

**North Reading Public Schools North
Reading, Massachusetts
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 _____

Is your child currently on an Individualized Education Program or receiving any Special Education services? Yes No

Child lives with: Both Par/Guardians: Par/Guar1: Par/Guar2:

Parent/Guardian 1

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

Parent/Guardian 2

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

Please list siblings attending North Reading schools

Name	Date of Birth	Gender	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Transfer student:

Last School Attended: _____ School Address: _____

Below for Office Use Only

Grade: _____ Entry Date: _____ YOG: _____ Birth Certificate: _____