

NORTH ATTLEBOROUGH PUBLIC SCHOOLS

STUDENT REGISTRATION

Please check which school you are registering your student for:

- Preschool**
 Elementary
 Middle School
 High School

If registering for Kindergarten

- Full Day Kindergarten**
 Half-Day Kindergarten

HOW TO REGISTER:

<u>Preschool</u>	<u>Elementary</u>	<u>Middle School</u>	<u>High School</u>
Grade: PK	Grades: K-5	Grades: 6-8	Grades: 9-12
Early Learning Center Lynn Perreault Main Office 25 School Street N. Attleborough, MA 02760 Phone: 508-643-2145	Registration Office - MS Sharon Chretien 564 Landry Avenue N. Attleborough, MA 02760 Phone: 508-643-2178 <i>By Appointment</i>	Middle School Guidance Office 564 Landry Avenue N. Attleborough, MA 02760 Phone: 508-643-2130	High School Guidance Office One Wilson W. Whitty Way N. Attleborough, MA 02760 Phone: 508-643-2120

DOCUMENTATION REQUIRED FOR REGISTRATION

CHECKLIST:

- Completed Registration Forms**
- Proof of Residency (see Residency Page)**
- Original Birth Certificate**
- Guardian/Custody Papers if applicable**
- Immunization Record**
- Physical Exam with Lead Test (within a year)**
- School Records (assessments, discipline, Individualized Educational Plan, progress reports, report cards, transcripts, etc.)**
- Free and Reduced Lunch Application**

Please call the main office at the school if you would like this document translated into a language other than English.
 Por favor, llame a la secretaria central da escola caso deseje que este documento seja traduzido para o português.
 Por favor, llame a la oficina central de la escuela si usted desea que este documento sea traducido al español.
 الرجاء الإتصال بالمكتب الرئيسي في المدرسة إذا أردتم ترجمة هذه الوثيقة إلى اللغة العربية.
 請致電主要辦公室在學校，如果你想這份文件翻譯成英文以外的語言。

**NORTH ATTLEBOROUGH PUBLIC SCHOOLS
STUDENT REGISTRATION**

RESIDENCY DOCUMENTATION

“Proof from Group A and Group B must show current address”

Group A <i>Must submit 1 proof</i>	Group B <i>Must submit 2 proofs</i>	Group C <i>Must submit 1 proof</i>
<p><u>Homeowners:</u></p> <ul style="list-style-type: none"> ● Current Mortgage Statement ● Property Deed ● Settlement Statement ● Current Property Tax Bill ● Current Property Water Bill 	<p><u>Utility or Insurance Bill</u> <i>Must be dated within the past 30 days</i></p> <ul style="list-style-type: none"> ● Bank Statement ● Payroll Stub ● Cable Bill ● Electric Bill ● Gas Bill ● Oil Bill 	<p><u>Evidence of Identification</u> <i>(Photo ID)</i></p> <ul style="list-style-type: none"> ● Valid MA Driver’s License ● Valid MA Photo ID Card ● Valid Passport ● Valid Other Government Issued Photo ID
<p><u>Renters:</u></p> <ul style="list-style-type: none"> ● Current Lease ● Signed and Notarized Landlord Living Agreement 	<ul style="list-style-type: none"> ● Home Telephone Bill (cellular is not acceptable) ● Current Car Insurance Bill ● Current Car Registration ● Current Home/Renters Insurance Bill 	

If you are unable to provide all of the information listed above please indicate this to the registrar. An additional appointment will need to be scheduled with School Administration to complete the registration process.

