

# THOMASTON PUBLIC SCHOOLS REGISTRATION FORM



## FOR OFFICE USE ONLY

Child's Legal Name: \_\_\_\_\_  
Last Name First Name Middle Name

Resident Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Male  Female  Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Current Age \_\_\_\_\_ Grade Entering \_\_\_\_\_ Place of Birth \_\_\_\_\_ State \_\_\_\_\_

U.S. Citizen?  Yes  No School Last Attended \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Has your child been enrolled in Thomaston Public Schools in the past?  Yes  No If yes last grade attended \_\_\_\_\_

### Race/Ethnicity (Federal Mandate)

Is your child Hispanic/Latino?  Yes  No (Check only one)

What is your child's race? (Check one or more, even if you answered "Yes" to the Hispanic/Latino question)

American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Pacific Islander  White

Child lives with:  Both Parents  Mother  Father  Stepmother  Stepfather  Guardian

Mother's Name: \_\_\_\_\_ Mother's Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Father's Home Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Stepparent/Guardian's Name: \_\_\_\_\_ Stepparent/Guardian's Address: \_\_\_\_\_

Stepparent/Guardian's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

If parents are divorced, name of parent who has custody of the child: \_\_\_\_\_

Assignment of custody: Date: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_

Assignment by which court? \_\_\_\_\_

### Other Children in Household:

Name Birth Date

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What language did your child learn to speak first? \_\_\_\_\_

Predominant language spoken at home? \_\_\_\_\_

Predominant language spoken by student at home? \_\_\_\_\_

Has your child received any of the following Special Services?  Yes  No (Please check)

Speech/Language  Enrichment  Remedial Reading  Remedial Math  Special Education  Section 504

\*\*(For children enrolling in Kindergarten) Did your child attend a Head Start program, nursery school, licensed daycare center or public pre-school program in the last year?  Yes  No (Please check)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_