

MAYNARD PUBLIC SCHOOLS



REGISTRATION FORM FOR ADMISSION

Rev. 1/05

Date Entering: _____ Registering for Grade: _____

Student's Full Name: _____
(Last) (First) (Middle)

Address: _____ Telephone: _____

Student lives with: Both Parents ___ Mother ___ Father ___ Foster Family ___ Guardian ___

Date of Birth: _____ Place of Birth: _____
Month/Day/Year City / Town State Country

Sex: Male ___ Female ___ Race: _____ Primary Language: _____

School Choice: Yes ___ No ___ Has student ever attended Maynard Schools? Yes ___ No ___

Mother

Father

Name: _____

Birthplace: _____

Occupation: _____

Work Telephone: _____

Email: _____

Schools Previously Attended: _____

Does student have any Special Education Needs (physical, emotional, academic) that we should be aware of? Yes ___ No ___

Does student currently have an accepted I.E.P.? Yes ___ No ___

Other Children in Family:

Name: _____ DOB: _____ Name of School _____

Name: _____ DOB: _____ Name of School _____

Name: _____ DOB: _____ Name of School _____

Emergency Notification:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Parent / Guardian Signature

Date



**MAYNARD PUBLIC SCHOOLS
REGISTRATION**

Child's Name _____ School _____

Parent/Guardian Signature _____

Section II: Ethnicity (Select One)

___ **Not Hispanic or Latino** ___ **Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Section III: Race (Select as many as apply)

___ **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. This area includes, 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.)

Section IV:

Low Income Status (Check if Applicable)

___ The student is eligible for free or reduced lunch; or receives Transitional Aid to Families benefits; or is eligible for food stamps.

Migrant Status (Check if Applicable)

___ An indication of whether an individual or a parent/guardian accompanying an individual maintains primary employment in one of more agricultural or fishing activities on a seasonal or other temporary basis and establishes a temporary residence for the purpose of such employment.

Immigrant Status (Check if Applicable)

___ An indication of whether a student is eligible for the Emergency Immigrant Education Program, the student must not have been born in any State (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 territory of the Pacific Islands) and not having completed 3 full academic years of school in any state.

Country of Origin: _____

(Country from which immigrant child has emigrated)

Date of Child's Immigration: _____