

Welcome to the Shutesbury Elementary School

ENROLLMENT FORM

Date _____

I. CHILD

1. Child's legal name _____
Last First Middle Sex

2. Child's address _____
Number Street Town State

3. Beginning date of residence at above address _____

4. Home phone number _____ 5. Last grade completed _____

6. Date of Birth _____ 7. Place of birth _____
City/Town State Country

8. Child's last residence _____
Number Street Town State

9. Has child ever been enrolled in a Massachusetts school before? _____

10. School last attended _____ Public _____ Private _____

Mailing address: _____

11. Child's primary language _____

12. Child is living with: Parent/s _____ Legal Guardian/s _____ Other _____

13. Is this student Hispanic or Latino? (choose only one)

No, not Hispanic or Latino

Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

14. What is this student's race? (choose one or more)

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment)

Asia (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

Black or African American (A person having origins in any of the black racial groups of Africa)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

II. PARENTS

1. Name _____	2. Name _____
Address _____	Address _____
_____	_____
Phone number _____	Phone number _____
Email address _____	Email address _____
Employer _____	Employer _____
Business address _____	Business address _____
_____	_____

3. If child is not living with both parents, please check the following where applicable:

Father deceased _____ Mother deceased _____ Parents separated _____
Parents divorced _____ State Ward _____
Other (please explain) _____
Name of other adult(s) with whom child lives _____
Relationship to child _____

4. Please list names and birthdates (month/day/year) of other children in the family

5. In May 2012 Governor Patrick signed the VALOR Act which strengthened services for veterans and their families in the Bay State. As a provision of the Act our state joined the Military Interstate Children's Compact Commission (MIC3). As a signatory of the MIC3 Compact, our state agrees to abide by special provisions involving the interstate transfer of school-aged children whose parents or guardians meet the following criteria (please check if one or more of these apply to this student's parents or guardians):

- Active duty military personnel or National Guard or Reserve personnel serving on active duty
- Active duty military veterans who have been medically discharged or retired within one year
- Deceased while on active duty

Additional information that you think might be relevant to the school: