

Hoosac Valley Regional School District

191 CHURCH STREET

CHESHIRE, MA 01225

(413) 743-2939

STUDENT REGISTRATION PACKET

Perseverance Respect Integrity Diversity Empathy

STUDENT INFORMATION:

GRADE ENTERING:

<u>Legal Last Name</u>	<u>Legal First Name</u>	<u>Full Middle Name</u>
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<u>Street Address</u>	<u>City/Town</u>	<u>Student's Tel. #</u>
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<u>Date of Birth</u>	<u>City of Birth</u>	<u>State of Birth</u>	<u>Country of Birth</u>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
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PARENT/GUARDIAN INFORMATION:

Parent/Guardian 1: (Primary Contact)

Relationship to Child: _____

Last Name: _____ First Name: _____ Primary Tel. # _____

Address: _____ Email Address: _____

Place of Work: _____ Work #: _____

Parent/Guardian 2:

Relationship to Child: _____

Last Name: _____ First Name: _____ Primary Tel. # _____

Address: _____ Email Address: _____

Place of Work: _____ Work #: _____

EMERGENCY CONTACT INFORMATION: NOTE: The following information will be used when it is necessary to contact someone other than the parent/guardian to provide assistance for this student during the school day. It is very important that the school office be notified immediately if this information changes during the school year.

<p>Emergency Contact 1:</p> <p>Name: _____ Relationship to Student: _____</p> <p>Address: _____ Primary Tel. #: _____</p>
<p>Emergency Contact 2:</p> <p>Name: _____ Relationship to Student: _____</p> <p>Address: _____ Primary Tel. #: _____</p>
<p>Emergency Contact 3:</p> <p>Name: _____ Relationship to Student: _____</p> <p>Address: _____ Primary Tel. #: _____</p>

Student lives with: Both Parents Mother Father Legal Guardian
 Foster Care Other: (please specify) _____

Does your child have a current IEP Plan? No Yes

Does your child have a current 504 Plan? No Yes

Has your child ever attended Hoosac Valley Regional School District? Yes No

Is there a custodial agreement in place? No Yes, If yes, please provide this office a copy of the agreement for our records.

Is there any court order in effect that prohibits any person from having contact with or access to the reports of this student? No Yes. If yes, please provide this office with the court order.

PLEASE READ PARAGRAPH BELOW

<p>I declare, under the penalties of perjury, that the above information is true and that the above named child will be a legal resident of the Town of Adams or Cheshire (unless school choice approved by the Superintendent's Office) at all times that he or she is enrolled in the Hoosac Valley Regional School District. I further declare that the above named student is not claiming the Town of Adams or Cheshire address for the sole purpose of attending Hoosac Valley Regional School District.</p>	
_____	_____
PARENT/GUARDIAN SIGNATURE	DATE