NORTH ATTLEBOROUGH PUBLIC SCHOOLS STUDENT REGISTRATION

STUDENT INFORMATION

STUDENT INFORMATION		
<i>GRADE ENTERING</i>	<i>YOG</i>	<i>NA SCHOOL ENTERING</i>
TODAY'S DATE		
ENROLLMENT STATUS	CHOOSE ONLY ONE: <input type="checkbox"/> NEW STUDENT <input type="checkbox"/> RE-ENTRY (PREVIOUSLY ATTENDED) <input type="checkbox"/> EVALUATION ONLY	
STUDENT'S FIRST NAME		
STUDENT'S MIDDLE NAME		
STUDENT'S LAST NAME		
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
DATE OF BIRTH/AGE OF STUDENT	/ /	AGE OF STUDENT:
PLACE OF BIRTH	CITY:	STATE: COUNTRY:
GRADE ENTERING		
HOME ADDRESS		
CITY, STATE AND ZIPCODE	North Attleborough, MA 02760	
PHONE INFORMATION	HOME PHONE: () — CELL PHONE: () —	
ETHNICITY	IS THE STUDENT HISPANIC OR LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO	
RACE	WHAT IS THE STUDENT'S RACE (PLEASE CHECK ALL THAT APPLY)? <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE	
STUDENT EDUCATIONAL SERVICES	CHECK ALL THAT APPLY: <input type="checkbox"/> ESL <input type="checkbox"/> IEP <input type="checkbox"/> TITLE I <input type="checkbox"/> 504 PLAN <input type="checkbox"/> NONE	
LANGUAGE SPOKEN AT HOME		
PARENT TRANSLATION SERVICES NEEDED	<input type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE:	
STUDENT LIVES WITH	<input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> STATE <input type="checkbox"/> GUARDIAN <input type="checkbox"/> FOSTER CARE	
DCF CUSTODY	IS THE CHILD IN DCF CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
FOSTER CARE	IS THE CHILD IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STATE WARD	IS THE CHILD A WARD OF THE STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
LAST SCHOOL ATTENDED		
ADDRESS OF LAST SCHOOL ATTENDED		
VALOR ACT (MILITARY FAMILY STATUS)		
VALOR ACT (MILITARY FAMILY STATUS)	BASED ON THE FOLLOWING, IS YOUR CHILD CONSIDERED TO BE PART OF A MILITARY FAMILY? <ul style="list-style-type: none"> ACTIVE DUTY MEMBERS OF THE UNIFORMED SERVICES, NATIONAL GUARD AND RESERVE ON ACTIVE DUTY ORDERS MEMBERS OF VETERANS WHO ARE MEDICALLY DISCHARGED OR RETIRED WITHIN THE LAST 12 MONTHS MEMBERS WHO DIED ON ACTIVE DUTY <input type="checkbox"/> YES <input type="checkbox"/> NO	

NORTH ATTLEBOROUGH PUBLIC SCHOOLS STUDENT REGISTRATION

FAMILY INFORMATION

PARENT/GUARDIAN INFORMATION (CONTACT 1)	
NAME OF PARENT/GUARDIAN	FIRST: _____ LAST: _____
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EMAIL ADDRESS	
RELATIONSHIP TO STUDENT	
MARITAL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW *If separated or divorced, child resides with: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH (joint custody) <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER
LEGAL INFORMATION (if YES, please provide documentation)	CUSTODY: <input type="checkbox"/> YES <input type="checkbox"/> NO JOINT CUSTODY: <input type="checkbox"/> YES <input type="checkbox"/> NO RESTRAINING ORDER: <input type="checkbox"/> YES <input type="checkbox"/> NO AFFIDAVIT: <input type="checkbox"/> YES <input type="checkbox"/> NO
HOME ADDRESS (if different from student)	
PHONE INFORMATION	HOME PHONE: () — CELL PHONE: () —
WORK PHONE NUMBER	() —

PARENT/GUARDIAN INFORMATION (CONTACT 2)	
NAME OF PARENT/GUARDIAN	FIRST: _____ LAST: _____
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EMAIL ADDRESS	
RELATIONSHIP TO STUDENT	
MARITAL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW *If separated or divorced, child resides with: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH (joint custody) <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER
LEGAL INFORMATION (if YES, please provide documentation)	CUSTODY: <input type="checkbox"/> YES <input type="checkbox"/> NO JOINT CUSTODY: <input type="checkbox"/> YES <input type="checkbox"/> NO RESTRAINING ORDER: <input type="checkbox"/> YES <input type="checkbox"/> NO AFFIDAVIT: <input type="checkbox"/> YES <input type="checkbox"/> NO
HOME ADDRESS (if different from student)	
PHONE INFORMATION	HOME PHONE: () — CELL PHONE: () —
WORK PHONE NUMBER	() —

PLEASE LIST TWO RELATIVES/OTHERS WHO HAVE AGREED TO ASSUME TEMPORARY CARE OF YOUR CHILD DURING SCHOOL HOURS IF YOU CANNOT BE REACHED.

