Town of your primary residence:</b> __ Burnham 067 __ Detroit 123 __ Pittsfield 346 __ Other: _____					
<b>Student Resides with:</b> __ Mother __ Father __ Stepfather __ Stepmother __ Guardian					
<b>Previously Home Schooled:</b> __ Yes __ No			<b>Previously Retained in Grade:</b> __ Yes __ No		
<b>Birth Mother's First Name:</b>			<b>Mother's Maiden Name:</b>		
<b>Student's Home Tel:</b>	<b>Student Cellphone:</b>	<b>Student's Email:</b>			

Parent / Guardian mailing and resident information:	
<b>Primary Residence Information:</b>	Primary resident must be in Burnham, Detroit, or Pittsfield, unless Day Admission

<b>Mother's Name:</b>	<b>Last:</b>	<b>First:</b>	<b>Home Phone:</b>	<b>Email:</b>
	<b>Cellphone:</b>	<b>Work #</b>	<b>Employer:</b>	
	<b>Mailing Address:</b>			
	<b>Physical Address:</b>			
	<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Father's Name</b>	<b>Last:</b>	<b>First:</b>	<b>Home Phone:</b>	<b>Email:</b>
	<b>Cellphone:</b>	<b>Work #</b>	<b>Employer:</b>	
	<b>Mailing Address:</b>			
	<b>Physical Address:</b>			
	<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Guardians Name</b>	<b>Last:</b>	<b>First:</b>	<b>Home Phone:</b>	<b>Email:</b>
	<b>Cellphone:</b>	<b>Work #</b>	<b>Employer:</b>	
	<b>Mailing Address:</b>			
	<b>Physical Address:</b>			
	<b>City</b>	<b>State</b>	<b>Zip</b>	
	<b>Mother / Stepmother's Cell #:</b>	<b>Father / Stepfather's Cell #:</b>		

*Continued on the reverse side of this form. Thank you*

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<b>Stepmother:</b>	Last:		First:		Home Phone:	Email:
	Cellphone:	Work #	Employer:			
	Mailing Address:					
	Physical Address:					
<b>Stepfather</b>	Last:		First:		Home Phone:	Email:
	Cellphone:	Work #	Employer:			
	Mailing Address:					
	Physical Address:					
	City				State	Zip

<b>EMERGENCY Contact</b>	Emergency contact if not able to reach one of the above parent/guardian:					
	First Name:		Last Name:		Relationship:	
	Home Tel:		Work Tel.#		Cell #:	
	Street Address:					
	City:				State:	Zip:

	<u>Photo/Publication Permission</u>	
<b>Check one:</b>	<input type="checkbox"/> <b>Yes,</b>	<b>Maine Central Institute has my permission to publish photographs/videos of my child and to identify my child by</b>
	<input type="checkbox"/> <b>No,</b>	<b>Please do not publish my child's picture</b>

<b>Parent's Education</b>	<b>What is the highest level of education your parent has completed:</b>
Father	High School: Graduated: _____, GED: _____, Adult Ed.: _____, Other: _____ College: 2yrs: _____, 3yrs.: _____, 4yrs.: _____, Other: _____
Mother	High School: Graduated: _____, GED: _____, Adult Ed.: _____, Other: _____ College: 2yrs: _____, 3yrs.: _____, 4yrs.: _____, Other: _____

<b>Military Release Info:</b>	Federal law allows branches of the military to request the names of all students. If you prefer that your child's name not be released, please complete and sign this form.				
	I request that my child's name be released:	I request that my child's name NOT be released:	to the following branches of the military (this includes the Reserves of each military branch):		
	US Army	US Navy	US Marines	US Air Force	Other:

<b>School Information / Report Card:</b>	Email report cards and school information to this email address:
	Mail report cards and school information: _____ YES _____ NO
	Will be mailed to addresses listed

<b>Parent/Guardian Signature</b>	<b>Please sign and print your name below:</b>	
<b>Printed Name</b>		Date Signed:
<b>Other:</b>		

Please return to Donna Crav - Registrar / Student Data Coordinator: dcrav@mci-school or mail to MCI Attn.: D. Crav 295 Main Street Pittsfield, ME 04967	Questions: 207-487-4453, ext. 125
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