



Weston Public Schools

www.westonschools.org

Student Registration Form

Entering Grade: _____

Student Information	Student ID #	School
---------------------	--------------	--------

Legal Name _____ Gender: F M
Last First Middle

Nickname: _____ Birth Date: ____/____/____ Birthplace: _____
Month Day Year City/Town State County

Home Address: _____
House # Street City/Town State Zip

Student lives with: Father Mother Both Other: _____ Home Phone: _____

Citizenship: _____ Visa or Immigration #: _____

Student's Race and Ethnicity

Please Check only **ONE**:

- Hispanic or Latino
- NOT Hispanic or Latino

Please check **ALL** that apply:

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

Parent/Guardian Information

Name: _____

Relationship to Student: _____

Email: _____

Cell Phone: _____

Work Phone: _____

Employer: _____

Occupation: _____

Address (if different from student): _____

Street City/Town State Zip

Home Phone: _____

Name: _____

Relationship to Student: _____

Email: _____

Cell Phone: _____

Work Phone: _____

Employer: _____

Occupation: _____

Address (if different from student): _____

Street City/Town State Zip

Home Phone: _____

Sibling Information

Name: _____ F M Birthdate: ____/____/____ Grade: _____

Name: _____ F M Birthdate: ____/____/____ Grade: _____

Name: _____ F M Birthdate: ____/____/____ Grade: _____

Name: _____ F M Birthdate: ____/____/____ Grade: _____

Name: _____ F M Birthdate: ____/____/____ Grade: _____



Weston Public Schools

www.westonschools.org

Student Registration Form

Emergency Notification

Person(s) to notify in case of an emergency/illness and parents cannot be reached

Name: _____

Name: _____

Relationship to Student: _____

Relationship to Student: _____

Home/Work Phone: _____

Home/Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Permitted to pickup student: Yes No

Permitted to pickup student: Yes No

Doctor Information

Primary Care Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Optometrist: _____ Phone: _____

Other: _____ Phone: _____

Previous School Information

Former School: _____ Type: _____
Name of School/Preschool City/State Public/Private/Charter

Has your child ever attended school in Massachusetts? (if different than above): _____ In Weston?: _____
City/State Yes or No

Student Educational Information

Does your child receive any services? No Yes, check all that apply

Individualized Educational Plan (IEP) English Language Learner Program 504 Plan Other:

Other Information

Are you a Military Family? Yes No

Parent/Guardian Signature: _____

Date: _____

For School Use Only

Grade: _____ Homeroom: _____ Counselor: _____

Locker: _____ Tuition Code: _____

Orig. Entry Date: _____ Entry Code: _____ Birth Certificate:

Bus Route AM: _____ PM: _____



Student Registration Form

Home Language Survey

If you would like this document translated into another language, please contact the principal of your child's school or the Assistant Superintendent for Curriculum and Instruction

Dear Parents and Guardians:

Massachusetts law requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction to all students. Please answer the following questions. Thank you for your help.

Student Name: _____ Date of Birth: ____/____/____
Student Grade: _____ Place of Birth: _____
School: _____ Number of Years in U.S.: _____

Table with 2 columns and 5 rows of language-related questions and answers.

Is there a person who can translate or interpret for the family, if needed? If so, please provide the following information:

Name Address Phone Number

Name of Parent/Guardian: (please print) Parent/Guardian Signature: Date:

Emergency Dismissal Consent (Grades Pre-K-8 only)

In case of an emergency dismissal which requires early dismissal from school my child,

Student Name: _____ Grade: _____

may be dismissed and sent home on the bus or allowed to walk as indicated below. PLEASE CHECK ONE

- 1. Without notifying me
2. Please notify the following person who will care for my child at the time of an emergency. Name/Relation to Student Phone # Weston PM Bus Route (if applicable)
3. Only if I'm notified. Phone: _____

Parent/Guardian Signature: _____ Date: _____



WESTON PUBLIC SCHOOLS PHOTOGRAPH AND VIDEO CONSENT NOTIFICATION AND WAIVER FORM

Dear Parents/Guardians,

Photographs and video images of students in the Weston Public Schools are routinely created for the purpose of sharing student achievement and celebrating educational programs with the community. Photographs are sometimes submitted to area newspapers, used in school publications and posted on our district/school websites, and/or shared with the Weston Parent Teacher Organization (PTO). Videotapes/audio clips of particular programs within our schools are submitted to Weston's cable channel for local viewing, and area news outlets occasionally cover special events within our district. Federal and state law allows schools to disclose this type of information without consent but parents and eligible students have the right to "opt-out" of this disclosure.

