



BLACKSTONE-MILLVILLE  
REGIONAL SCHOOL DISTRICT

**STUDENT REGISTRATION FORM**

SCHOOL: \_\_\_\_\_

SCHOOL YEAR: \_\_\_\_\_

*Please print student's name as it appears on their birth certificate*

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**SASID #:** \_\_\_\_\_

**Enrollment Date:** \_\_\_\_\_ **Former School/School Address:** \_\_\_\_\_

Has student ever been enrolled in a Massachusetts school?  YES  NO If YES, where: \_\_\_\_\_

Has student ever been enrolled in Blackstone-Millville?  YES  NO If YES, where: \_\_\_\_\_

**Student's Home Address:** \_\_\_\_\_

**Home Telephone Number:** \_\_\_\_\_

Street/PO Box \_\_\_\_\_

Town \_\_\_\_\_

Zip \_\_\_\_\_

**Student's Mailing Address:** *(If different from "home address")*

Street/PO Box \_\_\_\_\_

Town \_\_\_\_\_

Zip \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_ **U.S. Citizen:**  YES  NO

**Guardian:**  Mother  Father  Both  Other

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Parent/Guardian 1 Name:** Live with:  YES  NO

Parent/Guardian 1 Address: *(If different from "home address")*

Place of Work: \_\_\_\_\_

Parent/Guardian 1 Phone: *(If different from "home phone")*

Email address: \_\_\_\_\_

**Parent/Guardian 2 Name:** Live with:  YES  NO

Parent/Guardian 2 Address: *(If different from "home address")*

Place of Work: \_\_\_\_\_

Parent/Guardian 2 Phone: *(If different from "home phone")*

Email address: \_\_\_\_\_

Are there any legal issues or dismissal restrictions that the school should be aware of?  YES  NO

If YES, a copy **MUST** be on file in the School Office

**IN AN EMERGENCY, NOTIFY/DISMISS TO: (First)**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**IN AN EMERGENCY, NOTIFY/DISMISS TO: (Second)**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**IN AN EMERGENCY, NOTIFY/DISMISS TO: (Third)**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**IN AN EMERGENCY, NOTIFY/DISMISS TO: (Fourth)**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Information below is required by the Massachusetts Department of Elementary & Secondary Education (Please check each appropriate answer)**

**ETHNICITY:** Is the student either Hispanic or Latino?

YES  NO

**RACE:** (Check one or more below)

White

Black or African American

Pacific Islander

American Indian or Alaskan Native

Asian

I attest the information provided in this enrollment package for the Blackstone-Millville Regional School District is accurate and legal. Signed and submitted under the pains and penalties of perjury.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

