



Wachusett Regional School District

Holden, Paxton, Princeton, Rutland, Sterling

STUDENT REGISTRATION

Student Information (please print)

Name: _____
Last name *First name* *Middle Name*

Preferred Name: _____ Primary Phone: _____

Age: _____ Date of Birth: _____ Gender: _____ Birthplace: _____

School your child will attend: _____ Starting Date: _____

Entering Grade level: _____ Are you applying for full-day kindergarten: Yes No

Previous School _____ Phone _____

Previous School Address: _____
Street *City* *State* *Zip*

Home Address

Street, Apt/Suite: _____

City, State, Zip: _____

Mailing Address

Street, Apt/Suite: _____

City, State, Zip: _____

Additional Mailing Information

Name, City, State, Zip: _____

Additional Information

Is there documentation as it pertains to a separated/divorced status and custodial rights? Yes No

Is the student a foster child under the Massachusetts Division of Social Services? Yes No

Is the student a "Ward of the Court"? Yes No

Federal Ethnicity and Race Information

Is this student Hispanic or Latino? Yes No

Student's race: (A) Asian (B) Black / African American (I) American Indian / Alaska Native
 (P) Native Hawaiian / Other Pacific Islander (W) White

Name of student _____

Family Information (please print)

Student Resides with: Both Parents Mother Father Guardian Other

Parents are: Together Separated Divorced Deceased

| | |
|---|---|
| Parent _____ Home Phone _____ Cell Phone _____ Email Address _____ Employer _____ Work Phone _____ | Parent _____ Home Phone _____ Cell Phone _____ Email Address _____ Employer _____ Work Phone _____ |
|---|---|

Step-parent _____

Step-parent _____

Step-parent Home Phone: _____

Step-parent Home Phone: _____

Step-parent Cell: _____

Step-parent Cell: _____

Step-parent email: _____

Step-parent email: _____

Step-parent Employer: _____

Step-parent Employer: _____

Step-parent Work Phone: _____

Step-parent Work Phone: _____

Other Guardian _____

Other Guardian _____

Other Guardian Home Phone: _____

Other Guardian Home Phone: _____

Emergency Contact Information (other than parent)

Emergency Contact 1 : _____ Relationship: _____

Emergency Contact 1 Phone: _____ Work Home Cell

Emergency Contact 2 : _____ Relationship: _____

Emergency Contact 2 Phone: _____ Work Home Cell

Doctor: _____ Phone: _____

Dentist: _____ Phone : _____

Medical Condition : _____

School Messenger Information

School Messenger is an automated telephone notification system used by schools to contact parents in the event of inclement weather cancellations or delays as well as important events happening in the school or the district. The notifications will be delivered to the primary phone number listed on front page of the registration form.

Signature of Parent / Guardian _____ Date _____



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Home Language Survey

Name of School _____

Date: _____

State and federal law 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 accurately. Thank you for your assistance.

Student Information

_____ F M
 First Name Middle Name Last Name Gender

_____ / ____ / ____
 Country of Birth Date of Birth (mm/dd/yyyy) Date first enrolled in ANY U.S. school (mm/dd/yyyy)

School Information

_____ / ____ / ____
 Start Date in New School (mm/dd/yyyy) Name of Former School and Town Current Grade

Questions for Parents / Guardians

| | |
|--|---|
| <p>What is the native language of each parent/guardian? (circle one)</p> <p>_____ mother / father / guardian</p> <p>_____ mother / father / guardian</p> | <p>Which languages are spoken with your child? (include relatives - grandparents, uncles, aunts, etc. - and caregivers)</p> <p>_____ seldom / sometimes / often / always</p> <p>_____ seldom / sometimes / often / always</p> |
| <p>What language did your child first understand and speak?</p> <p>_____</p> | <p>Which language do you use <u>most</u> with your child?</p> <p>_____</p> |
| <p>Which other languages does your child know? (circle all that apply)</p> <p>_____ speak / read / write</p> <p>_____ speak / read / write</p> | <p>Which languages does your child use? (circle one)</p> <p>_____ seldom / sometimes / often / always</p> <p>_____ seldom / sometimes / often / always</p> |
| <p>Will you require written information from school in your native language? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Will you require an interpreter/ translator at ParentTeacher meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Parent / Guardian Signature: x _____</p> | <p>_____ / ____ / ____ Today's Date (mm/dd/yyyy)</p> |