

**QUINCY PUBLIC SCHOOLS
STUDENT REGISTRATION**

OFFICE USE ONLY

GRADE

SCHOOL CODE

STUDENT INFORMATION

Please complete information as it appears on birth certificate.

Last Name (Legal)			First Name (Legal)			Middle Name (Legal)		
Nickname			Gender			Date of Birth		
			__Female __Male __Non-binary			Month _____ Day _____ Year _____		
Birth City / Town		Birth State		Birth Country		Date Student Entered the United States		
Student's Current Address						★ Phone Number		
Number		Street		Apt.		Zip Code		
★ Student's Primary Language		Language Spoken in Home		Ethnicity: Required by the MA Department of Education (Please check one)				
				_____ Hispanic _____ Not Hispanic				
Race: (Please check all that apply)								
_____ American Indian/Alaskan Native			_____ White/Caucasian			_____ Asian		
_____ Black/African-American			_____ Hawaiian/Other Pacific Islander					
With whom is the student living?								
Parents: _____ OR Mother: _____ Father: _____ Guardian: _____								
Other: _____ Name Relationship								
Are there any custody issues we should be aware of? Is either parent denied legal access to student records?								
_____ No _____ Yes (★ If yes please specify): _____								
<u>Legal documentation MUST be provided annually to the principal before restrictions can be implemented.</u>								

STUDENT'S PREVIOUS SCHOOL INFORMATION

- Has this student ever attended a public school in Quincy: _____ Yes _____ No
- If yes, which school? _____
- Last school / preschool attended: _____
- Date they began first year of school in the United States _____
- Location: _____
- Last grade attended: _____ Date left previous school: _____
- Has this student ever been expelled from school? _____ Yes _____ No
- If yes, please state reason: _____

Check each that applies:

- | | |
|---|--|
| <input type="checkbox"/> Student has an Individual Education Plan (Special Education) | <input type="checkbox"/> Student is receiving Title I services |
| <input type="checkbox"/> Student is receiving English Language Learner (ELL) services | <input type="checkbox"/> Student has a 504 Plan |

Please complete the following for students born outside of the United States or have education outside of the U.S.:

Has the student completed 3 years of schooling in the United States? Yes No

If no, how many full years have they completed? _____

Years of schooling in home/other country? _____

Highest grade completed in home/other country? _____

PARENT INFORMATION

Name:	Name:
Relationship To Student:	Relationship To Student:
Phone Number:	Phone Number:
Parent(s) Marital Status: _____ Married _____ Separated _____ Single _____ Divorced _____ Widowed	
(Address if different from student)	(Address if different from student)

★ If applicable

Who has physical custody?	Who has legal custody?
Name:	Name:
Relationship:	Relationship:
Phone:	Phone:

★ If student resides with a guardian please complete this section.

GUARDIAN INFORMATION

Name:	Name:
Relationship to student:	Relationship to student:
Address (if different)	Address (if different)
Phone (if different)	Phone (if different)

Signature of Person registering student



(OFFICE USE ONLY)

STATE SASID #	LOCAL QPS ID #	HOMEROOM	COUNSELOR
QPS Entry Date: _____		PCC Code: _____	
School Employee Registering Student: _____		Date: _____	

	Yes	No	N/A		Yes	No	N/A
Birth certificate				MCAS / Other testing			
Health records received				Disciplinary records			
Proof of residency				IEP Records Received			
Academic records received				504 Records Received			
Transfer card							

NOTES: