

STUDENT REGISTRATION FORM K - 12

For School Personnel

Verification of Date of Birth and Student Name

- Birth Certificate
- Passport
- Other

- Visa (if not U.S. Citizen)
- Completed Health Record & Immunization
- Previous School Records
- Special Education Records if applicable

Lexington ID Number _____

Massachusetts ID Number _____

District School _____

Student's Last Name First Name Middle Name
(Must be "formal" name as listed on an official document.)

Place of Birth: City/Town _____ State/Country _____

1. Address _____ City/Town _____ Zip _____

2. Phone (_____) _____ Unlisted: Yes ___ No ___ To Enter Grade _____
Area Code

3. Date of Entry _____ Student Gender _____ Date of Birth: Month _____ Day _____ Year _____

4. Student Race/Ethnicity:

A. Please circle all that apply:

Asian

Black or African American

White

American Indian/Alaskan Native

Native Hawaiian or Other Pacific Islander

B. Do you consider student ethnicity to be Hispanic/Latino (Circle one): Yes No

5. METCO Program (Yes/No) _____

6. State Ward (Yes/No) _____

7. Primary Language Spoken in the Home _____
If Primary Language is not English, do you require school communications in your language: YES or NO

8. Previous School _____ Grade Completed _____

Address _____ City _____ State _____

9. Student living with: _____
(Parents, Mother, Father, Grandparents, Legal Guardian(s), etc.)

(Please turn page)

10. Custodial Parent(s) / Guardian Information:

_____	_____	_____	_____
Title	First Name	Last Name	Relationship to Student
_____	_____	() _____	() _____
Address	_____	Home Phone	Business Phone
_____	_____	_____	() _____
_____	_____	_____	Cell Phone

_____	_____	_____	_____
Title	First Name	Last Name	Relationship to Student
_____	_____	() _____	() _____
Address	_____	Home Phone	Business Phone
_____	_____	_____	() _____
_____	_____	_____	Cell Phone

11. Non-Custodial Parent(s) / Guardian Information:

_____	_____	_____	_____
Title	First Name	Last Name	Relationship to Student
_____	_____	() _____	() _____
Address	_____	Home Phone	Business or Cell Phone

_____	_____	_____	_____
Title	First Name	Last Name	Relationship to Student
_____	_____	() _____	() _____
Address	_____	Home Phone	Business or Cell Phone

12. Family Doctor: _____ Telephone: () _____

13. Family Dentist: _____ Telephone: () _____

14. Emergency Contact: 1.* _____ Home Phone: () _____
 (Other than parent-please list relationship) Cell Phone: () _____

Emergency Contact: 2.* _____ Home Phone: () _____
 (Other than parent-please list relationship) Cell Phone: () _____

Comments: _____

