FALMOUTH PUBLIC SCHOOLS

FALMOUTH, MASSACHUSETTS

REGISTRATION FORM

For Office Use Only				
Date of Entry	Birth Certificate			
ID # State ID #	Immunizations			
Homeroom Counselor	Proof of Residence			
AM Bus PM Bus	Emergency Card			

	AM Bus	PM Bus	Emergency Card		
L	Pag	re 1 of 2			
Student's Legal Name First Nickname		Middle _ Home Phone <u>(</u>)	Last		
Current Grade in School Sex	к М F	Non-Binary Emerg	jency Phone ()		
Date of Birth mm / dd / yyyy Home Address No. S	treet	Tow	n or City		
Mailing Address					
Name of School Attended before the Location of School if outside Falmon	uth				
Is Student enrolled in a Bilingual Ed Primary Language spoken at home Does this child receive Special Edu		····			
Counseling? Other Service Immigrant status? Yes No How many years has student attend	If an immigra	ant, country of origin? _			
Is student a child of a migrant worke	er? Yes	_ No			
Is this student Hispanic or Latin (Select only one) No, not Hispanic or Latino.	o?	Central Americ	Yes, Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.		
What is this student's race? (Select White: a person having original the original peoples of Europe East or North Africa. Black or African American: origins in any of the black racis Africa. Native Hawaiian or Other Pa a person having origins in any original peoples of Hawaii, Gu or other Pacific Islands.	is in any of e, the Middle a person with al groups of cific Islander of the	original people Asia, or the Index Asia, Malays Islands, Thaila American India person having peoples of Nore (including Cen	on having origins in any of the es of the Far East, Southeast dian subcontinent including for abodia, China, India, Japan, sia, Pakistan, the Philippine and, and Vietnam. In or Alaska Native: a origins in any of the original orth and South America atral America), and who al affiliation or community		

Page 2 of 2

erson Completing	Form	Rei	lationship to Student		
	Parer	nt/Guardian	Parent/Guardian		
Name					
Place of Employment					
Occupation					
Business Phone					
Person With Whom Student Lives					
Relationship to Student					
	er of Age: From Yo				
First Name	Last Name	Date of Birth	Gender Male, Female, Non-Binary	Grade and School	
Other Househol	d Members:				
First Name	Last Name	Date of Birth	Gender Male, Female, Non-Binary	Relationshi to Student	