Framingham Public Schools
PRE-REGISTRATION FORM
For New Students Entering in 2012/2013

Kindergarten 2012-2013
Due
December 30, 2011

STUDENT INFORMATION

TO REGISTER FOR KINDERGARTEN, YOUR CHILD MUST BE 5 YRS OLD BY AUGUST 31, 2012

Grade entering in September 2012:

☐ **K** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **High school**

First name:_____ Middle name:_____ Last name: _____

Gender:☐ Male ☐ Female Birth date: ___/___/___ Birthplace_____
month day year City State Country

Home address: _____ Apt #: ___ City: FRAMINGHAM State: MA Zip: _____

Home Phone:_____ Student lives with _____

PLEASE COMPLETE BOTH ETHNICITY AND RACE CHOICES:

- Ethnicity (choose one): ☐ Hispanic ☐ Non-Hispanic
- Race (choose all that apply): ☐ White ☐ Black or African American ☐ Asian
  ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander

GUARDIAN INFORMATION

Guardian 1: First Name:_____ Last Name_____

Relationship: _____Birthplace: _____
City State Country

Home address: _____ Apt #: ___ City: _____ State: MA Zip: _____

Home Phone: _____Business Phone: _____

Cell Phone: _____ E-mail: _____

Employer: _____ Occupation: _____

Guardian 2: First Name:_____ Last Name_____

Relationship: _____ Birthplace: _____
City State Country

Home address: _____ Apt #: ___ City: _____ State: ___ Zip: _____

Home Phone: _____Business Phone: _____

Cell Phone: _____ E-mail: _____

Employer: _____ Occupation: _____

EMERGENCY CONTACT INFORMATION (Other than guardians listed above)

Name: _____Phone:_____Relationship:_____

Name: _____Phone:_____Relationship:_____

OVER, PLEASE ➡

SIBLING INFORMATION – Please list school and grade as of <u>today</u>

Name: _____ ☐ M ☐ F Born: ___/___/____ School: _____ Grade: ___
M D Y

Name: _____ ☐ M ☐ F Born: ___/___/____ School: _____ Grade: ___
M D Y

Name: _____ ☐ M ☐ F Born: ___/___/____ School: _____ Grade: ___
M D Y

HOME LANGUAGE INFORMATION

What was the student's first (native) language? _____

What language(s) is spoken in the home? _____

Please send materials to me in: (check one): ☐ English ☐ Spanish ☐ Portuguese

PREVIOUS SCHOOL or PRESCHOOL INFORMATION

Name of Last School or Preschool: _____

School Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Is your child receiving any Special Education Services (including speech, OT, PT or resource room)?
☐ No ☐ Yes

If Yes, do you have a copy of the IEP (Individual Educational Plan)
☐ No ☐ Yes

Is your child receiving any Bilingual or ESL Services?
☐ No ☐ Yes

Has your child ever been a student in Framingham Public Schools (including BLOCKS Pre-school)?
☐ No ☐ Yes name of school: _____
last year attended: _____

Please repeat the following information from page 1

Name of child _____ **Date of birth** _____

Your name _____ **Phone**_____

PLEASE RETURN THIS FORM BY MAIL, IN PERSON, OR BY FAX TO:

PARENT INFORMATION CENTER, KING ADMINISTRATION BUILDING
454 WATER STREET, ROOM 115, FRAMINGHAM, MA 01701
Telephone: 508-424-3420 Fax: 508-877-0733
email: *parentinfo@framingham.k12.ma.us*

for more information visit us at: *www.framingham.k12.ma.us/parentinfo.cfm*
Esta información está disponible en español.
Esta informação está disponivel em Português.