

2/17/2010

William E. Norris School Student Registration Form

2010-2011

Last Name _____ First _____ Middle _____ Gender _____

Address _____ Town _____ Zip _____

Mailing Address _____

Date of Birth ____/____/____ City & State of birth _____ Grade _____

Primary Phone _____ Cell Phone(s) _____ Other Phone _____

Email: _____

Ethnicity (*choose one*) Hispanic or Latino _____ Not Hispanic or Latino _____

&

Race (*choose all that apply*) White _____ Black/African American _____ Asian _____
American Indian or Alaska Native _____ Native Hawaiian or Other Pacific Islander _____

Language spoken at home: Primary _____ Secondary _____

We are required by the state of Massachusetts to collect this information.

Student lives with: (*check one*) Both Parents _____ Mother _____ Father _____ Guardian _____

Parent/ Guardian #1 _____

Parent/ Guardian #2 _____

If separated or divorced, do parents have joint legal custody?

Check one: Yes _____ No _____

Please provide information about the parent the child does not reside with:

Name: _____

Address: _____

Phone number: _____ Cell _____ email _____

For office use: lasid

asad

SOC

other