A student's picture or work is may be disclosed under the following guidelines:

- At the High School Level:
 - Photos of your child may be used on the website, student newspaper, or local media (Weston Town Crier and Patch) . Any student whose parent/guardian does not want their child's picture taken or included in group settings, is advised to complete this opt-out form and ask your student to step out of any group picture being taken.
 - Full names of high school students will be used in Weston Town Crier and Patch acknowledgements, website articles, etc.
 - WPS e-mail addresses of high school students may be published if they are leading a club or other activity requiring broader communications. The e-mail address will be their <username>@my.weston.org WPS provided address only unless otherwise instructed.

- At the pre-K to 8 level
 - Photos with four or more people may include your child. Any student whose parent/guardian does not want their child's picture taken in group settings, is advised to step out of any group picture being taken.
 - Only first names shall be used if referencing K-8 grade student pictures or scanned classroom work.
 - Documents will not include information that indicates the physical location of a student at a given time other than attendance at a particular school or participation in an activity.
 - Personal information of K-8 grade students will not be published.

To Opt-Out of the guidelines above, sign and submit this form.

Place a checkmark in the box below **only to revoke the right of the Weston Public Schools** to use or publicly display your child's image, video or audio clip on the WPS website or other official or local publications without further notice. This form must be submitted each year.

[] I/We **withhold** Weston Public Schools' permission to let my/our child's image, video, or audio clip be publicly displayed on the district website or other official media as described above.

Name(s): _____ Grade: _____

Signature _____ Date _____

Signature _____ Date _____



Weston Public Schools

www.westonschools.org

Authorization Form for Student Records

I/We Grant Permission to Release the Following Records

- | | | |
|---|---|---|
| <input type="checkbox"/> All School Records | <input type="checkbox"/> All Health Records | <input type="checkbox"/> IEP |
| <input type="checkbox"/> Transcripts | <input type="checkbox"/> 504 Plan | <input type="checkbox"/> SPED Testing |
| <input type="checkbox"/> MCAS Scores | <input type="checkbox"/> Physical Exam | <input type="checkbox"/> English Proficiency Test Results |
| <input type="checkbox"/> Transfer Card | <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Other: |

Student Information

Student Name _____ Gender: F M

Date of Birth: ____/____/____ Grade: _____

Parent/Guardian Name: _____

Previous School Information

Previous School Name: _____

Previous School Address: _____

Previous School Phone: _____ Previous School Fax: _____

Previous School Email: _____

Parent/Guardian Signature: _____ Date: _____

Please mail, fax or email records to:

School	Phone/Fax	Name/Email	Address
<input type="checkbox"/> Weston High School	Phone: 781-786-5830 Fax: 781-786-5829	Christine Wadsworth wadsworthc@weston.org	444 Wellesley St, Weston, MA 02493
<input type="checkbox"/> Weston Middle School	Phone: 781-786-5600 Fax: 781-786-5609	Danette Alamanos alamanosd@weston.org	456 Wellesley St, Weston, MA 02493
<input type="checkbox"/> Field School	Phone: 781-786-5500 Fax: 781-786-5509	Sandi Bergin bergins@weston.org	16 Alphabet Ln, Weston, MA 02493
<input type="checkbox"/> Country School	Phone: 781-786-5400 Fax: 781-786-5409	Diane Sears searsd@weston.org	2 Alphabet Ln, Weston, MA 02493
<input type="checkbox"/> Woodland School	Phone: 781-786-5300 Fax: 781-786-5309	Mary Gallagher gallagherm@weston.org	10 Alphabet Ln, Weston, MA 02493

Notes: _____

Date Requested: ____/____/____