

OFFICE USE ONLY

Grade:	Teacher:	Bus #
Birth Certificate Received:		Immunization Record Received:
Proof of Residency Received:		Date of Entrance:

**North Middlesex Regional School District
Student Registration Form**

Date: _____ Grade Entering _____

Student Information (Complete Names)

First: _____ Full Middle Name: _____ Last: _____

Sex: (Circle One) M F Date of Birth: _____ City of Birth: _____ State: _____

Address: _____ City/Town: (Residence): _____ Zip: _____

Mailing Address if Different: _____

Is Student a State Ward? (Circle One) YES NO Is student in foster care? (Circle One) YES NO

If yes, DSS Caseworker Name: _____

Ethnicity: (Circle One) Non- Hispanic Hispanic

Race: (Circle all that apply) American Indian or Alaska Native, Asian, White, Native Hawaiian or Other Pacific Islander, Black or African American

Parent(s) Status: () Married () Divorced () Separated () Other

Child is living with: () Both Parents () One Parent () Other _____

Custodial Parents: () Mother () Father () Other _____

Is there any court order in place? (Circle One) YES NO Divorce Decree on file in school? (Circle One) YES NO

If parents are divorced, does the non-custodial parent receive information on the child? (Circle One) YES NO

If so what address should it be sent to? (Court order must be on file in the school)

Mother's/Guardian Information:

Name: _____ Home Phone # _____

Education: _____ Occupation: _____ Work Phone # _____

Address if Different from above _____ Cell Phone # _____

Date of Birth: _____ Birthplace: _____ Migrant Worker: (Circle One) YES NO

Father's/Guardian Information:

Name: _____ Home Phone # _____

Education: _____ Occupation: _____ Work Phone # _____

Address if Different from above _____ Cell Phone # _____

Date of Birth: _____ Birthplace: _____ Migrant Worker: (Circle One) YES NO

Student's Medical Information:

Any physical limitations or medical disorders (including allergies) ? (Circle One) YES NO If yes, explain: _____

Does student regularly take any medications? (Circle One) YES NO If so please list: _____

Student's Educational Information:

Has the student been enrolled in a State of Massachusetts school before? (Circle One) YES NO

Previous School Attended: _____ Grade Level _____

Previous School's Address: _____ Date Last Attended: _____

Special Services Received: (Please Check all those received past or present):

Speech/Language _____ Remedial Reading _____ Title One _____ Physical Therapy _____

Occupational Therapy _____ Learning Center or Resource Room _____ Guidance _____

Other: _____

Sibling Information:

Name: _____ Circle One (M F) Grade: _____ Date of Birth: _____

Name: _____ Circle One (M F) Grade: _____ Date of Birth: _____

Name: _____ Circle One (M F) Grade: _____ Date of Birth: _____

Are there any issues / concerns that the school should be aware of?

Signature: _____

Name (Print): _____ Your Relationship to Student: _____

First Language used in home (Ex. English) _____

Address (if different from above): _____ Phone #: (if different from above) _____

If your child goes to a Babysitter/Daycare to/from school:

Name: _____ Address: _____ Phone # _____

Name: _____ Address: _____ Phone # _____

Please check all that apply:

	Monday	Tuesday	Wednesday	Thursday	Friday
To School from Day Care / Babysitter					
From School to Day Care / Babysitter					

North Middlesex Regional School District

Proof of Residency Form

Date : _____ Student Name: _____

Parent / Guardian Name : _____

Current Address : _____

Current Phone #: _____ Cell Phone # _____

Previous Address : _____

Previous Phone # _____

Name of Property Owner: _____

The undersigned do hereby certify that (Student’s Name) _____ is living at _____ in _____, Massachusetts and that all records relating to the enrollment of _____ in the North Middlesex Regional School District are true.

Any falsifying of this information will subject me, as parent or guardian, to full tuition payment for the number of days he / she was not a legal resident of the Town of _____ as well as removal of the student from the North Middlesex Regional School District.

Parent / Guardian Signature Date Property Owner’s Signature Date

Two forms of identification are required from the property owner or renter. If the parent or homeowner cannot produce the two forms, notarization from the town clerk may be required.

1. Proof of ID: Driver’s License / Passport _____

2. Proof of residency (one of the following)

Rental / Lease Agreement _____

Mortgage Statement _____

Purchase and Sales Agreement _____

Utility bill

(due after 30 days of actual residence) _____

The North Middlesex Regional School District is committed to ensuring that all of its programs and facilities are accessible to all members of the public. We do not discriminate based on age, color, disability, national origin, race, religion, sex, or sexual orientation.

**GUIDANCE DEPARTMENT
NORTH MIDDLESEX REGIONAL HIGH SCHOOL
19 MAIN STREET
TOWNSEND, MASSACHUSETTS 01469
Pepperell Ashby Townsend
978-597-8196
Fax 978-597-0350**

AUTHORIZATION TO RELEASE INFORMATION

I, _____ authorize and request
(Name of parent or guardian)

the release of information and/or transfer of records to include:

**Academic / Attendance / Discipline / Health / SASID # /
Psychological Testing / IEP or 504 / MCAS Records**

For _____
(Full name of student)

From _____
(Name of School Student is LEAVING)

(Street Town/City State Zip)

To : **GUIDANCE DEPARTMENT
NORTH MIDDLESEX REGIONAL HIGH SCHOOL
19 MAIN STREET
TOWNSEND, MA 01469**

Student's old address: _____
(Street, Town, City, State, Zip)

Student's new address: _____
(Street, Town, City, State, Zip)

Student's grade level: _____

Students' date of birth: _____

Signature of parent or legal guardian

Date

