

Chicopee Public Schools

ENROLLMENT FORM

School Name: _____

Entry date: _____

Student LASID#: _____

Gender: M F Present Grade: _____

Name of Student _____
First Middle Last Suffix

Date of birth: ____ / ____ / ____ City/Town of birth: _____ State: _____

Student cell phone number: _____ E-mail: _____

PARENT/GUARDIAN INFORMATION

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
		Parent/Step Parent / Caregiver / Guardian / Foster Parent/Other

1. _____

2. _____

3. _____

4. _____

Resident Address of Student: _____
Street Apt. City Zip

Mailing address: Same as above Group Home: Yes No

Other: _____
Street Apt. City Zip

Home telephone number: _____ E-mail: _____

Mother's work number: _____ Cell number: _____

Father's work number: _____ Cell number: _____

Emergency contact #1 (not parent): _____
Name Telephone# Relationship

Emergency contact #2 (not parent): _____
Name Telephone# Relationship

Name of Non-Custodial Parent: _____

Address: _____ Phone: _____

Are there any custodial issues? Please explain: _____

Does this parent have legal rights to the student's records? _____

Please attach a copy of the court documents pertaining to this matter.

OVER

PREVIOUS SCHOOL INFORMATION

Previous School: _____
Name City/State

Has student ever been Suspended or Expelled for disciplinary reasons from any School/District? Yes No

If yes, which School/District? _____

Was student ever enrolled in Chicopee Public Schools? Yes No When? _____

Name of school: _____

Was student enrolled in another Massachusetts Public School? Yes No When? _____

Name of school: _____

Has student attended a preschool program? Yes No Name of school: _____

Has student ever repeated a grade? Yes No What grade? _____

Does student receive Special Education Services? Yes No Outplacement: _____

Name of School

Does student receive Accommodations under Section 504? Yes No

Primary (Home) Language: _____ *Be sure to fill out home language survey*

Does parent/guardian need documents translated? Yes No Language: _____

Is student a US citizen? Yes No Is student an Immigrant? Yes No Country of Origin: _____

ETHNICITY

Is the student's Ethnicity Hispanic or Latino? Yes No

Race: Choose all that apply. White Black or African American Asian

American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

OTHER CHILDREN IN FAMILY ATTENDING CHICOPEE SCHOOLS

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

OFFICE USE ONLY

Home Room: _____ Grade Level: _____ Year of Graduation: _____

Number of years in English Language Learner Program: _____

Out of Attendance Zone student? Corresponding / Neighborhood School: _____

Career Tech Ed student? CTE Out of Attendance Zone student? School Choice student?

Temporary Legal Resident? Date: _____ Caregiver Authorization Affidavit? Date: _____

Referred to Chicopee Academy from: ALT Bellamy Fairview CCHS CHS

RECORDS RECEIVED

Proof of Residency: Transcripts: Attendance: Discipline: Birth Certificate: MCAS:

Health: Section 504: IEP: Mass. Transfer Card: Other: _____

Verified by: _____

Revised: 1/28/14