

NEWBURYPORT PUBLIC SCHOOLS ENROLLMENT FORM

Please complete and remit to the School's Main Office

Entering
Grade

STUDENT INFORMATION: ☐ New Student ☐ Previously attended NPS ☐ School Choice

Transferring School: _____
District School Name City / State

Last Name First Name Middle Name
☐ Male ☐ Female ☐ Non-Binary DOB: _____ Place of Birth: _____

Primary Home Phone Primary Cell Phone Primary Work Phone

PHYSICAL ADDRESS: _____
Street / P.O. Box # City State Zip

MAILING ADDRESS: ☐ Same as above - *complete below ONLY if Mailing & Physical Address are different*

Street / P.O. Box # City State Zip

OTHER: _____

HOME LANGUAGE: _____ **COUNTRY OF ORIGIN (if not USA):** _____

IEP, 504, OTHER: ☐ Yes or ☐ No

FOSTER CARE: ☐ Yes or ☐ No

Does the student currently receive services on an IEP? ☐ Yes or ☐ No

Does the student currently receive services on a 504? ☐ Yes or ☐ No

MILITARY: ☐ Yes or ☐ No

ETHNICITY: ☐ Not Hispanic or Latino ☐ Hispanic or Latino

RACE: (check all that apply) ☐ Alaska Native or American Indian ☐ Asian or Pacific Islander ☐ Black / African American
☐ Hispanic ☐ White/Caucasian

SIBLINGS in NBPT Public Schools (Name & Grade): _____

Walker, Bus or Rider: _____ ☐ Newburyport Resident ☐ School Choice ☐ Other

MCAS: Has this student taken the Grade 10 MCAS? ☐ Yes or ☐ No ☐ N/A Passed all? ☐ Yes or ☐ No

Please complete:

CONTACT #1 INFORMATION (contact #1 - receives auto calls)

☐ Mother ☐ Father ☐ Guardian ☐ Other _____ Student lives with Contact #1 ☐ Yes ☐ No

Has Custody ☐ Yes ☐ No Able to Pick up Student ☐ Yes ☐ No Receive Mailings ☐ Yes ☐ No Access Family Portal ☐ Yes ☐ No

Last Name First Name Middle Name
Address: _____
Street / P.O. Box # City State Zip

Primary Home Phone Primary Cell Phone Primary Work Phone

Primary email Employer

NEWBURYPORT PUBLIC SCHOOLS ENROLLMENT FORM

Please complete and remit to the School's Main Office

CONTACT #2 INFORMATION *(contact #2 - receives auto calls)*

☐ Mother ☐ Father ☐ Guardian ☐ Other _____ Student lives with Contact #2 ☐ Yes ☐ No
Has Custody ☐ Yes ☐ No Able to Pick up Student ☐ Yes ☐ No Receive Mailings ☐ Yes ☐ No Access Family Portal ☐ Yes ☐ No

Last Name First Name Middle Name
Address: _____
Street / P.O. Box # City State Zip

Primary Home Phone Primary Cell Phone Primary Work Phone

Primary email Employer

ADDITIONAL CONTACT

☐ Mother ☐ Father ☐ Guardian ☐ Other _____ Student lives with Contact ☐ Yes ☐ No
Able to Pick up Student ☐ Yes ☐ No Receive Mailings ☐ Yes ☐ No Access Family Portal ☐ Yes ☐ No

Last Name First Name Middle Name
Address: _____
Street / P.O. Box # City State Zip

Primary Home Phone Primary Cell Phone Primary Work Phone

Primary email Employer

ADDITIONAL CONTACT

☐ Mother ☐ Father ☐ Guardian ☐ Other _____ Student lives with Contact ☐ Yes ☐ No
Able to Pick up Student ☐ Yes ☐ No Receive Mailings ☐ Yes ☐ No Access Family Portal ☐ Yes ☐ No

Last Name First Name Middle Name
Address: _____
Street / P.O. Box # City State Zip

Primary Home Phone Primary Cell Phone Primary Work Phone

Primary email Employer

NEWBURYPORT PUBLIC SCHOOLS ENROLLMENT FORM

Please complete and remit to the School's Main Office

EMERGENCY CONTACT INFORMATION

in the event Parents/Guardians cannot be reached

Emergency Contact #1

Last Name First Name Middle Name

Primary Home Phone Primary Cell Phone Primary Work Phone

Relationship to student: _____

Emergency Contact #2

Last Name First Name Middle Name

Primary Home Phone Primary Cell Phone Primary Work Phone

Relationship to student: _____

*The above contacts have parent/guardian permission to pick up student in the event the parent/guardian is not available.
They must bring a photo ID at time of pick up.*

Court Orders or Restraining Orders in effect which the school should be aware of? ☐ Yes ☐ No

Order Against: _____ Relationship to Student: _____

Separate residence-shared custody agreement? ☐ Yes ☐ No If yes, who has Legal* custody? _____

***Legal Physical Custody must be documented in order for N.P.S. to provide you with your child's grade reports, etc.** If you are not the custodial parent, you must provide legal documentation that you may be provided with information about your child. A letter from the custodial parent granting permission is also acceptable. A confidential file will be kept in the Principal's office.

☐ Documentation provided

Parent/Guardian Signature Date of Signature

School Office Use Only

SPED Status: _____ 504: _____ LASID: _____

Counselor: _____ PIN: _____ Other Info: _____