



WESTPORT COMMUNITY SCHOOLS
Student Enrollment Form

STUDENT INFORMATION

LASID# _____ SASID# _____

Enrolling Grade _____ Year of Graduation _____

Last Name _____

First Name _____

Middle Name _____

Date of Birth _____ City of Birth _____ State of Birth _____

Ethnicity: Is this student Hispanic or Latino? (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of race) _____ No, Not Hispanic or Latino _____ Yes, Hispanic or Latino

What is the student's race? _____ White _____ African American _____ Asian
_____ Native American _____ Native Hawaiian or other Pacific Islander

Street Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Previous School Name _____

Previous School Street Address _____

Previous School City _____ State _____ Zip Code _____

Does this student have Health Insurance? _____ Yes _____ No

Health Insurance Provider Name _____

PARENT OR LEGAL GUARDIAN INFORMATION

CUSTODY **YES** **NO** Relationship to Student _____

Can Release Student To **YES** **NO**

Last Name _____ First Name _____

Street Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____

Cell Phone Number _____

Work Phone Number _____

Email Address _____

PARENT OR LEGAL GUARDIAN INFORMATION

CUSTODY **YES** **NO** Relationship to Student _____

Can Release Student To **YES** **NO**

Last Name _____ First Name _____

Street Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____

Cell Phone Number _____

Work Phone Number _____

Email Address _____

EMERGENCY CONTACTS: In the event of an emergency, Westport Community Schools will always contact the custodial parent(s)/guardian(s) first. Please list below, in rank order, contacts other than the custodial parents/guardians to whom the student may be released to.

(1) Last Name _____ First Name _____

Relationship to Student _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____

Cell Phone Number _____

Work Phone Number _____

(2) Last Name _____ First Name _____

Relationship to Student _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____

Cell Phone Number _____

Work Phone Number _____

(3) Last Name _____ First Name _____

Relationship to Student _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____

Cell Phone Number _____

Work Phone Number _____

<u>ADDITIONAL INFORMATION</u>	YES	NO
Has this student ever attended Westport Community Schools?		
Has this student ever attended other schools in Massachusetts?		
Has this student ever attended other schools outside Massachusetts?		
Does this student have a 504 plan?		
Does this student have an Individual Educational Plan (IEP)?		
Is this student now in foster care?		
Has this student previously been in foster care?		
Does this student receive any state or federal financial assistance (Medicaid, Veteran benefits, Social Security benefits, TANF, Foods Stamps, etc.)?		
Are there any current custodial orders or agreements pertaining to this student?		
Are there any current restraining orders pertaining to this student?		
Has this student ever been convicted of a felony?		
Does this student currently have a felony complaint against him/her?		
Has this student ever been excluded or expelled from a school in Massachusetts?		
Has this student ever been excluded or expelled from a school outside Massachusetts?		
Is this student eligible for assistance as a member of a military family as defined by the Interstate Compact on Educational Opportunity for Military Children (VALOR Act)?		

If the answer is YES to ANY of the above questions excluding the last (VALOR Act), please provide further details below:

Siblings in Westport Community Schools:

Name _____ Grade _____ Name _____ Grade _____
Name _____ Grade _____ Name _____ Grade _____

Signature of Parent or Legal Guardian Date

Data Administrator

THIS FORM IS PLACED IN THE STUDENT'S FILE