

# Student Enrollment

## 2017 - 2018

### Wrentham Public Schools

LASID: <u>TBD</u>	SASID: <u>TBD</u>	Date: _____	Grade: <u>TBD</u>	Homeroom/Teacher: <u>TBD</u>
OFFICE USE ONLY				

PLEASE Print

PLEASE Print

PLEASE Print

Student Full Legal Name: \_\_\_\_\_  
LAST, FIRST MIDDLE - No initials IF none, enter NONE

Student Preferred Name: \_\_\_\_\_

Student Physical Address: \_\_\_\_\_ Town, State, Zip: \_\_\_\_\_

Student Mailing Address: \_\_\_\_\_ Town, State, Zip: \_\_\_\_\_  
If different from Physical Address

Student Home Phone: \_\_\_\_\_ Listed:  No  Yes Gender:  Female  Male Bus: TBD

Primary Contact E-mail Address: \_\_\_\_\_

Secondary Contact E-mail Address (optional): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Birth Certificate on file?  No  Yes

Please list any siblings of the enrolling student, including those currently enrolled and those yet to be enrolled, with their date of birth:

_____ Date of Birth: _____ _____ Date of Birth: _____ _____ Date of Birth: _____	_____ Date of Birth: _____ _____ Date of Birth: _____ _____ Date of Birth: _____
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The Massachusetts Department of Education **REQUIRES** the following Data for Every Student.

Ethnicity: Select ONE Only

- Hispanic or Latino
- Not Hispanic or Not Latino

Race: Select all that apply

- American Indian / Alaskan Native
- Asian / Indian / Indonesian
- Black / African-American
- Hawaiian / other Pacific Islander
- White

Technology Information:

Student Internet Permission: (Fill out Internet Acceptable Use Policy Form)

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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LAST, FIRST MIDDLE - No initials IF none, enter NONE

**Please note: *Contacts 1 and 2*** are primarily meant to be parents, step-parents, or guardians. ***Contacts 3 and 4*** are primarily meant to be neighbors or family relatives who **live in Wrentham or live close to Wrentham**. If the nurse cannot contact either ***Contacts 1 or 2***, she/he will need to contact someone who will assume temporary care of your child. The next page includes a section for the occupation of Parents or Guardians.

*(Primary) Contact #1 Information*

Name: _____	Has Custody:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Relationship: _____	Mailings:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Address: _____	E-mails:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
City/State/Zip: _____	Is Emergency:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Phone #1: _____ Type <input type="text"/>	Can Pick Up:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Phone #2: _____ Type <input type="text"/>	Lives With:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Phone #3: _____ Type <input type="text"/>	E-mail Address:	_____	

*( Secondary) Contact #2 Information*

Name: _____	Has Custody:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Relationship: _____	Mailings:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Address: _____	E-mails:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
City/State/Zip: _____	Is Emergency:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Phone #1: _____ Type <input type="text"/>	Can Pick Up:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Phone #2: _____ Type <input type="text"/>	Lives With:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Phone #3: _____ Type <input type="text"/>	E-mail Address:	_____	

*Contact #3 Information*

Name: _____	Has Custody:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Relationship: _____	Mailings:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Address: _____	E-mails:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
City/State/Zip: _____	Is Emergency:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Phone #1: _____ Type <input type="text"/>	Can Pick Up:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Phone #2: _____ Type <input type="text"/>	Lives With:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Phone #3: _____ Type <input type="text"/>	E-mail Address:	_____	

*Contact #4 Information*

Name: _____	Has Custody:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Relationship: _____	Mailings:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Address: _____	E-mails:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
City/State/Zip: _____	Is Emergency:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Phone #1: _____ Type <input type="text"/>	Can Pick Up:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Phone #2: _____ Type <input type="text"/>	Lives With:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Phone #3: _____ Type <input type="text"/>	E-mail Address:	_____	

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Grade: TBD Homeroom/Teacher: TBD

#### Custody

\*Legal documents MUST be provided annually to the Principal before restrictions can be implemented\*

- Divorce Decree on file?  No  Yes
- Are there any custody issues of which we should be aware?  No  Yes (Please briefly explain below)
- Is either parent denied legal access to student records?  No  Yes (Please briefly explain below)
- Is the child in DCF custody?  No  Yes (Please briefly explain below)
- Is the child a ward of the state?  No  Yes (Please briefly explain below)

Custodial Restrictions:

#### Occupation of Parent(s) or Guardian(s)

In the event a parent or guardian has multiple occupations or places of employment, use the job/location which is dominant during the school day.

Mother's/Guardian's Occupation \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 City/Town \_\_\_\_\_

Father's/Guardian's Occupation \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 City/Town \_\_\_\_\_

In the case of a time-critical event (snow day), important policy reminder, or general outreach, the Superintendent or Principal will make a call to all affected families. These Outreach calls default to each student's Home Phone number.

The Wrentham Public Schools takes attendance very seriously and calls are made every morning for each absent student to ensure the parent/guardian is aware. These Attendance alerts default to the student's Home Phone number.

If you are unlikely to receive calls made to the **Home Phone number during the day**, please provide a more appropriate daytime phone for **Outreach** and **Attendance** calls.

**Please note:** By providing us with an Outreach phone number below, you are electing to opt-in on receiving phone calls from The Wrentham Public Schools for non-emergencies.

Outreach Phone: \_\_\_\_\_ Listed:  No  Yes

Attendance Phone: \_\_\_\_\_ Listed:  No  Yes  
If different from Outreach Phone

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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REMINDER: Wrentham Public Schools require a Doctor's Physical/Health Record upon your child first entering the Wrentham Public School system, before starting the fourth grade, and as your child is promoted to Junior High school. Parents: Please fill out the top portion of the Massachusetts School Health Record when submitting these forms.

**Medical/Emergency:**

- No  Yes  My child may be given cough drops
- No  Yes  My child may be given acetaminophen (ex. Tylenol)
- No  Yes  My child may be given ibuprofen (ex. Motrin)
- No  Yes  Can call doctor
- No  Yes  Can call ambulance
- No  Yes  Can treat medical

**Doctor Information:**

\*Doctor's Name: \_\_\_\_\_

\*Name of Group / Address: \_\_\_\_\_

\* Phone: \_\_\_\_\_

At this time, we would also like to make clear to you that the school policy, under the direction of Pediatric Specialists of Foxboro and Wrentham, is NO medication be brought on the school grounds or taken by your child during school hours without the knowledge of the nurse. Medications should be delivered to the school nurse in a pharmacy or manufacturer labeled container by you or a responsible adult whom you designate. Please do not send them with your child. No more than a 30 day supply of the medication should be delivered to the school. If you have any questions regarding this procedure, please feel free to call us at (508) 384-5430.

Carly-Rae Akrouche, R. N.

**School Nurses**

Kerry Richardson, R. N.

Allergic to: \_\_\_\_\_

Medication: \_\_\_\_\_ Reason: \_\_\_\_\_

Physical Problems: \_\_\_\_\_

Recommendation, if any: \_\_\_\_\_

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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