



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 _____

<i>ADDITIONAL INFORMATION</i>	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