

# Burlington Public Schools

123 CAMBRIDGE STREET  
BURLINGTON, MA 01803  
(781) 270-1800

## Student Registration Form

Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

### Student Information (Complete Names)

First: \_\_\_\_\_ Full Middle Name: \_\_\_\_\_ Last: \_\_\_\_\_

Sex: (Circle One) M F Date of Birth \_\_\_/\_\_\_/\_\_\_ City of Birth: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_ City, Town (Residence) \_\_\_\_\_

Is student a State Ward? (circle one) Yes No Is student in foster care? (Circle One) Yes No

If yes, DSS Caseworker Name: \_\_\_\_\_

Your relationship to student \_\_\_\_\_ Primary Language Spoken \_\_\_\_\_

### Mother's/Guardian Information:

Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Address: \_\_\_\_\_ City, Town (Residence) \_\_\_\_\_

Education: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

U.S. Citizen: (Circle One) Yes No Birthplace: \_\_\_\_\_ Migrant Worker: (Circle One) Yes No

### Father's/Guardian Information:

Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Address: \_\_\_\_\_ City, Town (Residence) \_\_\_\_\_

Education: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

U.S. Citizen: (Circle One) Yes No Birthplace: \_\_\_\_\_ Migrant Worker: (Circle One) Yes No

**Parents Status:** ( ) Married ( ) Divorced ( ) Separated ( ) Other \_\_\_\_\_

Child is living with: ( ) Both Parents ( ) One Parent ( ) Other \_\_\_\_\_

Custodial Parent(s): ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

Is there any court order in place? (Circle One) Yes No

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**Sibling Information:**

Name: \_\_\_\_\_ (Circle One) ( M F) Grade: \_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ (Circle One) ( M F) Grade: \_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ (Circle One) ( M F) Grade: \_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ (Circle One) ( M F) Grade: \_\_\_\_ Date of Birth: \_\_\_\_\_

**Student's Medication Information**

Any physical limitations or medical disorders? (Circle One) Yes No

If yes, explain: \_\_\_\_\_

**Student's Education Information:**

Has student been enrolled in the State of Massachusetts before? (Circle One) Yes No

Previous School Attended: \_\_\_\_\_ Grade Level \_\_\_\_\_

Previous School Address: \_\_\_\_\_

Date Last Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Special Services Received:** (Please check all those received past or present)

Speech/Language \_\_\_\_\_ Remedial Reading \_\_\_\_\_ Title One \_\_\_\_\_ Physical Therapy \_\_\_\_\_

Occupational Therapy \_\_\_\_\_ Learning Center/Resource Room \_\_\_\_\_ Guidance \_\_\_\_\_

**Person who agrees to care for child if parent cannot be reached:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parental Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Bus # \_\_\_\_\_ Date of Entrance \_\_\_\_/\_\_\_\_/\_\_\_\_

Birth Certificate Rec'd \_\_\_\_\_ Immunization Record Rec'd \_\_\_\_\_ Records Rec'd \_\_\_\_\_