

ATHOL-ROYALSTON REGIONAL SCHOOL DISTRICT REGISTRATION SHEET

TODAY'S DATE _____ SCHOOL ATTENDING _____

FIRST NAME _____ GRADE _____ HOMEROOM _____

MIDDLE NAME _____ GENDER _____ DOB _____

LAST NAME _____ HOME LANGUAGE _____

CITY/TOWN OF BIRTH _____ BUS # _____

STUDENTS PHYSICAL ADDRESS _____ CITY/Town _____ STATE _____ ZIP _____

MAILING ADDRESS (IF DIFFERENT) _____

HOME PHONE _____ STUDENT'S CELL # _____

ANY CUSTODIAL LEGALITY (restraining or custody order, etc.) the school should be aware of? No ___ Yes ___
(Please submit copies of legal documents to the school)

DCF involvement? NO ___ YES ___ DCF Worker: _____ Phone: _____

CHILD LIVES WITH _____

Relationship _____ Relationship _____

1ST Contact _____ 2ND Contact _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Home # _____ Home # _____

Cell # _____ Cell # _____

Employer _____ Employer _____

Work # _____ Work # _____

E-Mail address: _____ E-Mail address: _____

IMPORTANT INFORMATION

Is student School Choice? Yes ___ No ___ Is student returning from a school choice school? Yes ___ No ___

Please check services your child receives: IEP ___ 504 ___ Title I ___ Speech ___ Free/Reduced Lunch ___

English Language Learner Services ___ Has student ever been enrolled in this district before? Yes ___ No ___

List names/schools of brothers and/or sisters in the district: _____

MEDICAL INFORMATION - PLEASE SUBMIT UPDATED ANNUAL HEALTH SURVEY WITH A COVER LETTER FOR YOUR CHILD'S PRIVACY, TO THE NURSE'S OFFICE.

(PLEASE COMPLETE OTHER SIDE)

PERMISSION APPROVALS

I GIVE PERMISSION for my son /daughter to participate in the items which I have checked off:

- Activities during the school day that are within walking distance from the school
- School related guidance activities (e.g. career exploration, conflict resolution, peer mediation)
- Holiday activities Human development
- To re-enter the school after an evacuation and the building is believed to be safe by the administration, police and/or fire

If NOT OK to re-enter the building please call (Name & Phone #) _____

RELEASE OF STUDENT INFORMATION

The Athol-Royalston Regional School District wishes to remind parents that state law allows a school to release a student's name, address, telephone listing, date of birth, field of study, the weight and height of members of athletic teams, participation in officially recognized activities, honors and awards, and post high school plans without the consent of the eligible student or parent(s). If you do not wish to have this type of information released without your prior consent, please contact your child's building principal in writing.

STUDENT PHOTO/VIDEO RELEASE

I realize that my (our) child's name or picture may appear in the newspaper, school video or on the school's website. If I do not want this to occur, then it is my (our) responsibility to notify the principal in writing of any limitation that is being requested regarding a student photo/video release.

COMPUTER NETWORK CONSENT AND WAIVER FORM

We, the undersigned parent/guardian and student, acknowledge we have read and understand the Athol-Royalston Regional School District's Internet Use Policy and agree to abide by all provisions of the Policy.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

ACKNOWLEDGMENT OF HANDBOOK AND/OR ADDENDUM RECEIPT

We, the undersigned parent/guardian and student, acknowledge we have read and understand the information contained in the Handbook and/or Addendum which is available at your child's school or on the District Website @ arrsd.org under Schools.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

PLEASE LIST BELOW CONTACTS WHO HAVE AGREED TO PICK UP YOUR CHILD IN THE EVENT WE CAN NOT REACH YOU

3rd Contact _____ Relationship: _____

Home # _____ Cell # _____ Work # _____

4th Contact _____ Relationship: _____

Home # _____ Cell # _____ Work # _____

If you would like to add more contact information or make changes during the school year please submit them to the school office or request a new form be sent home. **PLEASE ALWAYS UPDATE INFORMATION AS IT CHANGES.**

Date: _____ Parent/Guardian Signature: _____