

Mansfield Public Schools

2017-18 Kindergarten PRE-Registration Form

Student Information:

Student's Name: _____
(Last) (First) (Middle Name)

Home Address: _____

Main Contact #: _____ Sex: ___ Female ___ Male

DOB ___ / ___ / _____ City/State/Country of birth: _____

Name(s)/Grade(s) of Siblings: _____

Is this student Hispanic or Latino? ___ No, Hispanic or Latino ___ Yes, Hispanic or Latino

Race: (Check all that apply) ___ Native American/Alaska Native ___ Asian
___ Black or African American ___ White/Caucasian ___ Hispanic, Pacific Islander or Hawaiian

Student's Primary Language: _____ Parent/Guardian's primary language: _____

Is any other language spoken at home? _____ If yes, which one(s): _____

Does this student have any allergies or medical concerns? _____

Did your child attend pre-school? _____ If yes, name of preschool attended: _____

Does this student receive any Special education services: _____

If yes, please explain: _____

Please list any guardianship issues we should be aware of (ie: restraining orders, custody documents etc):

Parent/Guardian Information:

Mother/Guardian: _____ Father/Guardian: _____

Address: _____ Address: _____
(if different than student) (if different than student)

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Primary E-Mail Address: _____

(Parent/Guardian Signature)

(Date)

Return this form ASAP to the Robinson School by either mail (245 East Street, Mansfield MA 02048); fax (508-261-7326) or dropping it off at either office.