

Office Use Only

		<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>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:**

**Primary Residence Information:**

Primary resident must be in Burnham, Detroit, or Pittsfield, unless Day Admission

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

Mailing Address:			
Physical Address:			
City	State	Zip	
Mother / Stepmother's Cell #:	Father / Stepfather's Cell #:		

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

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

<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: _____	

<b>Photo/Publication Permission</b>	
<b>Check one:</b>	<b>IF YOU DO NOT WANT YOUR CHILDS PHOTO / VIDEOED YOU MUST CHECK NO</b>
	• <b>No, 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	<b>High School:</b> Graduated:_____, GED:_____, Adult Ed.:_____, Other:_____ <b>College:</b> 2yrs:_____, 3yrs.:_____, 4yrs.:_____, Other:_____
Mother	<b>High School:</b> Graduated:_____, GED:_____, Adult Ed.:_____, Other:_____ <b>College:</b> 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 _____)	
	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>
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<b>Printed Name</b>		Date Signed:
<b>Other:</b>		

Please return to Donna Cray - Registrar / Student Data Coordinator:      Questions: 207-487-4453, ext. 125  
[dcray@mci-school](mailto:dcray@mci-school)  
or mail to  
MCI  
Attn.: D. Cray  
295 Main Street  
Pittsfield, ME 04967