

School: _____

**Pittsfield Public Schools
Student Registration Form
2010/2011**

BIRTH CERTIFICATE REQUIRED FOR ALL REGISTRATIONS

Name: _____
Last, First, Middle

Gender: M F Date of Birth: _____

Registering for Grade: _____ City of Birth: _____

Address Verification - Student cannot be enrolled without proof of residence (Acceptable proof: Utility Bill, Purchase Agreement, Rental Agreement) - Attached Yes No

Student's Physical Address (Please do NOT put a Post Office Box)

Street _____
City, State & Zip: _____
Home Phone: _____

Student's Mailing Address (Post Office Box may be entered here)

Street: _____
City, State & Zip: _____

Ethnicity: (Check all that apply to above student) A (Asian) B (Black) C (Caucasian)
 I (American Indian or Alaskan Native) N (Native Hawaiian or Other Pacific Islander)

Is your child Hispanic or Latino? Yes No

School Previously Attended: _____ Withdrawal Date: _____

Address: _____ City: _____ State: _____

If previously enrolled in Pittsfield, when? _____

Preschool Experience: Yes No Name of Facility: _____

Does this student have an IEP (Individualized Educational Plan)? Yes No

If yes, a copy **must** be received at the school.

Does this student have a 504 Plan? Yes No

If yes, a copy **must** be received at the school.

Home Language: _____

Primary Home Language Survey Attached Yes No Initials of Person Conducting Survey _____

Date student entered the United States: _____

Student Lives With:

Father & Mother
 Mother
 Father
 Grandmother
 Grandfather
 Foster Parent
 Other _____

Does the person checked above have legal custody?: Yes No

Is custody of above student JOINT or TEMPORARY? _____

If no, who has custody? Explain: _____

Student Lives With:

_____	_____
First Name	Last Name
_____	_____
Cell Phone	E-Mail Address

Student Contact Information

Father's Name (First Last): _____

Father's Address: _____

Father's Home Phone: _____ Father's Cell Phone: _____

Father's Employer: _____

Father's Day Phone: _____

Father's Preferred email: _____

Mother's Name (First Last) _____

Mother's Address: _____

Mother's Home Phone: _____ Mother's Cell Phone: _____

Mother's Employer: _____

Mother's Day Phone: _____

Mother's Preferred email: _____

Guardian (if not Father or Mother) _____

Guardian Name (First Last) _____

Guardian Address: _____

Guardian's Home Phone: _____ Guardian's Cell Phone: _____

Guardian's Employer: _____

Guardian's Day Phone: _____

Guardian's Preferred email: _____

** Do you wish to receive mail at this address in addition to Student's Physical Address? Yes No

** Are there any restrictions of visitation? Yes No

Emergency Contact #1 (First, Last): _____

Emergency #1 Phone: _____

Emergency #1 Cell Phone: _____

Emergency Contact #2 (First, Last): _____

Emergency #2 Phone: _____

Emergency #2 Cell Phone: _____

Physician's Name: _____

Please know that all Immunization Records must be received at the school.

Pittsfield Public Schools admits students and makes available to them its advantages, privileges and courses of study without regard to race, color, sex, religion, national origin, sexual orientation or disability. If you need assistance translating this document into a language other than English, please contact the district's Coordinator for English Language Learners at 413-499-6304.

Si usted necesita ayuda que traduce este documento en un idioma de otra manera que inglés, contacta por favor al ELL Coordinador del distrito en 413-499-6304.

Si vous avez besoin de l'assistance traduisant ce document dans une langue autrement que l'anglais, s'il vous plaît contacter le ELL Coordinateur à 413-499-6304.

Se necessita auxílio traduzindo este documento numa linguagem outro que inglês, por favor contata o ELL Coordenador em 413-499-6304.

Если Вы нуждаетесь в помощи, переводящей этот документ на язык кроме английского языка, пожалуйста свяжитесь с ELL Координатором в 413-499-6304.

Revision 1/09