



Cambridge Public Schools ELEMENTARY REGISTRATION FORM

1

FAMILY RESOURCE CENTER 15 UPTON ST, CAMBRIDGE, MA 02139 TEL. (617) 349-6551 FAX. (617) 349-6552

Has student ever attended Cambridge Public Schools? YES NO Year(s): _____

STUDENT INFORMATION

Social Security #: _____ Gender: Male Female Grade Entering: _____

NAME: _____ (USE THE FULL LEGAL NAME AS SHOWN ON BIRTH CERTIFICATE)

First: _____ Middle: _____ Last: _____

HOME ADDRESS: _____ APT. #: _____ CITY: _____ STATE: _____ ZIP: _____

PREVIOUS ADDRESS: _____ CITY: _____ STATE: _____ COUNTRY: _____

Phone #: _____ Birth date (MM/DD/YYYY): ____ / ____ / ____

Birth City: _____ Birth State (IF BORN IN U.S.): _____ Birth Country*: _____

* 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.: _____ Entry date in U.S. (MM/DD/YYYY): ____ / ____ / ____

IF STUDENT IS ENTERING FROM ANOTHER COUNTRY: Visa Type: _____

Ethnicity: (CHECK ONE) Hispanic/Latino Not Hispanic/Latino

Race: (CHECK ALL THAT APPLY)

American Indian/Alaskan Native Asian White/Caucasian

Black/African-American Hawaiian/Other Pacific Islander

GUARDIAN/CUSTODIAL INFORMATION

With whom does the student live?

Father Mother Parents Guardian Sibling

Other Relative (Please specify): _____ Other (Please specify): _____

Who is the student's legal guardian?

Father Mother Parents Guardian Sibling

Other Relative (Please specify): _____ Other (Please specify): _____

Parent/Guardian 1

Parent/Guardian 2

Relationship to Student: _____

Name: (First Last) _____

Home Address, Apt #: _____

City, State and Zip code: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Occupation: _____

Employer: _____

Parent/Guardian home language: _____

E-mail Address: _____

If Parent/Guardian 2 lives at a different address, do you want this person to receive school mailings? YES NO

PREVIOUS EDUCATION

Elementary School Attended: NAME: _____

CITY/STATE/COUNTRY: _____ LAST GRADE COMPLETED: _____

Pre-school/Daycare Attended: NAME: _____ # YEARS COMPLETED: _____

SPECIAL EDUCATION INFORMATION

Is your child currently receiving special education services? YES NO

If YES, please check: Speech Physical Resource Help Self-contained Classroom

A copy of the Individual Education Plan must be submitted to the Office of Special Education.

EMERGENCY INFORMATION (In case of an emergency at school, parents/guardians will be called first. If the school is unable to contact you, the individuals you list below will be contacted.)

| Name | Phone # | Relationship to Student |
|-------|---------|-------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

SIBLINGS

| Name | D.O.B. | Grade | School |
|-------|--------|-------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

PARENTAL GUARDIAN PREFERENCE FOR SCHOOL CHOICE

| School | Code (OFFICE USE ONLY) |
|----------|------------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

I prefer these schools because: (PLEASE CHECK ALL THAT APPLY.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Academic approach | <input type="checkbox"/> Close to my home | <input type="checkbox"/> My child's friends are there |
| <input type="checkbox"/> Close to my work | <input type="checkbox"/> Discipline approach | <input type="checkbox"/> After-school/Day care |
| <input type="checkbox"/> Facility/Building | <input type="checkbox"/> ESL/Bilingual Programs | <input type="checkbox"/> Racial/Ethnic Diversity |
| <input type="checkbox"/> Other: (Please specify reason.) _____ | | |

To the best of my knowledge the above information is true and accurate. I understand that after seven (7) years or if I withdraw my child from CPS, my registration file will be destroyed if I do not claim it at the Family Resource Center.

Parent/Guardian signature: _____ Date of application: _____

FOR OFFICE USE ONLY:

| | | |
|----------|------------------------------------|--------------------------|
| LEP: Y N | LANGUAGE: HOME _____ PRIMARY _____ | BILINGUAL PLACEMENT: Y N |
|----------|------------------------------------|--------------------------|