

FOR SCHOOL USE ONLY

District ID# _____ Facility Code _____ Date of Registration _____
Starting Date _____ Entering Grade _____ Entering School _____
Prior School _____ DOB Proof _____ Residence Proof _____



**Windham Public Schools
Student Registration Form**

Student's Legal Name _____
(Last) (First) (Middle)

Date of Birth _____ **Gender** Male Female

Place of Birth – City _____ **Country** _____ **Current Age** _____

Date student first enrolled in a US school _____

Home Address – Street _____ **Apt. #** _____

City _____ **State** _____ **Zip Code** _____

Mailing Address – Street _____ **Apt. #** _____ **PO Box** _____

(If different from above)

City _____ **State** _____ **Zip Code** _____

Race/Ethnicity (Federally Mandated Information)

Is this student Hispanic/Latino? (check only one) Yes No

What is the student's race? (Check one or more, even if you answered "Yes" to Hispanic/Latino above)

American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White

Parents' Information: Student Lives With: Both Parents Father Mother Guardian

Father/Parent Name _____
(Last) (First) (Middle)

Address - Street _____ **Apt. #** _____ **PO Box** _____

City _____ **State** _____ **Zip Code** _____

Telephone # – Home: _____ **Cell:** _____

Father's E-Mail Address _____

Place of Work _____ **Work Telephone** _____

Mother/Parent Name _____
(Last) (First) (Middle) (Maiden)

Address - Street _____ **Apt. #** _____ **PO Box** _____

City _____ **State** _____ **Zip Code** _____

Telephone # – Home: _____ **Cell:** _____

Mother's E-Mail Address _____

Place of Work _____ **Work Telephone** _____

Name and Address of Legal or Court-Appointed Guardian

Name _____
(Last) (First) (Middle)

Address _____

Relationship to Student _____ **Court Appointed Date** _____

Names of All Children Living at Home

	<u>Name</u>	<u>Date of Birth</u>	<u>Grade</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Pre-School Experience: None Home/Family Childcare Community-based Child Care/Pre-School
 Windham Public Schools Pre-School Other Public School District Pre-School Private Pre-School

Name of Pre-School _____

Address _____

Dates Attended (MM/DD/YY) _____ - _____ Days per Week ____ Hours per Day _____

Previous School (Including Pre-School or Child Care Program)

Name _____

Address _____

Grade _____ Number of Years Attended _____ Last Day Attended _____

Has your child ever been retained in a grade? Yes If Yes, which grade? _____ No

Was your child enrolled in any of the following special programs in his/her previous school?

(Please check all that apply)

- Special Education Reading Intervention Math Intervention Gifted & Talented
 Plan 504 Bilingual Education ESOL/ESL Services (support for learning English)

Explain: _____

If your child requires transportation to an address other than your home address and either before or after school, please provide the address below. The pick-up and/or drop-off location must be within the district of the school your child is currently attending.

Before School Pick-Up

Name _____

Address _____

City _____

Telephone _____

After School Drop-Off

Name _____

Address _____

City _____

Telephone _____

Parent/Guardian Signature _____ Date _____

For Pupil Services Office Use ONLY

Date of PPT _____ PCI _____

Administrative Signature _____ Date _____