

ROXBURY TOWNSHIP PUBLIC SCHOOLS

Registration Form

State Student ID #:

School Student ID #:

For School Use Only

Resident School: _____ HR#: _____ Grade: _____ Teacher: _____

Counselor: _____ Date of Entry: _____

Resident District: _____ Tuition: _____ Choice: _____

Student Information

Student Name <i>(As it appears on birth certificate)</i>	Legal Last	First	Middle
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Nickname	Suffix	Gender (Circle one) Male Female	Birth Date (mm/dd/yyyy)
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Birthplace:	City	State	Country
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Date of entry into USA: (mm/dd/yyyy)

From what country did your child enter the USA?

Date first entered into PUBLIC school in USA: (mm/dd/yyyy)

Last School Attended:	Name of School	Address, City, State	Phone #
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If your child is in High School, what was the entry date for his/her first day? (mm/dd/yyyy)

	<i>(Circle one)</i>	<i>(Fill In)</i>
What language did your child first learn to speak?	English	Spanish Other:
What language does your child most frequently use at home?	English	Spanish Other:

FEDERAL NATIONALITY SURVEY RACE AND ETHNICITY DATA REPORTING STANDARDS

Please complete the two part question below for Federal reports as required by law:

PART A - Is this student Hispanic or Latino? *(Circle one)* **Yes** **No**
 (**Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

PART B - Please continue to answer the following by selecting the boxes that best indicate the student's race
(Multiple boxes may be selected, if applicable)

- | | | |
|--|--------------------------------|--|
| <input type="checkbox"/> American Indian or Alaskan (Native) | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Hawaiian Native or Pacific Islander | <input type="checkbox"/> White | |

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Student Name

FAMILY	Parent/Guardian Information			
#1. Name				
Relationship to Student		Is this student living with this person?	Yes	No
Physical Address			Is this person the LEGAL guardian?	Yes No
City, State, Zip				
Mailing Address <i>If Different</i>				
Primary Phone	Secondary Phone	If there is a LEGAL Custody Agreement regarding this student, please circle one: Joint Custody Sole Custody Guardianship		
Email Address				
Secondary Email Address	Work Phone			

FAMILY				
#2. Name				
Relationship to Student		Is this student living with this person?	Yes	No
Physical Address			Is this person the LEGAL guardian?	Yes No
City, State, Zip				
Mailing Address <i>If Different</i>				
Primary Phone	Secondary Phone	If there is a LEGAL Custody Agreement regarding this student, please circle one: Joint Custody Sole Custody Guardianship		
Email Address				
Secondary Email Address	Work Phone			

EMERGENCY CONTACT	Name:	Relationship to Student:
	Email Address:	Phone Number:

SIBLINGS			
Please write the name, age, grade and school of all siblings to this student that attend any Roxbury Public Schools			
Sibling Name (as it appears on Birth Certificate)	Age	Grade	School Sibling Attends
1.			
2.			
3.			

Signature of Parent/Guardian	Today's Date
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