

EAST LONGMEADOW PUBLIC SCHOOLS



Grade: \_\_\_\_\_

Room: \_\_\_\_\_

Student Registration

Student's Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ (Middle): \_\_\_\_\_

Address: \_\_\_\_\_ East Longmeadow 01028 Home Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Gender: \_\_\_\_\_

School Last Attended: \_\_\_\_\_ City/Town/State: \_\_\_\_\_

Does any member of your family serve in the military? (optional) :
\_\_\_\_\_ No, not a member of a military family \_\_\_\_\_ Yes, child of active duty member
\_\_\_\_\_ Yes, child of member or veteran who was medically discharged or retired in the last year
\_\_\_\_\_ Yes, child of member who died on active duty in the last year

FOR NEW STUDENTS ONLY: Does your child have a current IEP or 504 Plan? \_\_\_\_\_

IF YES: Please return a copy of a current, signed IEP/504 plan to this office and it will be forwarded to the appropriate parties.

Mother/Guardian/Other: \_\_\_\_\_ Home Address (if different): \_\_\_\_\_

Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_

Home Phone (if different): \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

Are you the legal guardian - (if applicable): \_\_\_\_\_ Email Address: \_\_\_\_\_

Father/Guardian/Other: \_\_\_\_\_ Home Address (if different): \_\_\_\_\_

Employer: \_\_\_\_\_ Work Address: \_\_\_\_\_

Home Phone (if different): \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

Are you the legal guardian - (if applicable): \_\_\_\_\_ Email Address: \_\_\_\_\_

Name & Grade of sisters/brothers in school district:

Empty box for listing siblings.

If there is any court order in effect that prohibits any person from having contact with or access to the reports of this student, please initial here: \_\_\_\_\_ Please explain:

Empty box for court order explanation.

PLEASE READ PARAGRAPH BELOW

I declare, under penalty of perjury, that the above information is true and that the above named child will be a legal resident of the town of East Longmeadow at all times that he or she is enrolled in the East Longmeadow Public Schools. I further declare that the above named student is not claiming a Town of East Longmeadow address for the sole purpose of attending the East Longmeadow Public Schools.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY: Residency Documented By: \_\_\_\_\_

PLEASE COMPLETE THE EMERGENCY CONTACT INFORMATION

Emergency Contact Information

**NOTE:** The following information will be used when it is necessary to contact someone **other than the parent/guardian** to provide assistance for this student during the school day. It is very important that the school office be notified immediately if this information changes during the school year.

Other Contact #1:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Contact #2

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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