

PLAINVILLE PUBLIC SCHOOLS
PLAINVILLE, MASSACHUSETTS

STUDENT ENROLLMENT FORM

Name: _____ Sex: _____ Grade: _____
First Name Middle Name (Required) Last Name
Address: _____ Home Telephone: _____
Date of Birth: _____ Place of Birth: _____
City State Country

Father/Guardian Name: _____ Foster Parent Yes No
Address (if different from student): _____
Telephone (if different from student): _____
Occupation: _____ Work Telephone _____ Cell Phone: _____
Place of Employment: _____ E-mail Address: _____

Mother/Guardian Name: _____ Foster Parent Yes No
Address (if different from student): _____
Telephone (if different from student): _____
Occupation: _____ Work Telephone _____ Cell Phone: _____
Place of Employment: _____ E-mail Address: _____

Is any language other than English spoken in the home? Yes No If yes, language Spoken? _____

Note: If any of your contact information should change, please notify the main office immediately at 508-699-1304 (Jackson School) or 508-699-1312 (Wood School) so that we may update your records.

Does your child have allergies or other medical conditions the school should be aware of? Yes No

Special Services received to date: _____

Has the student ever attended Massachusetts Schools? Yes No

Last School Attended: _____ Public School: Yes No
Address: _____

Other children in family:

Name	Grade	Date of Birth	Allergies
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OFFICE USE ONLY: HR: _____ BUS #: _____ DATE ENTERED: _____ 9/98 (OVER)

The Plainville Public School System does not discriminate on the basis of age, race, color, national origin, sex, disability, religion or sexual orientation.