

Please Complete One Student Registration Form Per Child

Student Information

1. Names of Parents/Guardians

Mother First Name

Mother Last Name

Father First Name

Father Last Name

2. Please provide us with the following information about this child:

Last Name

First Name

Middle Name

Preferred Name

City of Birth

State of Birth

Country of Birth

3. What grade is this child in? If it is summer, what grade will the child be entering in the fall?

4. Has this child previously attended a Massachusetts public school?

Yes

No

5. What is the name, address and phone number of this child's previous school?

Name:

Address:

Address 2:

City/Town:

State:

ZIP:

Phone Number:

6. Has this child previously attended the Westborough Public Schools? If so, what year(s) was he/she enrolled?

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7. Do you have any concerns or comments about your child's transition into our schools?

8. Please share any information about your child's sleeping patterns, eating habits, social/behavioral style, learning style, fears, etc. that you think we should know about:

9. Has this child received any of these support services?

	No	Yes
Special Education	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
ELL	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>
504	<input type="checkbox"/>	<input type="checkbox"/>
Title 1	<input type="checkbox"/>	<input type="checkbox"/>
OT/PT	<input type="checkbox"/>	<input type="checkbox"/>
DCAP	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

10. What is this child's birth date?

MM DD YYYY
Birth Date / /

11. What is this child's gender?

Female Male

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12. What is the race/ethnicity of this child (check all that apply)?

- American Indian/Alaskan Native
- Black
- Hispanic or Latino
- Asian
- Hawaiian Native/Pacific Islander
- White
- Other (please specify)