



**Boylston Elementary School**  
 200 Sewall Street  
 Boylston, MA 01505  
 Phone: 508-869-2200 Fax: 508-869-6914



**School Registration Form**

**Massachusetts Department of Education Data Requirements**

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

Student's Name: As it appears on  Birth Certificate  Passport  Legal Name Change Documentation

\_\_\_\_\_  
**Last** **First** **Full Middle** **Suffix**  
(Print NMN if no middle name) (JR, I, II, etc.)

Student's City/Town of Residence: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (MM/DD/YYYY) Gender:  F  M  Non-binary

Place of Birth: \_\_\_\_\_  
City State Country

Is Child Homeless?  Yes  No Is child in Foster Care?  Yes  No

First (Native) Language: \_\_\_\_\_

*Native language is the specific language or dialect first learned by an individual or first used by the parent/guardian with a child.*

**Ethnicity:** Is the student Hispanic or Latino?  Yes  No **AND** **Student's Race:** (choose all that apply)  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

**Military Family Member:**  No, not a member of a military family  
 Yes, child of active duty member  
 Yes, child of member or veteran who was medically discharged or retired in the last year  
 Yes, child of member who died on active duty in the last year

Does your child have a current IEP (Individualized Education Plan)?  Yes  No

Does your child have a current 504 plan?  Yes  No

Does your child receive ESL (English as a Second Language) services?  Yes  No

School Year Entering:  2022/2023  2023/2024 Grade Entering:  K  1  2  3  4  5

**Local School Information**

*This information is for local school purposes only. It is NOT reported to the Massachusetts Department of Education*

Name student goes by if different from above: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_  
Street P.O. Box

\_\_\_\_\_  
City/Town State Zip Code

Home Phone (Cell or Landline): \_\_\_\_\_

**Please continue on reverse side**

**Primary Household Information**

Parent 1/Guardian 1:  Father  Mother  Stepfather  Stepmother  \*Legal Guardian  Foster Parent  
 Other \_\_\_\_\_  
*\*(court ordered custody of the student given to person other than parent)*

Name: \_\_\_\_\_ Cell/Landline: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Name/ Phone: \_\_\_\_\_

Parent 2/Guardian 2:  Father  Mother  Stepfather  Stepmother  \*Legal Guardian  Foster Parent  
 Other \_\_\_\_\_

Name \_\_\_\_\_ Cell/Landline: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Name/Phone: \_\_\_\_\_

Child Lives at:  Primary Household Only  Primary and Secondary Household (50/50)  
 Primary and Secondary Household (more than 50% at Primary)

Answer following if applicable:

Do you have custody papers showing you have physical custody of student? \_\_\_\_\_

Do you have any court ordered alerts?  Yes  No

Name of person order is against: \_\_\_\_\_

Date order began: \_\_\_\_\_ Date order ends: \_\_\_\_\_

**Secondary Household Information**

Name: \_\_\_\_\_ Cell/Landline: \_\_\_\_\_

Parent 1/Guardian 1:  Father  Mother  Stepfather  Stepmother  Other \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City/Town State Zip*

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Cell/Landline: \_\_\_\_\_

Parent 2/Guardian 2:  Father  Mother  Stepfather  Stepmother  Other \_\_\_\_\_

Email Address: \_\_\_\_\_

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Last School Student Attended: \_\_\_\_\_  
*Name of School City State*

In case of emergencies where parents cannot be contacted, school authorities have permission to act in the parent/guardian's behalf in seeking medical help or any other emergency services which could be of benefit to or welfare of the child in such emergency. The school has no liability for medical costs.

Name of person completing this form: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.