

Brunswick School Department
Registration Form

Today's Date: _____

Start Date: _____

Bus: _____ Homeroom _____

Student Information

Student's **Full Legal Name**: _____
FIRST MIDDLE LAST SUFFIX

Sex: Male Female Date of Birth: _____

Place of Birth: _____
COUNTRY STATE CITY

Enrolling Grade: _____ Enrolling School: Coffin HBS BJHS BHS

Home/Residential Information

Primary Contact's Primary Phone: _____

Primary Address: _____
(where student resides) STREET CITY STATE ZIP

Mailing Address: _____
(if different from above) STREET CITY STATE ZIP

Ethnicity and Race

Is the student Hispanic/Latino? Yes or No

Race: Check all that apply:

American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Pacific Islander White

Previous School Information

Has this student ever attended school before? Yes or No

If yes, please list most recent school: _____
SCHOOL NAME CITY STATE ZIP

Has this child ever attended a Brunswick School before? Yes or No

If so, please choose the school attended: Coffin HBS BJHS BHS

Other Information

What is the student's guardians' connection to the military? Check the one that applies

Not Military Connected Active Duty National Guard or Reserve Unknown

Does your child receive Special Education Services? Yes or No

Does your child have a 504 Plan? Yes or No

Custody Information

Student primarily lives with: *(check ONE box)*

Both Parents Mother Only Father Only Mother/Stepfather Father/Stepmother

Other Relatives Legal Guardians Foster Parents Other Living Arrangement

There is a court ordered restriction regarding the student. (Certified copy of the court order provided.)

Primary Guardian (living with student):

Relationship to Student: _____ Name: _____

Receive Mailings Has Custody Lives with Okay to pick up

Primary Phone Number: _____ Is this a cell phone? Yes or No

Email Address: _____

School bulletins, newsletters and school reminders will be sent electronically through email.

Alternate Phone Number: _____ Employer: _____

Secondary Guardian:

Relationship to Student: _____ Name: _____

Receive Mailings Has Custody Lives with Okay to pick up

Primary Phone Number: _____ Is this a cell phone? Yes or No

Email Address: _____

School bulletins, newsletters and school reminders will be sent electronically through email.

Alternate Phone Number: _____ Employer: _____

Siblings

How many school-aged siblings does the student have? _____

Name: _____ Age: _____ School Attending: _____

Name: _____ Age: _____ School Attending: _____

Name: _____ Age: _____ School Attending: _____

Name: _____ Age: _____ School Attending: _____

Emergency Contact Information

Name: _____ Relationship to Student: _____

Primary Phone Number: _____ Phone Type: Cell Home Work

Secondary Phone Number: _____ Phone Type: Cell Home Work

Name: _____ Relationship to Student: _____

Primary Phone Number: _____ Phone Type: Cell Home Work

Secondary Phone Number: _____ Phone Type: Cell Home Work

Name: _____ Relationship to Student: _____

Primary Phone Number: _____ Phone Type: Cell Home Work

Secondary Phone Number: _____ Phone Type: Cell Home Work

Note: The applicant is hereby notified that the Brunswick School Department, in accordance with 20-A.M.R.S.A 6001-B shall request all of the student’s education and disciplinary records from the school he/she is transferring from.

Parents must provide a copy of the student’s state-issued birth certificate and a copy of the parent/guardian certification of residency. I certify that I live with the student named above at the street address listed. I understand that Brunswick School Department reserves the right to require proof of residency and that I have the burden of proof regarding residency. If this residency information changes, I agree to bring it to the immediate attention of my child’s attending school.

PARENT GUARDIAN SIGNATURE: _____ **DATE:** _____