EMERGENCY CONTACT INFORMATION	
NAME OF EMERGENCY CONTACT	FIRST: _____ LAST: _____
DAYTIME PHONE NUMBER	() —
RELATIONSHIP TO STUDENT	
NAME OF EMERGENCY CONTACT	FIRST: _____ LAST: _____
DAYTIME PHONE NUMBER	() —
RELATIONSHIP TO STUDENT	

NORTH ATTLEBOROUGH PUBLIC SCHOOLS STUDENT REGISTRATION

FAMILY INFORMATION CONTINUED

PLEASE LIST **ALL** BROTHERS/SISTERS WHO ATTEND NORTH ATTLEBOROUGH PUBLIC SCHOOL AND THE GRADE AND SCHOOL THEY ATTEND .

SIBLING INFORMATION (BROTHERS/SISTERS OF STUDENT)	
NAME OF SIBLING	FIRST: _____ LAST: _____
DATE OF BIRTH OF SIBLING	/ /
GRADE OF SIBLING	
NAME OF SCHOOL SIBLING ATTENDS	
NAME OF SIBLING	FIRST: _____ LAST: _____
DATE OF BIRTH OF SIBLING	/ /
GRADE OF SIBLING	
NAME OF SCHOOL SIBLING ATTENDS	

HEALTH INFORMATION	
NAME OF HEALTH INSURANCE PLAN	
NAME OF DENTAL INSURANCE PLAN	
STUDENT'S PRIMARY CARE PROVIDER	DOCTOR'S NAME: _____ PHONE NUMBER: () _____
MEDICAL CONDITIONS/CONCERNS	
ALLERGIES	EPI-PEN: <input type="checkbox"/> YES <input type="checkbox"/> NO ALLERGIES: _____
PLEASE LIST ALL MEDICATIONS THAT YOUR CHILD TAKES	MEDICATIONS: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

YOUR SIGNATURE INDICATES THAT YOU HAVE RECEIVED ALL THE NECESSARY INFORMATION TO COMPLETE THIS REGISTRATION.

FOR SCHOOL USE ONLY – BIRTH CERTIFICATE/PASSPORT: YES _____ NO _____ AFFIDAVIT OF RESIDENCY: YES _____

CUSTODY/GUARDIANSHIP: YES _____ NO _____ N/A _____ PERMANENT _____ TEMPORARY _____ EXPIRES/REVIEWED _____ DCF FOLDER: YES _____ N/A _____

