

Arlington Public Schools Enrollment Form

STUDENT _____
Last Name First Name Middle Name (required by state)

STUDENT'S PERSONAL INFORMATION:

Social Security Number _____ **Current Grade** _____

Physical Address _____
Street and Number City State Zip Code

Mailing Address _____
Street and Number City State Zip Code

Home Phone Number _____

Date of Birth ____/____/____ **Place of Birth** _____ **Gender** _____
Month Day Year City, State, Country Male/Female

Racial Category (Please answer BOTH questions):

1. Are you Hispanic or Latino? *(Select only one)*

- a. No, not Hispanic or Latino
- b. Yes, Hispanic or Latino

2. What is your race? *(You may select one or more races.)*

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander

For more information about the student data reporting categories, please see:
http://www.doe.mass.edu/infoservices/data/guides/race_faq.html

Does student reside with parents? Yes No

What was the language first used by parent/guardian with child? _____

What language is primarily spoken in your home? _____

Siblings _____ (Name and Age) _____ (Name and Age)

_____ (Name and Age) _____ (Name and Age)

_____ (Name and Age) _____ (Name and Age)

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STUDENT _____
Last Name First Name Middle Name (required by state)

PARENT CONTACT INFORMATION - Primary

PARENT 1 _____
Title Last Name First Name Middle Name
(Mr., Mrs., Ms., Miss, etc.)

Home Address _____
Street and Number City State Zip Code

Home Phone Number _____ **Email Address** _____

Cell Phone Number _____ **Day/Work Phone Number** _____

Occupation _____

Work Name & Address _____

Immigration Status (if applicable) _____

Lives with student? Yes No **Has custody of student?** Yes No

Should receive mailings for student? Yes No **Copy of proof of custody obtained.** Yes No

PARENT CONTACT INFORMATION - Secondary

PARENT 2 _____
Title Last Name First Name Middle Name
(Mr., Mrs., Ms., Miss, etc.)

Home Address _____
Street and Number City State Zip Code

Home Phone Number _____ **Email Address** _____

Cell Phone Number _____ **Day/Work Phone Number** _____

Occupation _____

Work Name & Address _____

Immigration Status (if applicable) _____

Lives with student? Yes No **Has custody of student?** Yes No

Should receive mailings for student? Yes No **Copy of proof of custody obtained.** Yes No

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STUDENT _____
Last Name First Name Middle Name (required by state)

PARENT CONTACT INFORMATION - Additional

PARENT 3 _____
Title Last Name First Name Middle Name
(Mr., Mrs., Ms., Miss, etc.)

Home Address _____
Street and Number City State Zip Code

Home Phone Number _____ **Email Address** _____

Cell Phone Number _____ **Day/Work Phone Number** _____

Occupation _____

Work Name & Address _____

Immigration Status (if applicable) _____

Lives with student? Yes No **Has custody of student?** Yes No

Should receive mailings for student? Yes No **Copy of proof of custody obtained.** Yes No

PARENT CONTACT INFORMATION - Additional

PARENT 4 _____
Title Last Name First Name Middle Name
(Mr., Mrs., Ms., Miss, etc.)

Home Address _____
Street and Number City State Zip Code

Home Phone Number _____ **Email Address** _____

Cell Phone Number _____ **Day/Work Phone Number** _____

Occupation _____

Work Name & Address _____

Immigration Status (if applicable) _____

Lives with student? Yes No **Has custody of student?** Yes No

Should receive mailings for student? Yes No **Copy of proof of custody obtained.** Yes No

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STUDENT _____
Last Name First Name Middle Name (required by state)

GUARDIAN CONTACT INFORMATION

GUARDIAN _____
Title Last Name First Name Middle Name
(Mr., Mrs., Ms., Miss, etc.)

Home Address _____
Street and Number City State Zip Code

Home Phone Number _____ **Email Address** _____

Cell Phone Number _____ **Day/Work Phone Number** _____

Occupation _____

Work Name & Address _____

Copy of proof of guardianship obtained. Yes No **Relationship to student** _____

Immigration Status (if applicable) _____

Name of person who has educational decision making rights _____

Address (if different): _____ **Relationship to Student:** _____

LOW INCOME STATUS:

Does your student meet ANY ONE of the following definitions of low income?

- The student is eligible for free or reduced price lunch Yes No
- The student receives Transitional Aid to Families benefits Yes No
- The student is eligible for food stamps Yes No

IMMIGRANT STATUS:

1. Was your child born in the United States? Yes No
2. Has your child completed 3 full academic years of school in any state? Yes No

*United States means "any of the 50 states," including the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the virgin Islands, the Northern Mariana Islands or the Trust territory of the Pacific Islands.

If the answer to BOTH questions is NO, then you MUST report the following information:

In what country was your child born? _____

What month and year did your child first enter school in the United States? _____
(Month) (Year)

What grade did your child first enter in the United States? _____

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STUDENT

_____ Last Name

_____ First Name

_____ Middle Name (required by state)

EDUCATION HISTORY:

Has the student ever attended Arlington Public Schools? Yes No

If yes, where? _____

Has the student ever attended public school in the United States? Yes No

If yes, where? _____

Dates Attended: From: _____ To: _____
Month/Yr Month/Yr

Has the student ever attended private school in the United States Yes No

If yes, where? _____

Dates Attended: From: _____ To: _____
Month/Yr Month/Yr

Has the student ever been expelled from any school? Yes No

If yes, where? _____

Has the student ever been evaluated for Special Education Services or provided with 504 accommodations?
 Yes No

If yes, parent/guardian must complete questions regarding Special Education Services and 504 accommodations form.

MASSACHUSETTS COMPREHENSIVE ASSESSMENT SYSTEM (MCAS)

Date of most recent MCAS test _____ Grade _____

School (where student took MCAS) _____

English Language Arts scaled score _____ Level of Performance _____

Math scaled score _____ Level of Performance _____

Proof of residency provided by parent/guardian. Yes No

(for official use only) SASID # _____

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PERMISSIONS:

Permission granted to use child's name and/or picture in media releases including television, newspaper, and school newsletter. Yes No

I have received and read the Protocol for students returning to school following hospitalization (Otto and Arlington High School students only).

Signature

Date