

# STUDENT REGISTRATION FORM K - 12

## For School Personnel

### *Verification of Date of Birth and Student Name*

- ☐ Birth Certificate
- ☐ Passport
- ☐ Visa (if not U.S. Citizen)

### *Required School forms*

- ☐ Proof of Residency
- ☐ Completed Health Record & Immunization
- ☐ Previous School Records if applicable
- ☐ Special Education Records if applicable

Lexington ID Number \_\_\_\_\_

Massachusetts ID Number \_\_\_\_\_

District School \_\_\_\_\_

Please select one of the following:

\_\_\_\_\_ New Student to Lexington Public Schools   or   \_\_\_\_\_ Returning Student to Lexington Public Schools

Does this Student have a sibling already attending Lexington Public Schools   Yes \_\_\_\_\_ No \_\_\_\_\_

Student's Last Name	First Name	Middle Name
<i>( This must be "formal" name as listed on an official document.)</i>		

Student's Nickname \_\_\_\_\_

Place of Birth: City/Town \_\_\_\_\_ State/Country \_\_\_\_\_

1. Address \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

2. Phone (     ) \_\_\_\_\_ Unlisted: Yes \_\_\_\_ No \_\_\_\_ To Enter Grade \_\_\_\_\_

3. Date of Entry \_\_\_\_\_ Student Gender \_\_\_\_ Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

4. Student Race/Ethnicity:

A. Please circle all that apply:

Asian

Black or African American

White

American Indian/Alaskan Native

Native Hawaiian or Other Pacific Islander

B. Do you consider student ethnicity to be Hispanic/Latino (Circle one):   Yes                      No

5. METCO Program (Yes/No) \_\_\_\_\_

6. State Ward (Yes/No) \_\_\_\_\_

7. Primary Language Spoken in the Home \_\_\_\_\_

If Primary Language is not English, do you require school communications in your language: YES or NO

8. Previous School \_\_\_\_\_ Grade Completed \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

9. Student living with: \_\_\_\_\_  
(Parents, Mother, Father, Grandparents, Legal Guardian(s), etc.)

10. **Custodial Parent(s) / Guardian Information:**

_____	_____	_____
First Name	Last Name	Relationship to Student
_____	( )	( )
Address	Home Phone	Cell Phone
Email address _____		( )
		Business Phone

_____	_____	_____
First Name	Last Name	Relationship to Student
_____	( )	( )
Address	Home Phone	Cell Phone
Email address _____		( )
		Business Phone

11. **Non-Custodial Parent(s) / Guardian Information:**

_____	_____	_____
First Name	Last Name	Relationship to Student
_____	( )	( )
Address	Home Phone	Cell or Business Phone
Email address _____		

_____	_____	_____
First Name	Last Name	Relationship to Student
_____	( )	( )
Address	Home Phone	Cell or Business Phone
Email address _____		

12. Family Doctor: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

13. Family Dentist: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

14. Emergency Contact: 1. \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
(This should be someone who would be responsible for the child in the parent's absence, other than the parent.)

Relationship to student \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Emergency Contact: 2. \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
(This should be someone who would be responsible for the child in the parent's absence, other than the parent.)

Relationship to student \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

15. Student Email address (high school students only) \_\_\_\_\_

Comments: \_\_\_\_\_