SCHOOL RECORDS EMAILED _____ FAXED _____ TO: _____ DATE _____ APPROVED BY: _____ DATE _____

EMAILED/FAXED TO: ELL _____ IT DEPARTMENT _____ SPECIAL EDUCATION _____ DATE: _____

NORTH ATTLEBOROUGH PUBLIC SCHOOLS STUDENT REGISTRATION

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'S FIRST NAME: _____

STUDENT'S MIDDLE NAME: _____

STUDENT'S LAST NAME: _____

GENDER: MALE _____ FEMALE _____ DATE OF BIRTH: _____ / _____ / _____ COUNTRY OF BIRTH: _____

AGE OF STUDENT: _____ GRADE ENTERING: _____ DATE FIRST ENROLLED IN ANY U.S. SCHOOL: _____

HOME LANGUAGE QUESTIONS	ANSWERS
1. WHAT IS THE NATIVE LANGUAGE(S) OF EACH PARENT/GUARDIAN?	MOTHER/GUARDIAN (CIRCLE): _____ FATHER/GUARDIAN (CIRCLE): _____
2. WHAT LANGUAGE DID YOUR CHILD FIRST UNDERSTAND OR SPEAK?	
3. WHAT LANGUAGE DO YOU USE MOST OFTEN WHEN SPEAKING TO YOUR CHILD AT HOME?	
4. WHAT LANGUAGE DOES YOUR CHILD USE MOST OFTEN WHEN SPEAKING TO FAMILY?	
5. WHAT LANGUAGE DOES YOUR CHILD USE MOST OFTEN WHEN SPEAKING WITH FRIENDS?	
6. WHAT LANGUAGE(S) DOES YOUR CHILD READ/WRITE?	
7. AT WHAT AGE DID YOUR CHILD START ATTENDING SCHOOL?	
8. HAS YOUR CHILD HAD ANY INTERRUPTIONS IN FORMAL SCHOOLING? IF SO, PLEASE EXPLAIN.	
9. WHAT LANGUAGE WOULD YOU PREFER FOR THE SCHOOL TO COMMUNICATE TO YOU ORALLY AND IN WRITING? <i>(PLEASE SPECIFY)</i>	

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

RELATIONSHIP OF PERSON COMPLETING SURVEY: MOTHER _____ FATHER _____ GUARDIAN _____

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 For favor, llame a la oficina central de la escuela si usted desea que este documento sea traducido al español.
 الرجاء الإتصال بالمكتب الرئيسي في المدرسة إذا أردتم ترجمة هذه الوثيقة إلى اللغة العربية.
 ຖ້າທ່ານຕ້ອງການໃຫ້ບັນດາບັນດາສາມາດຖືກແປເປັນພາສາອື່ນໆ, ນາຖາທິລາວອາດຈະມີຄວາມສຳຄັນ.
 請致電主要辦公室在學校，如果你想這份文件翻譯成英文以外的語言。

**NORTH ATTLEBOROUGH PUBLIC SCHOOLS
STUDENT REGISTRATION
STUDENT HEALTH SURVEY**

STUDENT NAME: _____

DATE OF BIRTH: _____

GRADE: _____

NONE

<input type="checkbox"/>	01	ALLERGY: BEE STING	<input type="checkbox"/>	23	HOSPITALIZATION
<input type="checkbox"/>	02	ALLERGY: FOOD	<input type="checkbox"/>	24	HYPERACTIVE
<input type="checkbox"/>	03	ALLERGY MEDICATION	<input type="checkbox"/>	25	KIDNEY DISORDER
<input type="checkbox"/>	04	ALLERGY: POLLEN/DUST/HAY FEVER	<input type="checkbox"/>	26	MEDICATIONS NEEDED AT SCHOOL
<input type="checkbox"/>	05	ALLERGY: UNKNOWN CAUSES	<input type="checkbox"/>	27	MENSTRUAL CRAMPS (severe)
<input type="checkbox"/>	06	ANEMIA	<input type="checkbox"/>	28	MIGRAINE HEADACHES: MEDICATION
<input type="checkbox"/>	07	ARTHRITIS	<input type="checkbox"/>	29	MUSCULAR DYSTROPHY
<input type="checkbox"/>	08	ASTHMA MEDICATION required	<input type="checkbox"/>	30	NOSE BLEEDS (frequent)
<input type="checkbox"/>	09	BIRTH DEFECT/CHROMOSOME DISORDER	<input type="checkbox"/>	31	OSGOOD-SCHLATTER DISEASE
<input type="checkbox"/>	10	BLOOD DISORDER	<input type="checkbox"/>	32	PHYSICAL ACTIVITY LIMITATION
<input type="checkbox"/>	11	CANCER/LEUKEMIA	<input type="checkbox"/>	33	PREMATURE BIRTH
<input type="checkbox"/>	12	CEREBRAL PALSY	<input type="checkbox"/>	34	RHEUMATIC FEVER HISTORY
<input type="checkbox"/>	13	COLOR BLINDNESS	<input type="checkbox"/>	35	SCOLIOSIS
<input type="checkbox"/>	14	CYSTIC FIBROSIS	<input type="checkbox"/>	36	ULCER
<input type="checkbox"/>	15	DIABETIC: INSULIN DEPENDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	37	VISION IMPAIRMENT:
<input type="checkbox"/>	16	EATING DISORDERS: UNDER/OVERWEIGHT	<input type="checkbox"/>	38	OTHER (Please explain)
<input type="checkbox"/>	17	ENDOCRINE DISODERS			
<input type="checkbox"/>	18	EPILEPSY/SEIZURES: MEDICATION <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/>	19	GROWTH DISORDERS (Please explain under "Comments")			
<input type="checkbox"/>	20	HEAD INJURY			
<input type="checkbox"/>	21	HEARING LOSS <input type="checkbox"/> RIGHT EAR <input type="checkbox"/> LEFT EAR			
<input type="checkbox"/>	22	HEART DISEASE/DEFECT:			

