

Rowe School Registration Form

Student Information

It is very important that this form is filled out COMPLETELY and signed by the custodial parent or guardian. Please return by

Student Information

Student Name:

First

Middle

Last

Grade

Mailing Address:

Physical Address:

Town of Residence:

Home Phone #:

Place of Birth:

D.O.B.:

Parent/Guardian Information

Parent Name:

Home Phone:

Parent Address:

Employer:

Work Phone:

E-mail Address:

Is email reliable contact:

Yes

No

Cell Phone:

Parent/Guardian Information

Parent Name:

Home Phone:

Parent Address:

Employer:

Work Phone:

E-mail Address:

is email reliable contact:

Yes

No

Cell Phone:

In case of accident and/or illness, and parents can't be reached, please call:

(Name) (Relationship) Phone #: _____

(Name) (Relationship) Phone #: _____

Please answer all question that apply to your household!

1 Are you a legal parent/guardian of this student? Yes No
(Mass Law defines the custodial parent as the parent with whom the student lives.)
(If you answered yes to question 1, please complete 2 & 3)

2 Are there any court orders restricting anyone's contact with this student?
Yes No Explain: _____

3 Are there any court orders restricting anyone's access to this student's records?
Yes No Explain: _____

4 If you are a single parent household, can the school information be shared with the other parent?
Yes No Explain: _____

PLEASE CHECK ONE IN EACH COLUMN:

Race:

_____ Hispanic/Latino
_____ Not Hispanic/Latino

Ethnicity:

_____ White
_____ Black or African American
_____ Asian
_____ American Indian or Alaska Native
_____ Native Hawaiian or Pacific Islander

I affirm that the above information is true and correct to the best of my knowledge.

Signature of Parent(s) or Guardian

Date:

Signature of Parent(s) or Guardian

Date: