

PLAINVILLE PUBLIC SCHOOLS

PLAINVILLE, MASSACHUSETTS

STUDENT ENROLLMENT FORM

Name: _____ Sex: _____ Grade: _____
First Name Middle Name (Required) Last Name
Address: _____ Home Telephone: _____

Date of Birth: _____ Place of Birth: _____
City State Country

Father/Guardian Name: _____ Foster Parent ☐ Yes ☐ No

Address (if different from student): _____

Telephone (if different from student): _____

Occupation: _____ Work Telephone _____ Cell Phone: _____

Place of Employment: _____ E-mail Address: _____

Mother/Guardian Name: _____ Foster Parent ☐ Yes ☐ No

Address (if different from student): _____

Telephone (if different from student): _____

Occupation: _____ Work Telephone _____ Cell Phone: _____

Place of Employment: _____ E-mail Address: _____

Is any language other than English spoken in the home? ☐ Yes ☐ No If yes, language Spoken? _____

Note: If any of your contact information should change, please notify the main office immediately at 508-699-1304 (Jackson School) or 508-699-1312 (Wood School) so that we may update your records.

Does your child have allergies or other medical conditions the school should be aware of? ☐ Yes ☐ No

Special Services received to date: _____

Has the student ever attended Massachusetts Schools? ☐ Yes ☐ No

Last School Attended: _____ Public School: ☐ Yes ☐ No

Address: _____

Other children in family:

| Name | Grade | Date of Birth | Allergies |
|------|-------|---------------|-----------|
|------|-------|---------------|-----------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

OFFICE USE ONLY: HR: _____ BUS #: _____ DATE ENTERED: _____ 9/98 (OVER)

The Plainville Public School System does not discriminate on the basis of age, race, color, national origin, sex, disability, religion or sexual orientation.