Will these issues require nursing intervention during the school day? YES NO

Comments:

**NORTH ATTLEBOROUGH PUBLIC SCHOOLS
STUDENT REGISTRATION
Early Childhood Education Experience Survey**

Please complete this survey ONLY if you are registering your child for kindergarten.

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. Thank you!

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 (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 (home visit program)
- 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 (indicate hours below)
 ___ for less than 20 hours per week
 ___ for 20+ hours per week
- My child attended a Center Based Program (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

Definitions:

Coordinated Family and Community Engagement (CFCE) Services: locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent-child activities).

Parent Child Home Program (PCHP): home visiting model program funded through the Department of Early Education and Care.

Licensed Family Childcare: 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.

Center-Based Care: refers to care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools.

NORTH ATTLEBOROUGH PUBLIC SCHOOLS
STUDENT REGISTRATION
McKinney-Vento Assistance Identification

North Attleborough Public Schools shall provide an educational environment that treats all students with dignity and respect. All students that are homeless shall have equal access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and youth not living with a parent or guardian, applies to all services, programs, and activities provided or made available by North Attleborough Public Schools.

A student is considered “**homeless**” (*Fed. Law: U.S.C. 11431-11435*) if he or she is presently:

- sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
- have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
- living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings;
- migratory
- not in the physical custody of a parent or guardian (i.e. unaccompanied youth)

Homeless Students Have Rights to:

- **Immediate school enrollment:**
A school must immediately enroll students even if they lack health, immunization or school records, proof of guardianship, or proof of residency.
- **Enroll in:**
 - *the school he/she attended when permanently housed (school of origin)
 - *the school in which he/she was last enrolled (school of origin)
 - *any school that non-homeless students, living in the same attendance area in which the homeless child or youth is actually living, are eligible to attend.
- **Remain** enrolled in his/her selected school for as long as he/she remains homeless or, if the student becomes permanently housed, until the end of the academic year.
- **Priority** in certain preschool programs. Parents or guardians are encouraged to seek enrollment in these programs.
- **Obtain** information regarding how to get free school meals, transportation, programs and fees.
- **Transportation services:**
A homeless student attending his/her school of origin has a right to transportation to go to and from school of origin as long as he/she is homeless. North Attleborough staff shall inform homeless parents/guardians or youth of transportation services to and from school and school- related activities.

If you desire additional information regarding McKinney-Vento Assistance, please contact the Assistant Superintendent’s Office at 508-643-2100 X206.

NORTH ATTLEBOROUGH PUBLIC SCHOOLS

STUDENT REGISTRATION

McKinney-Vento Assistance Identification

Please complete the information in Part I and any information in Part II that pertains to your family.

Please sign and return this form to your school. This form is for record purposes.

All information submitted is considered highly confidential.

Part I (please print)

Student Name _____
(Last Name) (First Name) (Middle Name)

Student Address _____
(Street) (City) (State) (Zip Code)

D.O.B. _____ Grade: _____ School _____

Part II

1. Have your living arrangements changed in the last year? Yes No *(if no, please skip to Part III)*

2. Do you or your family live in any of these situations? *(please check all that apply)*

Living with relatives or others due to loss of housing, economic hardship

Who: _____

Living in a motel/hotel, camping ground, or other similar situation due to the lack of alternative adequate accommodations

Living in emergency or transitional shelters

Temporarily housed, awaiting DSS permanent foster care placement

Living in cars, parks, public spaces, bus or train stations, or similar settings

Living in public spaces not designed for or ordinarily used as regular sleeping accommodations

