# Ware Public Schools
## STUDENT REGISTRATION FORM

### SMK Elementary School
4 Gould Road
Telephone: 413-967-6236
Fax: 413-967-4203

### Ware Middle School
239 West Street
Telephone: 413-967-6903
Fax: 413-967-3182

### Ware Junior/Senior High School
237 West Street
Telephone: 413-967-6234
Fax: 413-967-9053

<table>
<thead>
<tr>
<th>STUDENT INFORMATION</th>
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<tbody>
<tr>
<td><strong>First Name</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
</tr>
<tr>
<td><strong>Date of Birth:</strong></td>
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Has student ever been enrolled in the Ware Public School system? [ ] Yes [ ] No
Has student been enrolled in another Massachusetts state school system? [ ] Yes [ ] No
Name and address of previous school attended:

<table>
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<tr>
<th>PARENT/GUARDIAN INFORMATION</th>
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<tbody>
<tr>
<td><strong>Student lives with:</strong></td>
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<tr>
<td><strong>Parent/Guardian:</strong></td>
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<tr>
<td><strong>Address:</strong></td>
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<tr>
<th><strong>Primary Phone Number:</strong></th>
<th><strong>Alternate Phone Number:</strong></th>
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<th>LEGAL ISSUES</th>
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Do both parents have custody and parental rights with respect to this student? [ ] Yes [ ] No
If no, which of the following applies?

- [ ] Mother guardian with joint custody
- [ ] Father guardian with joint custody
- [ ] Mother guardian with sole custody
- [ ] Father guardian with sole custody

Are there any court orders in effect with respect to this student that should concern the school? [ ] Yes [ ] No

*You are responsible for furnishing the school with a copy of any court order that the school may be responsible to enforce*

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<tr>
<th><strong>Regular Education</strong></th>
<th><strong>Special Needs</strong></th>
<th><strong>IEP Received</strong></th>
<th><strong>504 Plan</strong></th>
</tr>
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<tbody>
<tr>
<td><strong>Case Worker Name:</strong></td>
<td><strong>Case Worker Telephone:</strong></td>
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<th><strong>MCAS Testing</strong></th>
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Year Completed: | School: |

Student is eligible for free/reduced lunch: [ ] Yes [ ] No

Federal and State reporting standards require that you identify your child in the following categories:

- ETHNICITY (select one): [ ] Hispanic or Latino [ ] NOT Hispanic or Latino
- RACE (select one or more): [ ] American Indian/Alaska Native [ ] Native Hawaiian or Other Pacific Islander [ ] White [ ] Asian [ ] Black or African American
Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that all schools determine the language(s) spoken in each student’s home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information

First Name ________________________ Last Name ________________________
Middle Name ________________________
Gender F □ M □
Country of Birth ________________________ Date of Birth (mm/dd/yyyy) ________________________
Date first enrolled in ANY U.S. school (mm/dd/yyyy) ________________________

School Information

Start Date in New School (mm/dd/yyyy) ________________________ Name of Former School and Town ________________________
Current Grade ________________________

Questions for Parents/Guardians

What is the primary language used in the home, regardless of the language spoken by the student?

Which language(s) are spoken with your child?
(Include relatives - grandparents, uncles, aunts, etc. - and caregivers)

Which language did your child first understand and speak?

Which language do you use most with your child?

How many years has the student been in U.S. Schools? (not including pre-kindergarten)

Which languages does your child use? (circle one)

Will you require written information from school in your native language?

Will you require an interpreter/translator at Parent-Teacher meetings?

Y □ N □

If yes, what language?

Parent/Guardian Signature: ________________________

Today’s Date: ________________________

To Be Completed By ELL Staff Before Placement

Date of School Enrollment: ________________________

Relationship of Person Completing Survey:

Mother □ Father □ Guardian □

Other/Specify: ________________________

Recommendation: Proficiency Testing/Records Review

No ELL Services

Signature of ELL Staff ________________________ Date ________________________

In accordance with State and Federal Laws (Family Rights & Privacy Act) I hereby request, as a parent/legal guardian of the above student, that his/her Transcript, Report Cards, Testing Scores, Grades to Date, Discipline, Health Records and Special Education Records (Chapter 766, PL94-142), if applicable, be released to the Ware Public Schools. _____ SMK _____ WMS _____ WJSHS

Parent/Guardian Signature ________________________ Date ________________________

Revised 12/12/17