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

STUDENT INFORMATION

	3	TUDENT IN	FORMATION			
First Name	Middle Name	;	Last Name	Gender:		
				☐ Male ☐ Female		
Address:				Phone Number:		
Date of Birth:	Grade Entering:					
	City of Birth:			Grade Entering.		
Has student ever been enrolled in the Ware Public School system? Yes No						
Has student been enrolled in another Name and address of previous school attended:						
Massachusetts state school system?						
Yes No						
105	0					
PARENT/GUARDIAN INFORMATION						
Student lives with: Both parents Father Mother Guardian Foster Parent						
Parent/Guardian:			Parent/Guardian:			
Address:			Address:			
			_			
Primary Phone Number:	Alternate Phone Number:		Primary Phone Number:	Alternate Phone Number:		
LEGAL ISSUES						
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						
Regular Education Special Needs IEP Received 504 Plan						
Case Worker Name:		•	Case Worker Telephone:			
MCAS Testing						
Year Completed:	School:		0			
Zam Completion						
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						
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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				
			F M	
First Name	Middle Name	Last Name	Gender	
	1 1	1		
Country of Birth	Date of Birth (mm/dd/yyyy)	Date first enrolled in A	NY U.S. school (mm/dd/yyyy)	
School Information				
/ /20				
Start Date in New School (mm/dd/yyyy)	Name of Former School and Town	Cı	urrent Grade	
Questions for Parents/Guardi				
What is the primary language used in the		Which language(s) are spoken with		
spoken by the student?		(include relatives -grandparents, uncle		
	_	-	seldom / sometimes / often / always	
What language did your child first unde	retand and anack?	Which language do you use most w	seldom / sometimes / often / always	
What language did your child hist unde	ristanu anu speak?	William language do you use most w	nui your ciliu?	
	_		_	
How many years has the student been i	n II C Sahaala? (not including pro	Which languages does your child u	se? (circle one)	
How many years has the student been i kindergarten)	in 0.3. Schools? (not including pre-		seldom / sometimes / often / always	
,				
Will you require written information from	m school in your native language?	Will you require an interpreter/trans	seldom / sometimes / often / always	
Y N	ii school iii your hauve language:	Y N	nator at Farent-Teacher meetings:	
If yes, what language?		If yes, what language?		
		, , , , , , , , , , , , , , , , , , , ,		
Parent/Guardian Signature:		To do via Data: (rem (dd/mm))		
X		Today's Date: (mm/dd/yyyy)		
	To Be Completed By ELI	L Staff Before Placement		
Date of School Enrollment: _		Relationship of Person Completing Survey:		
Student's First Name:		☐ Mother ☐ Father	☐ Guardian	
Student's Family Name:		Other/Specify:		
Age: Birth Date:	_		ncy Testing/Records Review	
Age Ditti Date	Grade.			
		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				
Parent/Guar	gian Signature		Date	