

<u>ADDITIONAL INFORMATION</u>	YES	NO
Has this student ever attended Westport Community Schools?		
Has this student ever attended other schools in Massachusetts?		
Has this student ever attended other schools outside Massachusetts?		
Does this student have a 504 plan?		
Does this student have an Individual Educational Plan (IEP)?		
Is this student now in foster care?		
Has this student previously been in foster care?		
Does this student receive any state or federal financial assistance (Medicaid, Veteran benefits, Social Security benefits, TANF, Foods Stamps, etc.)?		
Are there any current custodial orders or agreements pertaining to this student?		
Are there any current restraining orders pertaining to this student?		
Has this student ever been convicted of a felony?		
Does this student currently have a felony complaint against him/her?		
Has this student ever been excluded or expelled from a school in Massachusetts?		
Has this student ever been excluded or expelled from a school outside Massachusetts?		
Is this student a child of an active duty member of the uniformed services, National Guard or Reserve?		
Is this student a child of a member or veteran of the uniformed services who was medically discharged or retired in the last year?		
Is this student a child of a member of the uniformed services who died on active duty in the last year?		

If the answer is YES to ANY of the above questions excluding the last three, please provide further details below:

RESTRICTIONS REGARDING THE RELEASE OF THE CHILD

MORNING PICK UP Address to be picked up from:

AFTER SCHOOL PLANS When school is dismissed, my child will:

- ☐ Ride the bus home
- ☐ Be a parent pick up (specify days)_____
- ☐ Ride the bus to a babysitter/daycare provider
- ☐ Be picked up by a babysitter/daycare provider

Name of babysitter/daycare provider:_____

Address of babysitter/daycare provider:_____

Phone number of babysitter/daycare provider:_____

SIBLINGS IN WESTPORT COMMUNITY SCHOOLS

Name_____Grade_____

Name_____Grade_____

Name_____Grade_____

Name_____Grade_____

Signature of Parent or Legal Guardian

Date