

Registration Form

Wareham Public Schools

LASID#: _____ Grade: _____
 SASID#: _____ Rm #: _____
 Bus #: _____

Full Name _____ NO Middle Name

Last Name **First Name** **Full Middle Name**

Date of Birth: ____/____/____ City/Town of Birth _____ Gender: M F

Home Address _____ City _____ Zip _____

CHECK IF THIS IS A NEW ADDRESS

Mailing Address _____ City _____ Zip _____

Home Phone _____ Unlisted: Yes No E-mail Address _____

Child resides with: **Both Parents** **Mother** **Father** **Foster Parents** **Legal Guardian (circle 1)**

NAME	Mr / Mrs / Ms	Work Number	Cell Phone Number
Father			
Mother			
Guardian			

Are there any legal restrictions against either parent or others? Yes No Person's Name _____

If the child does not reside with both natural parents, is there a custody order which addresses any aspect of the child's school attendance or educational program? Yes No **(A copy of custody papers should be supplied to the school.)**

Name and Address of parent living at a different address:

Name: _____ Address: _____

Emergency Contacts: (when parent or guardian cannot be reached)

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

3. Name _____ Relationship _____ Phone _____

Primary Language spoken at home: _____

Race: Native American
 Asian or Island Pacific
 Black
 White
 Hispanic

Are the parents migrant workers? **Yes No**

Has this student ever attended Wareham Schools before? **Yes No**

Name of School _____ Grade _____

Are you aware of any special school/classroom accommodations needed for your child? Yes No

If yes, please note: _____

Is your child currently receiving or has he/she received any of the following specialized services?

Special needs Program/IEP 504 Plan Services Medical Plan: _____ Ins. # _____
 Date of most recent plan: ____/____/____ Mass Health _____
 Foster Student Free/Reduced Lunch Medicaid _____
 _____ Blue Cross _____
 _____ Other _____

Parent/Guardian Signature: _____ Date: _____

FOR SCHOOL USE ONLY

Entry Code: _____ Entry Date: _____ Health Rec'd: _____ Residency Verified: _____

Curr Code: 1 2 3 SPED Trans. Code: _____ Building: _____ Residency Code: 1 22 33 55 77 88 99

PowerSchool: _____ Entry Log: _____ CUM _____ Bus _____ Req. Records? _____ Lunch if Applicable: _____