

CARVER PUBLIC SCHOOLS REGISTRATION FORM

HS

STUDENT INFORMATION

Student's Name _____ Sex M F

First Middle Last

Date of Birth Place of Birth _____
(Town or city, state, country)

Address #1 _____ Phone _____

Mailing Address (if different) _____

Address #2 _____

Social Security # Mail Code Family Code

FAMILY BACKGROUND

Mother/Guardian _____ Occupation _____
Employer _____ Work phone # _____

Father/Guardian _____ Occupation _____
Employer _____ Work phone # _____

Student resides with _____ May child be dismissed to either parent? Yes No

Due to divorce or any other reason, has a court order been written granting custody of your child? If yes, please complete the following:

- ◆ Is custody temporary or permanent? _____
- ◆ Date of order? _____ Date of expiration _____
- ◆ Name of person granted custody _____

An official court order has been brought to school.

Siblings (Name/Grade) _____

Language spoken at home (if other than English) _____ Ethnicity (Race) _____

If Foster Child, Name of Social Worker _____
Agency _____ Phone # _____ Medicaid Yes ___ No ___

SCHOOL INFORMATION

School Last Attended _____ Grade _____
Address _____

Has student ever received SPECIAL EDUCATION SERVICES? Yes ___ No ___ When _____

Has student ever received TITLE 1 SERVICES? Yes ___ No ___ When _____

Has student ever attended CARVER PUBLIC SCHOOLS? Yes ___ No ___ When _____

PARENT/GUARDIAN SIGNATURE: _____

FOR OFFICE USE ONLY

Grade _____ YOG _____ ID # _____ LASID _____ SASID _____

School _____ Date Attendance Starts _____ Entry Code _____ Bus # _____

Homeroom _____ Counselor _____

Verification of Student's Identity Certified Birth Certificate _____ (must be attached)

Verification of Residence: Driver's Rent Tax Utility Lease Court Other

Kimberly Duane
Department Chair
Adjustment Counselor

Robert J. Noyes
Guidance Counselor

Marcy A. Keller
Guidance Counselor



Melissa K. Gray
School Psychologist

Tammy Miller
Career Counselor

Amy L. Gould
Guidance Secretary

CARVER MIDDLE HIGH SCHOOL

Guidance Department

60 South Meadow Road

Carver, Massachusetts 02330

Phone: (508) 866-6144 * Fax: (508) 866-6143

I hereby authorize the Carver Public Schools and its personnel to:

Release to: _____

Accept from: _____

the following information:

- _____ Academic Transcript
- _____ Health Records
- _____ Special Needs Data (including: Individual Education Plan-IEP, supporting test data, disability determination form)
- _____ Speech and Hearing Data
- _____ Social Work, Adjustment Counselor Records
- _____ Guidance Reports
- _____ Testing Results (including MCAS results)
- _____ Planning and Placements Records
- _____ Psychological Test Results
- _____ Discipline Report
- _____ Treatment/Probation
- _____ Attendance Records
- _____ Other _____

Concerning: _____
(Name of student - please print)

Date of Birth: _____ Grade: _____

Signature: _____ Relationship: _____

Date: _____

**CARVER PUBLIC SCHOOLS
HOME LANGUAGE SURVEY**

DATE: _____

STUDENT NAME: _____ AGE: _____ BIRTHDATE: _____ GRADE: _____

Dear Parents and Guardians:

In order to help your child succeed in school, we ask that you please answer the following questions for each child in your family. Your answers will help us in creating the best possible educational program for your child.

1. What language did your child first understand or speak? _____

2. What language do you use most often when speaking with your child at home? _____

3. What language does your child use most often when speaking with you at home? _____

4. What language does your child use most often when speaking with other family members? _____

5. What language does your child use most often when speaking with friends? _____

6. What language(s) does your child read? _____

7. What language(s) does your child write? _____

8. At what age did your child start attending school? _____

9. Has your child attended school every year since that age? Yes No

If no, please explain: _____

10. Would you prefer oral and written communication from the school in: English Native Language

Signature of Parent/Guardian

Relationship of person completing survey: Mother Father Guardian Other _____

Number of years student in USA: _____

To be completed by ELL Program staff before placement:

Recommendation:

- Proficiency Testing/Records Review
 No ELL Services

Signature of ELL Staff

cc: Principal
ELL Services Coordinator
Guidance Counselor