

## ROCKPORT PUBLIC SCHOOLS STUDENT ENROLLMENT FORM

<b>School:</b>	<b>Homeroom:</b>
<b>Last Name:</b>	<b>Grade:</b>
<b>First Name:</b>	<b>Gender: Male or Female (circle one)</b>
<b>Middle Name:</b>	<b>Date of Birth:</b>
<b>Preferred Name:</b>	<b>City of Birth:</b>
<b>Has student ever attended Rockport Public Schools? If so which one and when?</b>	
<b>Primary Language:</b>	<b>Other Language Spoken at home:</b>

**Ethnic Categories (Select only one)**

- Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
- Not Hispanic or Latino**

**Race: Current Status Reported:** \_\_\_\_\_  
(select only one)

- |   |   |
|---|---|
| <input type="checkbox"/> 01-White                                     | <input type="checkbox"/> 07-White/Asian                                     |
| <input type="checkbox"/> 02-Black or African American                 | <input type="checkbox"/> 08-Not Hispanic/White/American Indian              |
| <input type="checkbox"/> 03-Asian                                     | <input type="checkbox"/> 14 Asian/Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> 04-American Indian or Alaska Native          | <input type="checkbox"/> 33- Hispanic/white                                 |
| <input type="checkbox"/> 05-Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> 34-Hispanic/Black or African American              |
| <input type="checkbox"/> 06-White/Black or African American           | <input type="checkbox"/> Other _____  |

**Country of Origin** (only needed if student has immigrant status): \_\_\_\_\_

**Immigrant Status:** to meet the federal definition, a student must not have been born in any state, AND not have completed three full academic years of school in any state.

**Select only if applicable:**  Student is an immigrant student under the federal definition.

**Has your child been determined to qualify for Special Education Services? YES \_\_\_ NO \_\_\_**

Please provide documents

**Does your child have a Section 504 Plan? YES \_\_\_ NO \_\_\_**

**Low Income:** Families receiving Transitional Assistance or SNAP (Food Stamps) qualify for free or reduced benefits. A meal benefit application must be on file. Applications may be completed by logging into [www.lunchapp.com](http://www.lunchapp.com) If you do not have access to a computer you may contact the Director of Food Services at 978-546-1243 for a paper application.

**FOR OFFICE USE ONLY:**

**Kindergarten forms:**

Permission to screen: \_\_\_\_\_ Y \_\_\_\_\_ N

Name Tag Request: \_\_\_\_\_ Y \_\_\_\_\_ N

**All Schools:**

Birth Certificate : \_\_\_\_\_ Y \_\_\_\_\_ N

Proof of Residency: \_\_\_\_\_ Y \_\_\_\_\_ N

Home Language Survey: \_\_\_\_\_ Y \_\_\_\_\_ N

**Health Forms:**

Health & Development Questionnaire: \_\_\_\_\_ Y \_\_\_\_\_ N

Proof of Immunization: \_\_\_\_\_ Y \_\_\_\_\_ N

Dental Certificate: \_\_\_\_\_ Y \_\_\_\_\_ N

Current Physical Exam:  
(within one calendar year) \_\_\_\_\_ Y \_\_\_\_\_ N

### Parent Information

<b>Name of Parent 1 /Guardian:</b>	<b>Name of Parent 2 /Guardian:</b>
<b>Relation to Student:</b>	<b>Relation to Student:</b>
<b>Custody of Student:    Y    or    N    (circle one)</b>	<b>Custody of Student:    Y    or    N    (circle one)</b>
<b>Address:</b>	<b>Address:</b>
<b>City, State Zip:</b>	<b>City, State, Zip</b>
<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Cell Phone:</b>	<b>Cell phone:</b>
<b>Email Address:</b>	<b>Email Address:</b>
<b>Employer Name:</b>	<b>Employer Name:</b>
<b>Employer Position:</b>	<b>Employer Position:</b>
<b>Employer Phone:</b>	<b>Employer Phone:</b>
<b>Emergency Contact 1: <i>Person agreed to care for child in case a parent cannot be reached</i></b>	<b>Emergency Phone Number:</b>
<b>Relation to Student:</b>	

### Custody Information

<b>Student Resides with if other than parent:</b>	<b>Is he/she living with both parents: Yes _____ No _____ If no, are there any custody restrictions?</b>
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### Sibling Information

List of Brothers and Sisters	Date of Birth	School Attending

Has your child received special services? If yes please explain: \_\_\_\_\_

Signature of Parent/Guardian1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian2: \_\_\_\_\_ Date: \_\_\_\_\_

**For New Transfer students only:**

**All Students:**

<b>School Last Attended:</b>	<b>May we release student's information to Parent Association: Yes _____ No _____</b>
<b>Address:</b>	<b>Email List: Yes _____ No _____</b>
<b>City: State: Zip:</b>	<b>Directory: Yes _____ No _____</b>
<b>SASID#:</b>	<b>Email Address to release:</b>
<b>LASID #:</b>	

SENT TO:    SPED \_\_\_\_\_    IT \_\_\_\_\_

DATE: \_\_\_\_\_