THE SEEKONK PUBLIC SCHOOLS
STUDENT REGISTRATION

Grade: _____

Date: _____ School: _____

Students Name: _____
First **Middle (**Full Middle Name, Not Initial**)** **Last**

Home Address: _____ Phone: _____

E-Mail Address: _____

Date of Birth: _____ City & State of Birth: _____ Gender: M____F_____

Mother's Name: _____ Father's Name: _____

Employer: _____ Employer: _____

Phone: _____ Phone: _____

Child Lives with: Mother: _____ Father: _____ Both: _____ Other: _____

If applicable:
Guardian: _____ Phone: _____

Primary Language Spoken by Parents: _____ Student: _____

Race (optional): The Massachusetts Dept. of Education requires that each school submit a race for each student when state reports are submitted. A default code of "white" will be entered for the student unless otherwise noted below. Please select all that apply.

_____White _____Black/African American _____American Indian or Alaska Native
_____Hispanic _____Asian _____Native Hawaiian or other Pacific Islander

---

Anyone to whom your child **SHOULD NOT** be released to: _____

Emergency Contact Person:

1._____Relationship:_____Phone: _____

2._____Relationship:_____Phone: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Health Insurance Provider: _____ Member #_____

Hospital Preferred: _____

Last School Attended (if any): _____

Has your child previously attended public school in Seekonk? No _____ Yes: _____ School: _____

My child does or may require Special Services: No: _____Yes:_____ Please explain: _____

_____

Child Care Provider: Before School _____ After School _____ Both _____

Provider Name: _____ Phone:_____

Signature: _____ **Date:** _____
I guarantee that all of the above information is accurate.

Office use only:
LASID _____ **SASID** _____
Copy of Birth Certificate: _____ **Ma. License:** _____**Ltr.- Guardian/Town Resident:** ____
Proof of Residency: Tax Bill: _____ **Mortgage or Rental:** _____ **Phone:** _____ **Electric:** _____**Other:** _____
Copy of IEP _____ **504 Plan** _____ **Evaluations** _____**Release of Information** _____

Revised 2/10/06