



PEABODY PUBLIC SCHOOLS REGISTRATION FORM

Copy of Birth Certificate must be attached

FOR SCHOOL USE ONLY:

SASID _____ SPED _____ 504 _____ ELL Services _____ LEP _____ FLEP _____
Birth Certificate _____ Immunization _____ Private Physician Form _____ Proof of Residence 1 _____ 2 _____
Grade _____ Room # _____ Teacher _____ DOE _____ School _____

ALL QUESTIONS MUST BE COMPLETED - PLEASE PRINT

Name of person completing this form _____ **Relationship to child** _____

Does this child qualify as homeless? (please circle one) YES NO

Grade child is entering _____
Month _____ Year _____ K 1 2 3 4 5 6 7 8 9 10 11 12

Name of Last School or Pre-School Child Attended: _____

School Address: Street _____ City _____ State _____ Zip _____ Country _____

Has your child ever been a student in Peabody Public Schools including Passos or McCarthy Preschool? _____ Yes _____ No

If Yes, Name of School _____ Grade _____ Last year attended _____

Child's Legal Name In Full _____
(as listed on birth certificate) (First Name) (Full Middle Name) (Last Name)

Child's Gender: _____ Male _____ Female Child's Date of Birth: Month _____ Day _____ Year _____

Child's Place of Birth _____
(City) (State) (Country)

Child's Home Address _____
(Street) (Apt. #) (City) (State) (Zip)

Child's Home Telephone # _____ Child's Social Security # _____

• IF BIRTH COUNTRY IS NOT THE UNITED STATES:

Has this student completed three (3) years of schooling in the U.S.? _____ Yes _____ No

First year of schooling in the U.S. _____

• IF CHILD IS ENTERING FROM ANOTHER COUNTRY: Visa Type _____

Please complete both Ethnicity and Race Choice

• Ethnicity (chosed one) _____ Hispanic _____ Non-Hispanic

° Race (chosed all that apply)

_____ White _____ Black or African American _____ Native Hawaiian or Other Pacific Islander

_____ Asian _____ American Indian of Alaska Native

Is your child receiving any Special Education Services (including speech, OT, or resource room)? _____ Yes _____ No

If YES, do you have a copy of the IEP? (Individual Education Plan) _____ Yes _____ No

Is your child receiving any ELL Services? _____ Yes _____ No - If Yes, # of years in ELL Program _____

What was the child's first (native) language? _____

Does your child speak any language at home other than English? _____ Yes _____ No If Yes what language _____

(Over)

Child resides with: _____ Father & Mother _____ Mother only _____ Father only _____ Guardian
Other Relative (please specify) _____ Other (Please specify) _____

Who is child's legal Guardian? _____ Father & Mother _____ Mother only _____ Father only _____ Guardian
Other Relative (please specify) _____ Other (Please specify) _____

Parent/Guardian (1) _____ Relationship _____
(First Name) (Last Name)

Birthplace: City _____ State _____ Country _____

Home Address _____
(Street) (Apt or Lot #) (City) (State) (Zip Code)

Home Phone # _____ Business Phone # _____

Cell Phone # _____ Email _____

Employer _____ Occupation _____

Parent/Guardian (2) _____ Relationship _____
(First Name) (Last Name)

Birthplace: City _____ State _____ Country _____

Home Address _____
(Street) (Apt or Lot #) (City) (State) (Zip Code)

Home Phone # _____ Business Phone # _____

Cell Phone # _____ Email _____

Employer _____ Occupation _____

List other children residing at same address

Name _____ Age _____ M ___ F ___ Relationship _____ School _____ Grade _____

Name _____ Age _____ M ___ F ___ Relationship _____ School _____ Grade _____

Name _____ Age _____ M ___ F ___ Relationship _____ School _____ Grade _____

Others who reside at same address: _____

In case of emergency, the school can contact or release your child to:

Name _____ Relationship (Aunt, Neighbor, etc.) _____

Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Name _____ Relationship (Aunt, Neighbor, etc.) _____

Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Name _____ Relationship (Aunt, Neighbor, etc.) _____

Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Is any person legally prevented from having contact with student? Yes _____ No _____

IF YES, MUST ATTACH A COURT DOCUMENT

Please sign below.

Signature _____ Date _____