

STUDENT REGISTRATION FORM PreK-12

For School Personnel

Verification of Date of Birth and Student Name

- Original Birth Certificate
- Passport
- Visa (if not U.S. Citizen)

Required School forms

- Proof of Residency
- Completed Health Record & Immunization forms
reviewed and approved by school nurse
- Previous School Records if applicable
- Special Education Records if applicable

Lexington ID Number _____

Massachusetts ID Number _____

District School _____

Please select one of the following:

- New Student to Lexington Public Schools **or** Returning Student to Lexington Public Schools

Does this Student have a sibling already attending Lexington Public Schools Yes No

Student's Last Name

First Name

Middle Name

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

Student's Preferred name _____

Place of Birth: City/Town _____ State/Country _____

Date Student Entered United States (if applicable) _____

1. Address _____ City/Town _____ Zip _____

2. Phone (____) _____ Unlisted: Yes No To Enter Grade _____

3. Student begins schools on _____ Student Gender _____ Date of Birth: Month ___ Day ___ Year ___

4. 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 (Check one): Yes No

5. METCO Program: Yes No

6. State Ward: Yes No _____

7. Primary Language Spoken in the Home _____

If Primary Language is not English, do you require school communications in your language: Yes or No

8. Previous School _____ Grade Completed _____

Address _____ City _____ State _____

9. Student living with: _____

(Parents, Mother, Father, Grandparents, Legal Guardian(s), etc.)

(See other side)

10. **Custodial Parent(s)/Guardian Information:**

_____	_____	_____
First Name	Last Name	Relationship to Student
_____	() _____	() _____
Address	Home Phone	Cell Phone
Email address _____		() _____
		Business Phone
_____	_____	_____
First Name	Last Name	Relationship to Student
_____	() _____	() _____
Address	Home Phone	Cell Phone
Email address _____		() _____
		Business Phone

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

_____	_____	_____
First Name	Last Name	Relationship to Student
_____	() _____	() _____
Address	Home Phone	Cell or Business Phone
Email address _____		
_____	_____	_____
First Name	Last Name	Relationship to Student
_____	() _____	() _____
Address	Home Phone	Cell or Business Phone
Email address _____		

12. Family Doctor: _____ Telephone: () _____

13. Family Dentist: _____ Telephone: () _____

14. **Emergency Contact (If parent/guardian can not be reached, OR can not speak English)**

Emergency Contact: 1. _____ Home Phone: () _____
(This should be someone who would be responsible for the child in the parent's absence, other than the parent.)

Relationship to student _____ Cell Phone: () _____

Emergency Contact: 2. _____ Home Phone: () _____
(This should be someone who would be responsible for the child in the parent's absence, other than the parent.)

Relationship to student _____ Cell Phone: () _____

15. Student Email address (high school students only) _____

Comments: