



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

Student's Name (As it appears on birth certificate, passport or legal name change documentation):

Last	First	Full Middle <small>(Print NMN if no middle name)</small>	Suffix <small>(JR, I, II, etc.)</small>
-------------	--------------	--	---

Student's City/Town of Residence: _____

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

Place of Birth: _____
City State Country

Homeless: Yes No 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

- Student's Race:** *(choose all that apply)*
- American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment
 - Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent
 - Black or African American.** A person having origins in any of the black racial groups of Africa
 - Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Military Family Member: No, not a member of a military family
 Yes, child of active duty member
 Yes, child of members or veterans 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)? _____
Does your child have a current 504 plan? _____
Does your child receive ESL (English as a Second Language) services? _____

School Year Entering: 2020/2021 2021/2022
 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); _____

Parent 1: Name _____ Cell Phone _____

Gender: Female Male Non-binary

Address (if differs from student): _____

Email Address: _____

Employer Name/ Phone: _____

Parent 2: Name _____ Cell Phone _____

Gender: Female Male Non-binary

Address (if differs from student): _____

Email Address: _____

Employer Name/Phone: _____

Step Parent: Name _____ Cell Phone _____

Gender: Female Male Non-binary

Email Address: _____

Employer Name/Phone: _____

Legal Guardian (court ordered custody of the student given to person other than parent 1, parent 2 or step parent)

Foster Parent

(If Applicable check which one applies)

Name(s): _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Child Lives with (Choose all that apply): Both Parents at same residency Parent 1 Parent 1 and Step Parent
Parent 2 Parent 2 and Step Parent Legal Guardian
Foster Parent Other _____

Do you have custody papers showing you have physical custody of student? _____
(Answer above if applicable)

Last School Attended (If not BES): _____

Name of School

Phone Number

Street

City

State

Zip Code

Do you have any court ordered alerts? Yes No

Name of person order is against: _____

Date order began: _____ **Date order expires:** _____

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.

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.