

CABOT PUBLIC SCHOOLS REGISTRATION FORM

School: _____ Grade: _____ Homeroom Teacher: _____ Team: _____

Child's Last Name: _____ First: _____ Middle: _____

SS#: _____ Date of Birth: _____ Enrollment Date: _____

Transportation:

Bus Car Walker Daycare Drives

Gender: (Circle One)

Male Female

Is This Student Latino? (Circle One)

Yes No

Race: (Circle One or More if Applicable)

White African/American Asian/Pacific Islander Native American/Alaskan

Student Lives With (Circle One)

Both Parents Mother Only Father Only Foster Parent Legal Guardian
Mother/Step-Father Father/Step-Mother Other

Legal Guardianship (Circle One)

Both Parents Mother Only Father Only Other

Are there any legal restrictions which would prevent this child from being checked out by a particular adult? If yes, please provide the office with the legal documents.

____ EXCLUDE from Corporal Punishment ____ Subject to ALL discipline policies (Parent will be contacted)

Does the Student Require Special Services? (Circle All that Apply)

Speech ESL SPED/IEP 504 Plan Gifted and Talented

Name and Address of Last School Attended:

Has Enrollee Ever Been Retained? Yes No If yes, which school, district and grade?

Is student currently under a long-term suspension/expulsion from his/her previous schools or is an expulsion conference pending? Yes No

Has student ever been enrolled in the Cabot School District? Yes No

Is student returning from a previous approved transfer? Yes No

Signature of Parent or Legal Guardian: _____