

LEXINGTON, MASSACHUSETTS

# STUDENT REGISTRATION FORM K - 12

For School Personnel

Verification of Date of Birth and student name

Birth Certificate

Passport

Other

Completed Health Record & Immunization

Lexington ID Number \_\_\_\_\_

Massachusetts ID Number \_\_\_\_\_

District School \_\_\_\_\_

Student's Last Name

First Name

Middle Name

(Must be "formal" name as listed on an official document.)

Place of Birth: City/Town \_\_\_\_\_

State/Country \_\_\_\_\_

1. Address \_\_\_\_\_

City/Town \_\_\_\_\_ Zip \_\_\_\_\_

2. Phone (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Unlisted: Yes \_\_\_ No \_\_\_ To Enter Grade \_\_\_\_\_

3. Date of Entry \_\_\_\_\_ Student Gender \_\_\_\_\_

4. Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

5. Student Race/Ethnicity:

A. Please circle all that apply.

Asian

Black or African American

White

American Indian/Alaskan Native

Native Hawaiian or Other Pacific Islander

B. Do you consider student ethnicity to be Hispanic/Latino (Circle one): Yes No

6. METCO Program (Yes/No) \_\_\_\_\_

7. State Ward (Yes/No) \_\_\_\_\_

8. Primary Language Spoken in the Home \_\_\_\_\_  
 If Primary Language is not English, do you require school communications in your language:  
 Please circle one: YES NO

9. Previous School \_\_\_\_\_ Grade Completed \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

10. Student living with: \_\_\_\_\_  
 (Parents, Mother, Father, Grandparents, Legal Guardian(s), etc.)

11. Custodial Parent(s) / Guardian Information:

|         |            |            |                         |
|---------|------------|------------|-------------------------|
| _____   | _____      | _____      | _____                   |
| Title   | First Name | Last Name  | Relationship to Student |
| _____   | _____      | ( ) _____  | ( ) _____               |
| Address |            | Home Phone | Business Phone          |
|         |            |            | ( ) _____               |
|         |            |            | Cell phone              |

|         |            |            |                         |
|---------|------------|------------|-------------------------|
| _____   | _____      | _____      | _____                   |
| Title   | First Name | Last Name  | Relationship to Student |
| _____   | _____      | ( ) _____  | ( ) _____               |
| Address |            | Home Phone | Business Phone          |
|         |            |            | ( ) _____               |
|         |            |            | Cell phone              |

12. Non-Custodial Parent(s) / Guardian Information:

|         |            |            |                         |
|---------|------------|------------|-------------------------|
| _____   | _____      | _____      | _____                   |
| Title   | First Name | Last Name  | Relationship to Student |
| _____   | _____      | ( ) _____  | ( ) _____               |
| Address |            | Home Phone | Business Phone          |
|         |            |            | ( ) _____               |
|         |            |            | Cell phone              |

|         |            |            |                         |
|---------|------------|------------|-------------------------|
| _____   | _____      | _____      | _____                   |
| Title   | First Name | Last Name  | Relationship to Student |
| _____   | _____      | ( ) _____  | ( ) _____               |
| Address |            | Home Phone | Business Phone          |
|         |            |            | ( ) _____               |
|         |            |            | Cell phone              |

13. Family Doctor: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

14. Family Dentist: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

15. Emergency Contact: 1.\* \_\_\_\_\_  
(Other than parent)

Telephone: (\_\_\_\_) \_\_\_\_\_

2.\* \_\_\_\_\_  
(Other than parent)

Telephone: (\_\_\_\_) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(\*Someone who would be responsible for child(ren) in parent's absence.)