

Watertown Public Schools New/Returning

Student Information

FOR SCHOOL USE ONLY:

HOMEROOM _____ STATE ID _____ LOCAL ID _____
 Year of Graduation _____ Counselor _____ Program _____
 Date Enrolled in Watertown _____ Grade Entering _____
 Prior School _____

First Name: _____ Home Phone #:() _____ - _____
 Middle Name: _____ Announcement Phone #:() _____ - _____
 Last Name: _____ Attendance Notice Phone #:() _____ - _____
 Street Address: _____ Apt# _____ Emergency Phone #:() _____ - _____
 Additional Phone - will get **all automated announcements** Additional Phone#:() _____ - _____
 Gender: Male Female Date of Birth: ___/___/___ City of Birth: _____

Ethnic Category (Please Select at least one and as many as apply.)

- American Indian/Native American:** A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community attachment.
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or Pacific Islands.
- Black:** A person having origins in any of the black racial groups of Africa.
- White:** A person having origins in any of the peoples of Europe, North Africa, or the Middle East.

Are you Hispanic or Latino? Yes No (Please select Yes or No)

Native Language: _____ Native Language is the language/dialect first learned by a child or first used by the parent/guardian with a child.
 Yes No **Limited English Proficient** A child who is not capable of performing schoolwork in English.

Please Check Yes or No for each of the following:

- Yes No **Low Income Status:** The Student is eligible for free or reduced price lunch; or The Student Receives Transitional Aid to Families benefits; or The Student is eligible for Food Stamps.
- Yes No **Immigrant Status*:** A child that was **not born** in any of the 50 States, Puerto Rico, The District of Columbia, Guam, American Samoa, the Virgin Islands, the Northern Mariana Islands, or the Trust territory of the Pacific Islands: **AND Has NOT** completed 3 full academic years of school in any of the 50 States or territories.

*If Immigrant Status was YES Country of Origin _____ Date of Entry _____

Contact Information

Parent/Guardian: First Name: _____ Last Name: _____

Relationship: Mother: Father: Other _____ Custodial? Yes No

Street Address _____ Apt# _____ Home Phone #:() _____ - _____

City _____ State _____ Zip _____ Work Phone#:() _____ - _____

Cell Phone#: () _____ - _____ Other Phone#: () _____ - _____

Place of Work: _____ Email Address: _____

Can this Guardian Dismiss Student?: Yes No Can this Guardian Receive Student? Yes No

Lives with the Student? Yes No Does this Guardian Receive Mail? Yes No

Parent/Guardian: First Name: _____ Last Name: _____

Relationship: Mother: Father : Other _____ Custodial? Yes No

Street Address _____ Apt# _____ Home Phone #:() _____ - _____

City _____ State _____ Zip _____ Work Phone#:() _____ - _____

Cell Phone#: () _____ - _____ Other Phone#: () _____ - _____

Place of Work: _____ Email Address: _____

Can this Guardian Dismiss Student? Yes No Can this Guardian Receive Student? Yes No

Lives with the Student? Yes No Does this Guardian Receive Mail? Yes No

Emergency Contact: First Name: _____ Last Name: _____

Relationship: _____ Phone #:() _____ - _____

Cell Phone#: () _____ - _____ Other Phone#: () _____ - _____

Can Dismiss Student? Yes No Can Receive Student? Yes No

Lives with the Student? Yes No Receive Mail? Yes No

Student Physician: _____ Phone #:() _____ - _____

Does your child have health insurance? Yes No

Name of Health Insurance: _____

If your child does not have health insurance please contact the school nurse for more information about Commonwealth of Massachusetts Health Insurance.

Does your child have Dental Insurance? Yes No

Name of Dental Insurance: _____