

Belmont Public Schools
ELEMENTARY STUDENT REGISTRATION FORM
(Please Print)

Student's Name: _____
(Last) (First) (Full Middle)

Student's Address: _____
(Street) (Town) (Zip Code)

Is the student currently living at this address? Yes No (*anticipated move-in date*) _____

Entering Grade: _____ Telephone: _____ Gender: _____ Birth Date: _____

Birthplace: _____
(City) (State) (Country)

Parent/Guardian (1): _____

Address: (if different from students) _____
(Street) (Town) (State) (Zip Code)

Home Phone Number: _____ Cell Phone Number: _____

Pager Number: _____ E-mail Address: _____

Place of Employment: _____ Work Phone Number: _____

Parent/Guardian (2): _____

Address: (if different from students) _____
(Street) (Town) (State) (Zip Code)

Home Phone Number: _____ Cell Phone Number: _____

Pager Number: _____ E-mail Address: _____

Place of Employment: _____ Work Phone Number: _____

Adult with whom child resides if other than parent: _____ Relationship to child: _____

Siblings: Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Ethnicity (select One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

Race (select one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

Student's Native Language: _____ Student's Spoken Language _____

Health Concerns: _____

Does your child have a current Individualized Education Plan? Yes No

Special Learning Needs: _____

Does the student need or has the student ever received ELL (English Language Learner) Services? Yes No

Signature of Parent/Guardian: _____ Date: _____

FOR TRANSFER STUDENTS ONLY:

School Last Attended: _____

School Address: _____

(City) (State) (Zip)

Student's Previous Address _____

(City) (State) (Zip)

FOR OFFICE USE ONLY: Date of Entry _____ ID# _____ SASID# _____ LASID# _____ Grade _____ Room _____ Teacher Assignment _____ Birth Certificate/Passport _____ Previous School Records _____ Health Form _____ Immunizations _____ Emergency Form _____ Proof of Residency _____
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