

Assigned to All Day? Yes No SCHOOL _____ BUS # _____ ID # _____

ACTON PUBLIC SCHOOL REGISTRATION FOR ADMISSION
(Please print and complete both sides of form.)

Grade: _____ Registration Date: _____ Entry Date: _____ Sex: M _____ F _____

Student: _____
Last Name First Name Middle Name

Address: _____ Telephone #: _____
No. Street Apt # Town Zip Code

Date of Birth: _____ Birthplace _____
Month/Day/Year City State

Birth Certificate OK'd by: _____ (Registrar Initials)

Previous School, Nursery, Pre-K, or Daycare:

Attended: _____
Name Street City/State

Parent/Guardian #1

Parent/Guardian #2

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Occupation: _____

Occupation: _____

Name, Address

Name, Address

& Phone # of Employer: _____

& Phone # of Employer: _____

Email Address: _____

Email Address: _____

Cell Phone Number: _____

Cell Phone Number: _____

With whom does the child live: _____

Other Children in Family

<u>Name</u>	<u>Date of Birth / Present Grade</u>	<u>Place of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student's Physician: _____ Student's Dentist: _____

Any Unusual Physical Conditions or Disability: _____
(including any life-threatening allergies)

In Case of Illness/Emergency, Notify: _____

Address: _____ Phone #: _____

Using Day Care? Yes No Name/Address: _____

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A. List the schools you would like to enroll your child in, in order of preference

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____

Currently, we make All-Day Kindergarten available for a fee. Next year's annual fee will be \$4,300 (\$430/month). I wish to have my child attend All-Day Kindergarten. Yes No

B. In what school, if any, do you presently have children enrolled?

Number Enrolled

- | | | | |
|--------------|---------------|----------------------|---|
| _____ None | _____ Douglas | _____ McCarthy-Towne | _____ J.H.S. (_____)
name of elem. school attended |
| _____ Conant | _____ Gates | _____ Merriam | _____ S.H.S. (_____)
name of elem. school attended |

C. Will your child walk to your preferred school year-round, commencing with grade one? Yes No

E. Is English the native language of both parents? Yes No
If no, what is parent(s) native language? _____ Native country? _____

F. If not natives of the U.S., list how many years lived in the United States?
Parent /Guardian #1 _____ Parent /Guardian # _____ Student _____

G. If English is not the home language, does your child require English as a Second Language classes? Yes No

H. Do you think your child has special needs that require special instruction? Yes No
If yes, please indicate the nature of the need in the space below. The Pupil Services Department will use this information in determining whether your child has special needs and, if so, in what school the child should be placed in order to meet the identified special needs.

Does your child presently have an Individual Education Plan (I.E.P.)? Yes No

J. If you are registering a sibling, please indicate your preference: in the same school in order of the choice indicated.

K. When did you move to Acton? _____

L. If you are not living in Acton presently, please indicate the approximate moving date, your present address and daytime telephone number below.

Parent's Signature _____ Date _____

Child's Name (*please print*) _____