

# 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

First Name	Middle Name	Last Name	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:			Phone Number:
Date of Birth: / /	City of Birth:		Grade Entering:
Has student ever been enrolled in the Ware Public School system? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has student been enrolled in another Massachusetts state school system? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name and address of previous school attended:	

### PARENT/GUARDIAN INFORMATION

Student lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, which of the following applies? <input type="checkbox"/> Mother guardian with joint custody <input type="checkbox"/> Father guardian with joint custody <input type="checkbox"/> Mother guardian with sole custody <input type="checkbox"/> Father guardian with sole custody	
Are there any court orders in effect with respect to this student that should concern the school? <input type="checkbox"/> Yes <input type="checkbox"/> No <i><b>You are responsible for furnishing the school with a copy of any court order that the school may be responsible to enforce</b></i>	

<input type="checkbox"/> Regular Education <input type="checkbox"/> Special Needs <input type="checkbox"/> IEP Received <input type="checkbox"/> 504 Plan	
Case Worker Name:	Case Worker Telephone:
<b>MCAS Testing</b>	
Year Completed:	School:
Student is eligible for free/reduced lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Federal and State reporting standards require that you identify your child in the following categories:</b>	
ETHNICITY (select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino	
RACE (select one or more): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	

