

**NAUSET PUBLIC SCHOOLS  
STUDENT REGISTRATION FORM – 2009-10  
Nauset Regional High School**

Name of Student: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Parent Home Phone # \_\_\_\_\_ Parent Cell# \_\_\_\_\_ Parent E-Mail \_\_\_\_\_

Grade (circle) 9 10 11 12 Sex (circle) F M Student cell # \_\_\_\_\_

\_\_\_\_ *Please check here if the residence address of the student has changed from last year.*

Student Mailing Address: \_\_\_\_\_ Residence address \_\_\_\_\_  
P.O. Box, Town, Zip Number/Street, Town, Zip

Student Residence (Circle) Brewster Orleans Wellfleet Truro Eastham  
Other \_\_\_\_\_

Is your residence within one and one-half miles of the school? (circle) Yes No

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City State

If driving, License Plate#: \_\_\_\_\_

Last school attended (Circle) NRMS NRHS CC Lighthouse Charter School

Other (Name & Town/State) \_\_\_\_\_

\*\*\*\*\*Parental/Guardian Information\*\*\*\*\*

Lives with: (circle) Mother/Father Mother Father Other: \_\_\_\_\_  
(Specify Relationship)

Please list contact information in the order you believe is best for us to make a speedy contact. Please indicate the kind of phone number by using: H - home; W - work; C - cell; B - beeper.

- 1.) \_\_\_\_\_  
Name-Parent/Guardian cell & work numbers
- 2.) \_\_\_\_\_  
Name- Parent/Guardian cell & work numbers
- 3.) \_\_\_\_\_  
Emergency Contact Name relationship cell & work numbers

Non custodial parents will be sent copies of pertinent information such as letters, grades, etc. unless in violation of Legal Decree (a copy must be on file in the Main Office.

\_\_\_\_\_  
Non-Custodial Parent Name/Relationship Mailing Address

**Special Services:** If your child has any medical, physical, or educational problems which will require the school to make special arrangements, please indicate the type of services needed. Please call the school to set up an appointment with the counselor to arrange for special services. \_\_\_\_\_ Medical \_\_\_\_\_ Physical \_\_\_\_\_ Educational

**(Please fill out the reverse side of this form as well. Thank you)**

Student information required for provision to the State Department of Education:

- 1.) Did your child ever attend school anywhere in Massachusetts other than the Nauset Public Schools? Yes \_\_\_ No \_\_\_ If yes, please provide:

Name of School(s) \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Town School is located \_\_\_\_\_

- 2.) Ethnicity: \_\_\_ Hispanic or Latino \_\_\_ Not Hispanic or Latino

- 3.) Race - Select one or more. (State Definition: *The general racial category which most clearly reflects the individual's recognition of his/her community or with which the individual most identifies.*) You are invited to indicate below how you would have us record your child's race. The categories currently used by the State are:

\_\_\_ American Indian and/or Alaskan Native \_\_\_ Asian \_\_\_ Black or African American

\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_ White

- 4.) Each school is also required to record the **Primary Language Spoken at Home**.

\_\_\_ English \_\_\_ Spanish \_\_\_ Portuguese \_\_\_ Other: \_\_\_\_\_

- 5.) Immigrant Status: (State Definition: *An indication of whether a student is eligible for the Emergency Immigrant Education Program. To be eligible for this program, a student must: (1) Not have been born in any State: and (2) Not have completed three full academic years of school in any state.*) Qualified? Yes \_\_\_ No \_\_\_ If yes, indicate the following:

A. Country of Origin: \_\_\_\_\_  
(State Definition: *Country from which immigrant children have emigrated.*)

B. First (Native) Language: \_\_\_\_\_  
(State Definition: *Native language is the specific language or dialect first learned by an individual or first used by the parent/guardian with a child.*)

- 6.) Migrant Status: (State Definition: *An indication of whether an individual or a parent/guardian accompanying an individual maintains primary employment in one or more agricultural or fishing activities on a seasonal or other temporary basis and establishes a temporary residence for the purposes of such employment.*) Qualified? Yes \_\_\_ No \_\_\_

- 7.) Is this child a State Ward? Yes \_\_\_ No \_\_\_

---

I hereby certify that the information provided on this form is true and that in the event of any changes, I will notify the school principal of said change(s) immediately. I also acknowledge that we have reviewed the on-line student handbook

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

School officials reserve the right to confirm, in any appropriate way, a child's actual current residence.

---

To be completed by school personnel:

Entry date: \_\_\_\_\_ Entry Type: \_\_\_\_\_

LASID #: \_\_\_\_\_ SASID #: \_\_\_\_\_  
(Locally Assigned Student Identifier) (State Assigned Student Identifier)

Departure Date: \_\_\_\_\_