Living in an abandoned apartment/building

Unaccompanied youth not in physical custody of a parent or guardian

Migratory children (defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless

Alternative living arrangements (Please explain any special circumstances)

3. Please list any siblings in the home who are attending North Attleborough Public Schools

Sibling Name <i>(First and Last)</i>	D.O.B.	School

Part III

PARENT/GUARDIAN INFORMATION

Name _____ Home Number _____ () _____

Work Number _____ () _____

Address _____ Cell Number _____ () _____

(only if different from Part I)

Parent/Guardian Signature Date

**NORTH ATTLEBOROUGH PUBLIC SCHOOLS
STUDENT REGISTRATION**

RELEASE FORM/RELEASE OF INFORMATION

STUDENT'S FIRST NAME: _____

STUDENT'S MIDDLE NAME: _____

STUDENT'S LAST NAME: _____

DATE OF BIRTH: ____/____/____ GRADE ENTERING: _____ ENROLLING: _____
Month/Year

PREVIOUS SCHOOL INFORMATION

LAST SCHOOL ATTENDED: _____
Name of School

SCHOOL'S ADDRESS: _____
Street No. Street Name City/Town State Zip

SCHOOL'S PHONE NO.: (____) _____ SCHOOL'S FAX NO.: (____) _____

I authorize the North Attleborough Public Schools, as the system in which I am registering my child, to receive all pertinent school records including but not limited to:

- Official Permanent Record/Transcript (including a recent report card, academic level of achievement and explanation of the grading system used)
- Exit Grades
- Achievement and Aptitude Test Scores (including all MCAS scores)
- Attendance Records
- Discipline Records
- Medical Records (immunizations and physical exam information)
- Evaluation(s)/Special Education Records (I.E.P., etc.)/504 Plan if applicable
- Verbal/Written Communication

I also authorize the North Attleborough Public Schools to contact other sources to obtain information relative to my child's application.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PLEASE MAIL OR FAX ALL PERTINENT RECORDS TO:

<p><u>Amvet Boulevard</u> 70 Amvet Boulevard N. Attleborough, MA 02760 Phone: 508-643-2155 Fax: 508-643-2184</p>	<p><u>Community School</u> 45 S. Washington Street N. Attleborough, MA 02760 Phone: 508-643-2148 Fax: 508-643-2179</p>	<p><u>Early Learning Center</u> 25 School Street N. Attleborough, MA 02760 Phone: 508-643-2145 Fax: 508-643-2188</p>
<p><u>Falls Elementary</u> 2 Jackson Street N. Attleborough, MA 02760 Phone: 508-643-2170 Fax: 508-643-2185</p>	<p><u>High School</u> One Wilson W. Whitty Way N. Attleborough, MA 02760 Phone: 508-643-2120 Fax: 508-643-2122</p>	<p><u>Joseph Martin</u> 37 Landry Avenue N. Attleborough, MA 02760 Phone: 508-643-2140 Fax: 508-643-2186</p>
<p><u>Middle School</u> 564 Landry Avenue N. Attleborough, MA 02760 Phone: 508-643-2130 Fax: 508-643-2134</p>	<p><u>Roosevelt Avenue</u> 108 Roosevelt Avenue N. Attleborough, MA 02760 Phone: 508-643-2151 Fax: 508-643-2187</p>	

**NORTH ATTLEBOROUGH PUBLIC SCHOOLS
STUDENT REGISTRATION**

**NORTH ATTLEBOROUGH PUBLIC SCHOOLS
STUDENT INTERNET SAFETY AND TECHNOLOGY USE CONTRACT**

Student Name: _____
 First Name **Middle Name** **Last Name**

Homeroom Teacher: _____ Homeroom # _____ YOG _____

Student under 18 years of age:

In signing this Contract, I understand and will comply with the rules to use North Attleborough School District Technology.

Student's Signature: _____ Date: _____

Parent/Guardian:

In signing this Contract, I give permission for my child to use North Attleborough School District Technology and have witnessed my child's signature signifying his or her understanding as well.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature: _____ Date: _____

Student 18 years of age or older:

In signing this Contract, I understand and will comply with the rules to use North Attleborough School District Technology.

Student's Signature: _____ Date: _____