

## Berlin-Boylston School District Tahanto Regional Middle-High School 1001 Main Street Boylston, MA 01505

Phone: 508-869-2333 Fax: 508-869-0175



## **School Registration Form**

## **Massachusetts Department of Education Data Requirements**

Only this data in this section is reported to the Massachusetts Department of Education

Student Name:				<b></b>				T 1136111	
~ ~:	Last			Firs				Full Middle	
Student's City o	of Residence:								
Date of Birth:			(MM/DD	D/YYYY)	)	Sex:	$\square M$	□F	
Place of Birth:						_			
		City			State		Counti	У	
Primary Langua	ige Spoken A	t Home:							
Ethnicity: Is t	the student H	ispanic or La	tino? Yes		No 🗆				
Student's Race:	☐ White	☐ Black or A	African Amer	rican 🗆	Asian				
	☐ Americ	an Indian or A	Alaska Nativ	e (maintains t	ribal affiliation	or community a	attachment)		
	☐ Native 1	Hawaiian or (	Other Pacific	Islander					
<ul> <li>Veterans who</li> </ul>	children of: embers of the uniforme	Yes  Industrial Services, National Gue and or retired over one year.							
School Year En	tering:	<b>2016/20</b>	17 🗆 20	017/2018		2018/2019	9		
Grade Entering:	□6 □	7 🗆 8	<b>□</b> 9 <b>□</b> 10	<b>□</b> 11	<b>□</b> 12	Year of F	ligh School	Graduation	
This info	rmation is for le		al School Em					Department of Education	
Student's Home	Address:		Street				P.O.	Pov	
			Succi						
	City	,				Stat	te	Zip Code	
Home Phone:									
Mother/Parent:	Name					_ Cell Pl	none		
Email Address:	Employer Name/Phone								
Father/Parent:	Name					_ Cell Pł	none		
Email Address:	Employer Name/Phone								

Legal Guardian: Name	ne						
mployer name/ Phone Email Address:							
Child Lives With:  Both parents	☐ Mother ☐ Father ☐ Other						
Last School Attended:							
	Name of School	Phone Number					
Street	City		State	Zip Code			
Do you have any other children enro	olled at:  Berlin Memorial School	☐ Boylsto	on Elementar	y School			
	☐ Tahanto Regional Middle/High School						
If you have other children enrolled in	n District Schools, please list below:						
Student Name:	Grade	School _					
Student Name:	Grade	School _					
Student Name:	Grade	School _					
Student Name:	Grade	School _					
Persons to Contact in an Emergency	:						
Name	Relationship		Phone Number				
Name	Relationship		Phone Number				
<b>Doctor Preferred in Case of Emerge</b>	ncy: Name		Phoi	ne			
Hospital Preference:	Allergies:						
	s cannot be contacted, school authorit medical help or any other emergency cy.						
Name of person completing this form:							
Relationship to student:							
Signature:	Date:						
Please use this space to provide any a	additional information you would like	us to have ir	the event o	f an emergency:			

The Berlin-Boylston Regional Public Schools do not discriminate on the basis of age, race, color, national origin, ancestry, sex, sexual orientation, gender identity, religion, creed, disability, veteran status, genetic information, homelessness or any other class protected by state or federal law.