

GREENFIELD PUBLIC SCHOOLS

195 Federal Street, Suite 100

Greenfield, MA 01301

Tel: 413-772-1300

Fax: 413-774-7940



For Registrar's Use Only

LASID: _____
SASID: _____
Date of Parent Contact: _____
Date Enrolled: _____
BC Rec: _____ Imm. Rec. _____

School Attending: _____
Grade Level: _____
Pre-School: AM PM FULL
Pre-School Teacher: _____

STUDENT ENROLLMENT FORM

TO BE COMPLETED BY LEGAL PARENT/GUARDIAN – **(PLEASE COMPLETE ENTIRE FORM)**

Student Information

Last Name: _____		First Name: _____		Middle Name: _____	
Date Of Birth: _____	City of Birth: _____	State of Birth: _____	Gender Identity: Male _____ Female _____		

Legal Guardian Information

<p>1. Legal Parent/Guardian #1: _____ Relationship to Child: _____</p> <p>Residential Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____</p> <p>Email: _____ @ _____ . _____</p>
<p>2. Legal Parent/Guardian #2: _____ Relationship to Child: _____</p> <p>Residential Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____</p> <p>Email: _____ @ _____ . _____</p>
<p>3. Legal Guardian(s) that student lives with during the week: _____</p>
<p>4. Mailing Street Address (if different from residential): _____</p> <p>City: _____ State: _____ Zip: _____</p>

Sibling Information – please list all siblings in household

Last and First: _____	Date of Birth: _____	Current Grade: _____
Last and First: _____	Date of Birth: _____	Current Grade: _____
Last and First: _____	Date of Birth: _____	Current Grade: _____
Last and First: _____	Date of Birth: _____	Current Grade: _____

#1 Emergency Contact Information (In Case Parent/Guardian is Unavailable)

Name:			
Address:	City:	State:	Zip:
Employer:	Work Phone: ()	Home Phone: ()	Cell Phone: ()

#2 Emergency Contact Information (In Case Parent/Guardian #1 is Unavailable)

Name:			
Address:	City:	State:	Zip:
Employer:	Work Phone: ()	Home Phone: ()	Cell Phone: ()

School History – Schools Attended

Grade	Name of School	City/Town	State	Years Attended

Military

Does your child have a parent or legal guardian in the military? _____Yes _____No

Race/Ethnicity (Please check all that apply)

Please note that the Greenfield Public Schools are committed to ensuring that the school is free from discriminating in education and employment. These questions are taken from state reporting categories. We appreciate your cooperation.

_____ White	_____ Hispanic or Latino	_____ Black or African American	_____ Asian
_____ American Indian or Alaska Native	_____ Native Hawaiian/Other Pacific Islander	_____ Multi Racial	

Students Born in Other Countries

Country of birth:	Date first entered U.S. Schools:
First native language:	Primary language spoken at home:
Can your child speak English? _____Yes _____No	Does your child receive ELL, ESL and or ESOL services? _____Yes _____No _____I don't know

Is your child on a 504 Plan? _____Yes _____No _____I don't know

Special Education

Is your child on an individual education plan (IEP)? _____Yes _____No _____I don't know
