



Student Registration Form

Gardner Public Schools

70 Waterford St.
 Gardner, MA 01440
 Phone: (978) 632 1000
 Fax: (978) 632 1164

Demographics				
Student Name: (Full Legal Name as shown on birth certificate) Please Print _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Last Name </div>				
First Name	Middle Name	Nickname		
Residence Address: Street/Apartment: _____ P.O. Box not acceptable City: _____ State: _____ Zip: _____				
Mailing Address: Street/Apt/P.O. Box: _____ If different from above City: _____ State: _____ Zip: _____				
Residence Telephone:	(____) - _____	Is this a cell phone?	Yes	No
Gender:	Male	Female	Date of Birth: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>	
Place of Birth: City: _____ State: _____ Country: _____				
If not born in a U.S. State or Territory*, has the student completed 3 years of U.S. Schooling Yes No				
Ethnicity – check only one: Not Hispanic or Latino Hispanic or Latino				
Race – check ALL that apply White Black or African American Asian American Indian or Alaskan Native Native Hawaiian or other Pacific Islander				
<i>Ethnicity and Race – Federal and State laws require this information</i>				
Citizenship:	US	Other	If Other, alien registration number: _____ Permanent Visa Temporary Visa	
First Native Language: English Other: _____				
Foreign Exchange Student? Yes No Country: _____				
Medical Concerns and/or Allergies: _____				
Enrollment Information				
What grade will the student be enrolled in? ____		Expected Enrollment Date: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>		
Student previously attended Gardner Public Schools: Yes No If Yes, last year attended: ____				
Student previously attended another Massachusetts Public School: Yes No				
If Yes School: _____ City: _____				
Is the student enrolling as “School Choice” from another district? Yes No				
If Yes, School District’s name: _____				

*Territory - the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the Virgin Islands, the Northern Mariana Islands, or the Trust territory of the Pacific Islands.

Parent/Guardian/Emergency Contact Information

Student lives with:
Please check ALL that apply **Mother** **Father** **Stepmother** **Stepfather** **Other:** _____

Custody of Student:
Please check ALL that apply **Mother** **Father** **Stepmother** **Stepfather** **Other:** _____

Receive Mailings:
Please check ONLY one **Mother** **Father** **Stepmother** **Stepfather** **Other:** _____

	Parent/Guardian 1	Parent/Guardian 2
Name (Last, First)		
Street Address		
City/State/Zip		
Home Phone	(_____) - _____	(_____) - _____
Cell/pager #	(_____) - _____	(_____) - _____
Email address		
Employer		
Work Telephone #	(_____) - _____	(_____) - _____
Relationship to student (i.e. Mother, Father, Grandmother, Guardian...)		
	Parent/Guardian 3	Parent/Guardian 4
Name: Last, First		
Street Address		
City/State/Zip		
Home Phone	(_____) - _____	(_____) - _____
Cell/pager #	(_____) - _____	(_____) - _____
Email address		
Employer		
Work Telephone #	(_____) - _____	(_____) - _____
Relationship to student (i.e. Mother, Father, Grandmother, Guardian...)		
	Emergency Contact 1	Emergency Contact 2
Name		
Relationship to student (i.e. Mother, Father, Grandmother, Guardian...)		
Telephone #	(_____) - _____	(_____) - _____

Siblings in Gardner Public Schools		
Name	Grade	School
Special Education		
Student currently has an IEP (Individualized Education Plan) If Yes, submit a copy of the IEP to the school or Special Education office.	Yes	No
Student previously received special education services? If Yes, grade and year of IEP termination: _____	Yes	No
Special education services received in previous school district? Speech/Language Occupational Therapy Physical Therapy Academic Other: _____		
Special Considerations (Documentation for verification may be required and you may be contacted)		
List restraining order(s) in effect		
Documentation provided:	Yes	No
Student is State Ward:		
Documentation provided:	Yes	No
List any Legal Alerts:		
Documentation provided:	Yes	No

Kindergarten ONLY		
Student will come to school from babysitter's residence	Yes	No
Student will leave school for babysitter's residence	Yes	No
Babysitter Information:		
Name:		
Address:		
Phone Number:		

I hereby certify that, under the penalties of perjury, the facts and representations set forth in this Student Registration Form are, to the best of my knowledge, true and complete. I also understand the Gardner Public Schools reserves the right to make additional inquiries into the student's residency status and prior school records.

Parent/Guardian

Date

NOTE: If any of the above information changes before school or throughout the school year, please notify the school immediately.