

FALL RIVER PUBLIC SCHOOLS

“The Scholarship City”

Fred Houle
Parent Information Center
and
Student Assignment

In House Transfer Registration



2012-2013

“SCHOOLS of CHOICE” REGISTRATION FORM

Last Name of Child _____ First _____ Middle _____

Address _____ Phone # _____ Emergency # _____

Date of Birth ____/____/____ Age: _____ Gender M F Grade Entering: _____

Name of previous school _____

Address: _____

City/State/Zip: _____

- Schools of Choice:
1. _____
 2. _____
 3. _____

Do you have another child in your first choice school? YES ___ NO ___ Grade _____

Comments: _____

- | | | |
|--|-----|----|
| 1. Do you feel your child will benefit from any daycare programs? | Yes | No |
| 2. Does your child have a Health Plan | Yes | No |
| 3. Are you interested in Adult Basic Education Classes (GED__ESOL__) | Yes | No |
| 4. Are you sharing the housing of other persons due to loss of housing, economic hardship or similar reason? | Yes | No |

***If Yes to any of the above, would you like someone to contact you with information about services to which you may be entitled? Yes No

- I understand that all registration forms must be completed for placement of any child in a “School of Choice” based on criteria outlined in the student assignment policy. (Please check box)
- I understand that **TRANSPORTATION** is to be provided by **Parent/ Guardian**

Signature of Parent/Guardian

Relationship to Child

Date

Intake Person

Date

DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)

Effective Date: _____

Waiting List: _____

Date Release Sent: _____

Transportation: Bus # _____ Route: _____

Date Letter Sent: _____

School Assigned: Name: _____

Code: _____

District School: Name: _____

Code: _____

Computer Input Person: _____

Fall River Public School of Choice Registration Form

First Name _____

Child lives with _____

Middle Name _____

(parents, mother, father,...ect)

Last Name _____

Parent/ Guardian _____

Gender M F

Date of Birth (m/d/yr) _____ / _____ / _____

Address _____

Grade Entering _____

City **Fall River**

Home Phone _____

State **MA**

Emergency Phone _____

Zip Code _____

County **Bristol**

Home Language _____

Ethnicity: **Circle only one** Hispanic Non Hispanic

Student's city of birth _____

Race: **Circle all that apply** White Black or African American
 Asian American Indian
 Alaska Native Native Hawaiian
 or Pacific Islander

Parents work for FR Schools Yes _____ No _____

Parent Signature _____

Parent Name (**Print**) _____

Registration Date _____

Staff Signature _____

For Office Use ONLY

Has student EVER been enrolled in FRPS? YES NO School _____ Grade _____

Has student EVER been enrolled in any MA school YES NO City _____ When _____

Immigrant Status (yes only if student **not** born in the US & **not** in US for 3 Years) **YES** **NO**
 If YES, in what country was student born?

English Proficiency (Can student perform his/her class work in English?) **YES** **NO**

Child is/has been enrolled in a Second Language Learning Program? **YES** **NO**

Child is receiving Special Education Services **YES** **NO**
 If yes...Prototype? _____

Child is receiving Title 1 Services? **YES** **NO**

State Ward/Foster Child / Department of Children & Families (DCF)? **YES** **NO**

RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, OR HANDICAP, IN COMPLIANCE WITH THE CHAPTER THE FALL RIVER PUBLIC SCHOOLS ASSURE EQUAL EDUCATIONAL OPPORTUNITIES REGARDLESS OF 622 AND OTHER APPLICABLE STATE AND FEDERAL CIVIL RIGHTS LAWS

FALL RIVER PUBLIC SCHOOLS

"The Scholarship City"

Student Registration & Parent Center – 360 Elsbree Street, Fall River, MA 02720

Meg Mayo-Brown, Superintendent

Barbara Allard, Director

New Student Registration STUDENT CONTACT INFORMATION

Students will only be dismissed to contacts who have proper identification and proper contact information on file. Please notify the school of any changes to contact or student information during the school year. Thank you.

Parent/Guardian Signature _____ Date _____

★ STUDENT NAME _____ DOB _____ DATE _____

Parent/Guardian #1 _____ Relationship _____ Priority # _____

Yes No Is this contact, also a contact for another student (present or former) in the FRPS?

Yes No Is this contact, also a staff member or student (present or within last 5 years) of the FRPS?

Physical Address _____ City, State, Zip _____

Mailing Address _____ City, State, Zip _____

Write SAME in mailing address if it matches the physical address.

Phone 01 _____ Type _____ Phone 02 _____ Type _____

Home Language _____ E-Mail _____

Yes No Lives With Student? Yes No Has Custody of Student? Yes No Can Pickup Student?

Parent/Guardian #2 _____ Relationship _____ Priority # _____

Yes No Is this contact, also a contact for another student (present or former) in the FRPS?

Yes No Is this contact, also a staff member or student (present or within last 5 years) of the FRPS?

Physical Address _____ City, State, Zip _____

Mailing Address _____ City, State, Zip _____

Write SAME in mailing address if it matches the physical address.

Phone 01 _____ Type _____ Phone 02 _____ Type _____

Home Language _____ E-Mail _____

Yes No Lives With Student? Yes No Has Custody of Student? Yes No Can Pickup Student?

Codes for Emergency Priority#

0=Parent/Guardian

1=Family Members

2=Neighbors/Friends

3=Other

Additional Contact Information

Contact _____ **Relationship** _____ **Priority #** _____

Yes No *Is this contact, also a contact for another student (present or former) in the FRPS?*

Yes No *Is this contact, also a staff member or student (present or within last 5 years) of the FRPS ?*

Physical Address _____ **City, State, Zip** _____

Mailing Address _____ **City, State, Zip** _____

Write SAME in mailing address if it matches the physical address.

Phone 01 _____ **Type** _____ **Phone 02** _____ **Type** _____

Home Language _____ **E-Mail** _____

Yes No *Lives With Student?* Yes No *Has Custody of Student?* Yes No *Can Pickup Student?*

Contact _____ **Relationship** _____ **Priority #** _____

Yes No *Is this contact, also a contact for another student (present or former) in the FRPS?*

Yes No *Is this contact, also a staff member or student (present or within last 5 years) of the FRPS ?*

Physical Address _____ **City, State, Zip** _____

Mailing Address _____ **City, State, Zip** _____

Write SAME in mailing address if it matches the physical address.

Phone 01 _____ **Type** _____ **Phone 02** _____ **Type** _____

Home Language _____ **E-Mail** _____

Yes No *Lives With Student?* Yes No *Has Custody of Student?* Yes No *Can Pickup Student?*

Contact _____ **Relationship** _____ **Priority #** _____

Yes No *Is this contact, also a contact for another student (present or former) in the FRPS?*

Yes No *Is this contact, also a staff member or student (present or within last 5 years) of the FRPS ?*

Physical Address _____ **City, State, Zip** _____

Mailing Address _____ **City, State, Zip** _____

Write SAME in mailing address if it matches the physical address.

Phone 01 _____ **Type** _____ **Phone 02** _____ **Type** _____

Home Language _____ **E-Mail** _____

Yes No *Lives With Student?* Yes No *Has Custody of Student?* Yes No *Can Pickup Student?*

Codes for Emergency Priority#

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