



**WESTPORT COMMUNITY SCHOOLS**  
**Student Enrollment Form**

**STUDENT INFORMATION**

LASID# \_\_\_\_\_ SASID# \_\_\_\_\_  
(office use only) (office use only)

Enrolling Grade \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_

Ethnicity: Is this student Hispanic or Latino? (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of race) \_\_\_\_\_ No, Not Hispanic or Latino \_\_\_\_\_ Yes, Hispanic or Latino

What is the student's race? \_\_\_\_\_ White \_\_\_\_\_ African American \_\_\_\_\_ Asian  
\_\_\_\_\_ Native American \_\_\_\_\_ Native Hawaiian or other Pacific Islander

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous School Name \_\_\_\_\_

Previous School Street Address \_\_\_\_\_

Previous School City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Does this student have Health Insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Health Insurance Provider Name \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN INFORMATION**

**CUSTODY**    **YES**    **NO**   Relationship to Student \_\_\_\_\_

**Can Release Student To**    **YES**    **NO**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN INFORMATION**

**CUSTODY**    **YES**    **NO**   Relationship to Student \_\_\_\_\_

**Can Release Student To**    **YES**    **NO**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

***EMERGENCY CONTACTS: In the event of an emergency, Westport Community Schools will always contact the custodial parent(s)/guardian(s) first. Please list below, in rank order, contacts other than the custodial parents/guardians to whom the student may be released to.***

(1) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

(2) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

(3) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

<b><u>ADDITIONAL INFORMATION</u></b>	<b>YES</b>	<b>NO</b>
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:

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**RESTRICTIONS REGARDING THE RELEASE OF THE CHILD**

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**KINDERGARTEN ONLY: Morning address for bus pick up (home or daycare)**

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

- Be a parent pick up (specify days) \_\_\_\_\_
- Ride the bus home
- Ride the bus to 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

## Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

### Student Information

_____ <b>First Name</b>	_____ / _____ / _____ <b>Middle Name</b>	_____ / _____ / _____ <b>Last Name</b>
_____ <b>Country of Birth</b> (mm/dd/yyyy)	_____ / _____ / _____ <b>Date of Birth</b> (mm/dd/yyyy)	_____ / _____ / _____ <b>Date first enrolled in ANY U.S. school</b>

### School Information

_____ / _____ /20 <b>Start Date in New School</b> (mm/dd/yyyy)	_____ <b>Name of Former School and Town</b>	_____ <b>Current Grade</b>
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### Questions for Parents/Guardians

<b>What is the primary language used in the home, regardless of the language spoken by the student?</b> _____ _____	<b>Which language(s) are spoken with your child?</b> (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
<b>What language did your child first understand and speak?</b> _____ _____	<b>Which language do you use most with your child?</b> _____ _____
<b>How many years has the student been in U.S. Schools? (not including pre-kindergarten)</b> _____ _____	<b>Which languages does your child use? (circle one)</b> _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
<b>Will you require written information from school in your native language?</b> Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	<b>Will you require an interpreter/translator at Parent-Teacher meetings?</b> Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____
Parent/Guardian Signature: X	_____ / _____ /20 <b>Today's Date:</b> (mm/dd/yyyy)

## Early Childhood Education Experience Survey

Please check next to the option that best describes your child's **preschool experience in the school year prior to entering Kindergarten**. **Select one option only**, and indicate hours where applicable.

Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- My child did not have any formal early childhood program experience
- My child did not have formal early childhood program experience but participated in **Coordinated Family and Community Engagement (CFCE)** services. *Definition: Locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent/child activities).*
- My child did not have formal early childhood program experience but participated in **Parent Child Home Program (PCHP)** services. *Definition: Home visiting model program funded through the Department of Early Education and Care.*
- My child did not have formal early childhood program experience but participated in **BOTH Coordinated Family and Community Engagement (CFCE) AND Parent Child Home Program (PCHP)** services.
- My child attended a **Licensed Family Child Care Provider**. *Definition: Refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families. (indicate hours below)*
- \_\_\_ for less than 20 hours per week
- \_\_\_ for 20+ hours per week
- My child attended a **Center Based Program**. *Definition: Refers to care for children in a group setting, including public and private preschools, Head Start, day care Centers, and integrated public preschools. (indicate hours below)*
- \_\_\_ for less than 20 hours per week
- \_\_\_ for 20+ hours per week
- My child attended **BOTH a Licensed Family Child Care Provider AND a Center Based Program** (indicate hours below)
- \_\_\_ for less than 20 hours per week
- \_\_\_ for 20+ hours per week