

Assigned to All Day YES \_\_\_ NO \_\_\_ SCHOOL \_\_\_\_\_ BUS # \_\_\_\_\_ ID # \_\_\_\_\_

ACTON PUBLIC SCHOOL REGISTRATION FOR ADMISSION  
(Please print and complete both pages of this form.)

Grade: \_\_\_\_\_ Registration Date: \_\_\_\_\_ Entry Date: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Student: \_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
No. Street Apt # Town Zip Code

Date of Birth: \_\_\_\_\_ Birthplace \_\_\_\_\_  
Month/Day/Year City State

Birth Certificate OK'd by: \_\_\_\_\_ (Registrar Initials)

Previous School, Nursery, Pre-K, or Daycare:

Attended: \_\_\_\_\_  
Name Street City/State

Parent/Guardian #1

Parent/Guardian #2

Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Name, Address  
& Phone # of Employer: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Name, Address  
& Phone # of Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

With whom does the child live: \_\_\_\_\_

Other Children in Family

<u>Name</u>	<u>Date of Birth / Present Grade</u>	<u>Place of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student's Physician: \_\_\_\_\_ Student's Dentist: \_\_\_\_\_

Any Unusual Physical Conditions or Disability: \_\_\_\_\_  
(including any life-threatening allergies)

In Case of Illness/Emergency, Notify: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Using Day Care? Yes \_\_\_ No \_\_\_ Name/Address: \_\_\_\_\_

