

## R.S.U. No. 67 Student Registration Form 2019-2020

☐ Ella Burr School☐ Mattanawcook Jr. High☐ Mattanawcook Academy

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

**Mother's** Name: \_\_\_\_\_

**Mother's** Mailing Address: \_\_\_\_\_

**Mother's** Home Phone: \_\_\_\_\_ Cell. Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Mother's** Email Address: \_\_\_\_\_

**Father's** Name: \_\_\_\_\_

**Father's** Mailing Address: \_\_\_\_\_

**Father's** Home Phone: \_\_\_\_\_ Cell. Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Father's** Email Address: \_\_\_\_\_

**Guardian's** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Guardian's** Mailing Address: \_\_\_\_\_

**Guardian's** Home Phone: \_\_\_\_\_ Cell. Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Guardian's** Email Address: \_\_\_\_\_

Who does the Student reside with: \_\_\_\_\_

Town of Residence: \_\_\_\_\_

Do you have legal custody? ☐ Yes ☐ No Unaccompanied Youth ☐ Yes ☐ No Homeless ☐ Yes ☐ No

### ENROLLMENT INFORMATION

1. Does the child currently receive Special Services? ☐ Yes ☐ No

Please Explain: \_\_\_\_\_

☐ Special Education ☐ Title 1 ☐ G/T ☐ Speech/Language ☐ Migrant

**For office use:** This registration has been screened ☐ Yes ☐ No

2. Child participates in: ☐ Chorus ☐ Band - List Instrument: \_\_\_\_\_

☐ Extracurricular: \_\_\_\_\_

3. Medications child takes on a regular basis: \_\_\_\_\_

4. Is the child currently expelled from school? ☐ Yes ☐ No

5. Names and ages of other children living with you:

\_\_\_\_\_  
\_\_\_\_\_

6. Previous School's Name and Address: \_\_\_\_\_  
 \_\_\_\_\_
7. Primary Language Spoken at Home: \_\_\_\_\_
8. English Proficiency:    ☐ Native Speaker-01                      ☐ Bilingual-02                      ☐ Limited English Proficient-03  
                                  ☐ Transitioned to LEP-04                      ☐ Former LEP-05                      ☐ Status Unknown-99
9. Ethnicity:            ☐ Caucasian/White            ☐ African American/Black            ☐ Aasian/Pacific Islander  
                                  ☐ Hispanic                      ☐ American Indian/Native Alaskan
10. Is this child a U.S. citizen?    ☐ Yes    ☐ No    If No: Country of Citizenship: \_\_\_\_\_
11. Child's City of Birth: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_
12. Mother's First Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

<b>For Elementary Enrollment</b>	<input type="checkbox"/> Fiscal Responsibility Code (R=Resident, S=Supt. Agree, O=Paid by other SAU) <input type="checkbox"/> State Ward-Y/N, State Client-Y/N, Homeless-Y/N, Migrant-Y/N <input type="checkbox"/> Lunch Status= <u>N</u> one, <u>F</u> ree, <u>R</u> educed <input type="checkbox"/> Enrollment Type= <u>M</u> ain <input type="checkbox"/> FTPT Status= <u>F</u> T-Fulltime <input type="checkbox"/> Enter Town Code <input type="checkbox"/> Enter Resident SAU <input type="checkbox"/> Enter School Code	<b>Enter ALL Required MEDMS Data</b>
<input type="checkbox"/> Birth Certificate Provided <input type="checkbox"/> Immunization Records Provided		