

**PLAINVILLE PUBLIC SCHOOLS  
PLAINVILLE, MASSACHUSETTS  
STUDENT ENROLLMENT FORM**

Documents needed to register: Original Birth Certificate-Physical Exam (within 1 year) – Immunization records (with lead) – Legal documents

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**Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
First Name Middle Name (Required) Last Name

**Address:** \_\_\_\_\_ **Home Telephone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
City State Country

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**Parent 1/Guardian Name:** \_\_\_\_\_ Foster Parent  Yes  No

Address (if different from student): \_\_\_\_\_

Telephone (if different from student): \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Work Telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Parent 2/Guardian Name:** \_\_\_\_\_ Foster Parent  Yes  No

Address (if different from student): \_\_\_\_\_

Telephone (if different from student): \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Work Telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Email 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.**

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

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Special Services received to date: \_\_\_\_\_

Has the student attended full academic years in one or more schools in one or more States\*?  Yes  No  
If Yes, How many? \_\_\_\_\_

\*States -any of the 50 states, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the Virgin Islands, the Northern Mariana Islands, or the Trust territory of the Pacific Islands.

Last School Attended: \_\_\_\_\_ Public School:  Yes  No

Address: \_\_\_\_\_

**OFFICE USE ONLY: HR: \_\_\_\_\_ BUS #: \_\_\_\_\_ DATE ENTERED: \_\_\_\_\_ (OVER)**

*All public schools in the Commonwealth shall admit students without regard to race, color, sex, gender identity, religion, national origin, homelessness, disability or sexual orientation.*

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Other children in family:

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

**REQUESTED BY THE DEPARTMENT OF EDUCATION**

**PLEASE ANSWER BOTH QUESTIONS 1 AND 2:**

**1. Is this student Hispanic or Latino? (Choose ONLY one)**

- No, not Hispanic or Latino
- Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

**2. What is the student's race? (Choose one OR more)**

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

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List two or three neighbors or **nearby** relatives who will assume temporary care of your child if you cannot be reached.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Home Work Cell Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Home Work Cell Relationship: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Home Work Cell Relationship: \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

**Doctor:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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