

THOMASTON PUBLIC SCHOOLS REGISTRATION FORM

FOR OFFICE USE ONLY
[ ] Birth Certificate
[ ] Proof of Residency
[ ] Immunizations
[ ] SASID

Child's Legal Name: Last Name First Name Middle Name

Resident Address

Mailing Address

Male [ ] Female [ ] Date of Birth Home Phone

Current Age Grade Entering Place of Birth State

U.S. Citizen? [ ] Yes [ ] No School Last Attended City, State, Zip

Has your child been enrolled in Thomaston Public Schools in the past? [ ] Yes [ ] No If yes last grade attended

Race/Ethnicity (Federal Mandate)

Is your child Hispanic/Latino? [ ] Yes [ ] No (Check only one)

What is your child's race? (Check one or more, even if you answered "Yes" to the Hispanic/Latino question)

[ ] American Indian or Alaska Native [ ] Asian [ ] Black or African American [ ] Native Hawaiian or Pacific Islander [ ] White

Child lives with: [ ] Both Parents [ ] Mother [ ] Father [ ] Stepmother [ ] Stepfather [ ] Guardian

Mother's Name: Mother's Address:

Email Address: Home Phone:

Work Phone: Cell Number:

Employer: Occupation:

Father's Name: Father's Address:

Email Address: Father's Home Phone:

Work Phone: Cell Number:

Employer: Occupation:

Stepparent/Guardian's Name: Stepparent/Guardian's Address:

Stepparent/Guardian's Home Phone: Work Phone: Cell Number:

Employer: Occupation:

If parents are divorced, name of parent who has custody of the child:

Assignment of custody: Date: Town: State:

Assignment by which court?

Other Children in Household:

Table with 2 columns: Name, Birth Date. Rows 1, 2, 3.

What language did your child learn to speak first?

Predominant language spoken at home?

Predominant language spoken by student at home?

Has your child received any of the following Special Services? [ ] Yes [ ] No (Please check)

[ ] Speech/Language [ ] Enrichment [ ] Remedial Reading [ ] Remedial Math [ ] Special Education [ ] Section 504

\*\*(For children enrolling in Kindergarten) Did your child attend a Head Start program, nursery school, licensed daycare center or public pre-school program in the last year? [ ] Yes [ ] No (Please check)

Parent/Guardian Signature Date