

Student Enrollment

Wrentham Public Schools

LASID: TBD SASID: TBD Date: _____ Grade: TBD Homeroom/Teacher: TBD

OFFICE USE ONLY

PLEASE Print

PLEASE Print

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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: _____

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: _____

Wrentham Public Schools does not discriminate on the basis of race, color, sex, gender identity, religion, national origin, sexual orientation, disability, or homelessness.

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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="checkbox"/>	Can Pick Up: No <input type="checkbox"/> Yes <input type="checkbox"/>
Phone #2: _____ Type <input type="checkbox"/>	Lives With: No <input type="checkbox"/> Yes <input type="checkbox"/>
Phone #3: _____ Type <input type="checkbox"/>	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="checkbox"/>	Can Pick Up: No <input type="checkbox"/> Yes <input type="checkbox"/>
Phone #2: _____ Type <input type="checkbox"/>	Lives With: No <input type="checkbox"/> Yes <input type="checkbox"/>
Phone #3: _____ Type <input type="checkbox"/>	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="checkbox"/>	Can Pick Up: No <input type="checkbox"/> Yes <input type="checkbox"/>
Phone #2: _____ Type <input type="checkbox"/>	Lives With: No <input type="checkbox"/> Yes <input type="checkbox"/>
Phone #3: _____ Type <input type="checkbox"/>	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="checkbox"/>	Can Pick Up: No <input type="checkbox"/> Yes <input type="checkbox"/>
Phone #2: _____ Type <input type="checkbox"/>	Lives With: No <input type="checkbox"/> Yes <input type="checkbox"/>
Phone #3: _____ Type <input type="checkbox"/>	E-mail Address: _____

Parent or Guardian Signature: _____ Date: _____

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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.

Olivia LeSage, 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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