

# High School Extension Program

Cambridge Public Schools

Family Resource Center

459 Broadway

Telephone # 617-349-6551 Fax # 617-349-6552

www.cpsd.us

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## STUDENT INFORMATION:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current Grade: \_\_\_\_\_ Grade Entering in Sept. 2004: \_\_\_\_\_

**Gender:** Male Female

**Ethnicity:** Native American

Black/African American

Asian/Pacific Islander

Hispanic/Latino

Caucasian/White

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## GUARDIAN/FAMILY INFORMATION:

Parent/Guardian Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_ Work Phone: \_\_\_\_\_

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## SCHOOL INFORMATION:

Please complete if student is currently enrolled in the Cambridge Public Schools:

Current School: \_\_\_\_\_ Learning Comm.: \_\_\_\_\_ Guidance Counselor: \_\_\_\_\_

If student **does not** attend CRLS, please indicate the previously attended school(s) and contact information.

School: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_

Has student ever been expelled from his/her school? **Yes** **No**

If **Yes**, please state the reason for expulsion.

\_\_\_\_\_  
\_\_\_\_\_

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## SPECIAL EDUCATION & BILINGUAL INFORMATION:

Is student currently receiving special education services? **Yes** **No**

If **yes**, please circle: Speech Physical Resource Help Self-Contained Classroom

Is student currently attending a **Sheltered English Immersion** classroom or receiving **Bilingual Services**?

**Yes** **No**

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