

HS

CARVER PUBLIC SCHOOLS STUDENT REGISTRATION FORM

STUDENT INFORMATION

Student's Name _____ Sex M ☐ F ☐
First Middle Last
Date of Birth

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 Place of Birth _____
(Town or city, state, country)
Address #1 _____ Phone (Home) _____
Mailing Address (if different) _____ Phone (Cell) _____
Address #2 _____
Social Security #

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 E-mail: _____

FAMILY BACKGROUND

Parent 1/Guardian _____ Occupation _____
Employer _____ Work phone # _____
Parent 2/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? _____ ☐ An official court order has been brought to school
♦ Name of person granted custody _____ ☐ Child of military family?
Are there any legal issues or dismissal restrictions that the school should be aware of? Yes ☐ No ☐
Siblings (Name/Grade) _____
Language spoken at home (if other than English) _____
Ethnicity (Race) ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Other
If Foster Child, Name of Social Worker _____
Agency _____ Phone # _____ Medicaid: Yes ☐ No ☐

SCHOOL INFORMATION

School Last Attended _____ Grade _____
Address _____ Current 504 Plan? Yes ☐ No ☐
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

Chrissy M. McKenna
Guidance Counselor

Christina E. Nolan
Guidance Counselor



Melissa K. Leary
School Psychologist

Tammy Miller
Career Counselor

Amy L. Gould
Guidance Secretary

Carver Middle High School
Guidance Department

60 South Meadow Road, Carver, MA 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