

Truro Central School
P.O.Box 2029
Truro, MA 02666

REGISTRATION FORM

Date Enrolled _____
Birth Certificate Presented _____
Special Education ____ Yes ____ No
Early Intervention ____ Yes ____ No

Student's Legal Name _____
First Middle Last

Preferred Nickname _____

Child's Primary Language
Are any other languages, other than English, spoken in
the home. If so, what? _____

Boy _____ Girl _____ Grade _____

Residential Address: _____ Town _____ Zip _____

Mailing Address: _____ Town _____ Zip _____

Telephone # _____ (Day) _____ (Evening) _____ (cell)

Date of Birth: year _____ month _____ day _____

Place of Birth _____
City State

If born in another country:

_____ City Country

Are you a Military Family? Yes No

Please answer BOTH questions.

Are you Hispanic or Latino? *Select only one.*

- No, not Hispanic or Latino
 Yes, Hispanic or Latino, a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

What is your race? *You may select one or more races.*

- White, a person having origins in any of the original peoples of Europe, the Middle East, or North Africa
 Black or African American, a person having origins in any of the black racial groups of Africa
 American Indian or Alaskan Native, a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliations or community attachment.
 Asian, a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
 Native Hawaiian or Other Pacific Islander, a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

••Please complete reverse side••

Parent/Guardian's Name _____ **Place of Birth** _____

Address if different from student's _____

Occupation _____ Business Address _____

Business phone _____

Second parent's name _____ **Place of Birth** _____

Occupation _____ Business Address _____

Business phone _____

Does the child live with both parent's? _____ If not, which one? _____

Are there any other adults who live with the child? _____

If so, please give name and relationship to child's family. _____

Legal Guardian _____ If legal guardian is someone other than child's parent a court document, signed by a judge, must be submitted to the school.

Is there any legal document, i.e. restraining order, regarding this child of which the school should be aware? _____

Is there a custody or adoption issue of which the school should be aware? _____

Is there any other information of which the school should be aware? _____

Name and address of last school attended _____

Please list all other children in your family, eldest first

Name	D/O/B	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who completed this form? _____

Relationship to child? _____ Date _____