

# STUDENT REGISTRATION FORM K - 12

**For School Personnel**

*Verification of Date of Birth and student name*

Birth Certificate

Passport

Other

Completed Health & Immunization

Lexington ID Number \_\_\_\_\_

Massachusetts ID Number \_\_\_\_\_

District School \_\_\_\_\_

(Student Last Name)

(First Name)

(Middle Name)

*(Must be "formal" name as listed on an official document)*

Place of Birth: City/Town \_\_\_\_\_ State/Country \_\_\_\_\_

1. Address \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

2. Student E-mail address \_\_\_\_\_

3. Phone (\_\_\_\_\_) \_\_\_\_\_ Unlisted: Yes \_\_\_\_ No \_\_\_\_ To Enter Grade \_\_\_\_\_

4. Date of Entry \_\_\_\_ Student Gender \_\_\_\_ Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

5. Student Race/Ethnicity:

A. Please circle all that apply.

Asian

Black or African American

White

American Indian/Alaskan Native

Native Hawaiian or Other Pacific Islander

B. Do you consider student ethnicity to be Hispanic/Latino (Circle one): Yes No

6. METCO Program (Yes/No) \_\_\_\_\_

7. State Ward (Yes/No) \_\_\_\_\_

8. Primary Language Spoken in the Home \_\_\_\_\_

If Primary Language is not English, do you require school communications in your language:

Please circle one: YES NO

9. Previous School \_\_\_\_\_ Grade Completed \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

10. Student living with : \_\_\_\_\_

(Parents, Mother, Father, Grandparents, Legal Guardian(s), etc.)

11. **Custodial/Parent(s)/ Guardian Information:**

_____	_____	_____	_____
Title	First Name	Last Name	Relationship to Student
_____ (____)		_____ (____)	
Address		Home Phone	Business Phone
_____ (____)		E-mail Address _____	
Cell Phone			

_____	_____	_____	_____
Title	First Name	Last Name	Relationship to Student
_____ (____)		_____ (____)	
Address		Home Phone	Business Phone
_____ (____)		E-mail Address _____	
Cell Phone			

12. **Non-Custodial/Parent(s)/Guardian Information:**

_____	_____	_____	_____
Title	First Name	Last Name	Relationship to Student
_____ (____)		_____ (____)	
Address		Home Phone	Business Phone
_____ (____)		E-mail Address _____	
Cell Phone			

_____	_____	_____	_____
Title	First Name	Last Name	Relationship to Student
_____ (____)		_____ (____)	
Address		Home Phone	Business Phone
_____ (____)		E-mail Address _____	
Cell Phone			

13. Family Doctor: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

14. Family Dentist: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

15. **Emergency Contacts: (\*Someone who would be responsible for child in parent's absence)**

1.* _____ (____)	_____ (____)	_____
(Other than Parent)	Telephone	Relationship to student
	_____ (____)	
	Cell	
2.* _____ (____)	_____ (____)	_____
(Other than Parent)	Telephone	Relationship to student
	_____ (____)	
	Cell	

Comments: \_\_\_\_\_

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