

STOUGHTON PUBLIC SCHOOLS
STOUGHTON, MASSACHUSETTS

Information for School Records

<input type="checkbox"/>	BIRTH CERTIFICATE
<input type="checkbox"/>	PROOF OF RESIDENCY
<input type="checkbox"/>	IMMUNIZATIONS
<input type="checkbox"/>	COURT DOCUMENTS

STUDENT INFORMATION

Name _____
(Last) (First) (Middle)

Address _____
Telephone _____

Date of Birth _____ Place of Birth _____ M _____ F _____
Year Month Day City State

EDUCATIONAL HISTORY OF STUDENT

Years of School _____ Last Grade Level Completed _____

Last school attended _____

Address _____
Phone _____

School Progress: Excellent () Good () Fair () Poor ()

Has your child previously attended Stoughton Public Schools?
Yes _____ No _____

Does your child have a current Individualized Education Program (IEP)?
Yes _____ No _____

Does your child have a current 504 Accommodation Plan?
Yes _____ No _____

Has your child received any English Language Learner (ELL) services?
Yes _____ No _____

OFFICE USE ONLY

Date Entered: _____ Grade: _____

Room: _____ Bus: _____

PARENT INFORMATION

Father _____ Birthplace _____
First Middle
Education _____ Occupation _____ Living () Deceased ()

Member of the Armed Forces Yes () No ()

Mother _____ Birthplace _____
Maiden First
Education _____ Occupation _____ Living () Deceased ()

Member of the Armed Forces Yes () No ()

Guardian _____ Birthplace _____
(Last) (First) (M)

Pupil lives with: _____

Languages spoken in home: English () Portuguese () Other ()

RACE/ETHNICITY (Optional)

Ethnic Group and Race information is utilized for state and federal census reports.

SELECT ALL THAT APPLY

- ___ Hispanic or Latino
- ___ American Indian/Alaskan Native
- ___ Not Hispanic/Not Latino
- ___ Asian
- ___ Black/African-American
- ___ Hawaiian/other Pacific Islander
- ___ White

Immigrant Data: If the student was not born in the USA, please answer the following:

Has the student completed 3 years of schooling in the USA? _____

Identify the first grade level completed in the United States. _____

MEDICAL HISTORY

1. Has your child had any prolonged illnesses, hospitalizations or serious accidents? _____. If so, please describe.

2. Have there been any instances of prolonged high fever, unconsciousness or oxygen deprivation? _____ If so, please describe. _____
3. Has your child had previous evaluation? (psychological, education, physical) Please describe _____

4. Is there anything which suggests to you that your child may have a special need which will require specific help at school? Please describe. _____
5. Is there any other information you feel we should know that will enable us to better educate your child? Please explain.

6. Is your child on any medication taken daily? (i.e. diabetes, epilepsy, cystic fibrosis, etc.) Yes ____ No ____
7. Will your child have to take medication during school hours? Yes ____ No ____
8. Please indicate if child is allergic to any drugs, medication, or insect bite _____
Requires medication Yes ____ No ____

ATTITUDES AND INTERESTS

What is student's attitude toward school?

Excellent () Good () Fair () Poor ()

Does student have any special interests? Yes () No ()

Indicate: Music () Art () Other () _____

Please add any additional information that would assist us in meeting your child's educational needs.

Signature _____ Date _____

Relationship _____