

**North Reading Public Schools
North Reading, Massachusetts
2017-2018 REGISTRATION FORM**

L.D. Batchelder School: _____

E. Ethel Little School: _____

J. Turner Hood School: _____

Child Information

First Name: _____ Last Name: _____ Middle Name: _____
City of Birth: _____ Date of Birth: _____ Sex: _____
Home Address: _____ Home Phone: _____ Email Address: _____

Ethnicity (check one)
Non Hispanic or Latino _____
Hispanic or Latino _____

Race (check as many as apply)
White _____
Black or African American _____
Asian _____
American Indian or Alaskan Native _____
Native Hawaiian or Other Pacific Islander _____

Child lives with:

Both Parents: _____ Mother: _____ Father: _____ Guardian: _____ Other: _____

Is your child currently on an Individualized Education Plan or receiving any Special Education Services? Yes _____ No: _____

Parent/Guardian 1

First Name: _____ Last Name: _____ Relationship to Child: _____
Date of Birth: _____ Place of Birth: _____ Occupation: _____
Home Phone: _____ Business Phone: _____ Email: _____

Parent/Guardian 2

First Name: _____ Last Name: _____ Relationship to Child: _____
Date of Birth: _____ Place of Birth: _____ Occupation: _____
Home Phone: _____ Business Phone: _____ Email: _____

Please list names and dates of birth of any siblings

Name	Date of Birth	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Transfer student:

Last School Attended: _____ School Address: _____

Below for Office Use Only

Grade: _____ Enter Date: _____ YOG: _____ Birth Certificate: _____