## HAMPDEN-WILBRAHAM REGIONAL SCHOOL DISTRICT

621 Main Street Wilbraham, MA 01095

Albert G. Ganem, Jr. Superintendent of Schools

Phone (413) 596-3884

Fax (413) 599-1328

## $\begin{cal}S\ T\ U\ D\ E\ N\ T\ R\ E\ G\ I\ S\ T\ R\ A\ T\ I\ O\ N\ F\ O\ R\ M\ \\ (ORIGINAL\ BIRTH\ CERTIFICATE\ MUST\ BE\ PRESENTED\ AND\ WILL\ BE\ RETURNED)\end{cal}$

Please print or type the following info		Date			
Student Name		First Name		Middle	Name
Residence Address	T (0)				
Street	Town/City	State	Zış	o Code	
Mailing Address					
	(If different fr	om residence, e.g.	P.O. Box)		
will be all be able		Di	cD: 4		
Male Female Date of Birth	mo /day/yr	Plac	ce of Birth _	Town/City	State
	1110./ day/ y1.			10wii/City	State
Physician		Pho:	ne		
•					
		т.	T D1		
Parent 1				e	
Employer					
Email Parent 1 Deceased? □			Cen Phone		
Farent 1 Deceased?					
Parent 2		ī	Home Phon	e	
Employer		<u> </u>		:	
D					
Parent 2 Deceased?			_		
Medically discharged? Yes ☐ No ☐ Retired in less than one year? Yes ☐ Deceased on active duty? Yes ☐ N	No 🗖				
Student's Place of Residence: both	h parents 🔲 💮 me	other	father	other	Relationship
Name of Non-Custodial Parent					Kelationship
Address			Phone	Cell Pho	ne
Street Town/City	State Zip	Code			
Emergency Contact Person #1 other					
Home Phone Work Phone				Cell Phone	
	_				
Emergency Contact Person #2 other					
Home Phone			Cell Phone		
_					
Emergency Contact Person #3 other					
Home Phone	Work Phone			Cell Phone	

Sil	olings (brothers/sisters)		D 401.1							
	Name	Age	Date of Birth	School	Grade					
Н	as student previously attended scho	ool in the Ham	pden-Wilbraham Reg	ional School District? Yes	$N_0$					
If	yes, name of school that student la	st attended in t	he Hampden-Wilbrah	nam Regional School District						
Sc	hool Entrance Date (present school)	Currer o./day/yr.	nt GradeExp	sected Year of Graduation (high school	ol)					
Οι	ut-of-District School(s) Student Att Name	ended (attach se Grade	parate sheet if necessary)	Town/City	State					
(If Pu Se	oes the student have an Individualityes, please provide a copy with this registraturs unter Mass condary Education is authorized to d the HWRSD cannot make such it	sachusetts Genotes the collect the following the collect the colle	that the Student Services I neral Laws, Chapter 69 lowing race and ethni	Department is aware of your child's needs.)  On Section 11, the Department of Electric section 11.						
Ple	ease answer BOTH questions 1 and	d 2:								
1. Is the student Hispanic or Latino? (Choose only one)										
	No, not Hispanic or Latino									
	Yes, Hispanic or Latino (a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)									
2.	What is the student's race? (Choose one or more)									
	White (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)									
	Black or African American (a person having origins in any of the black racial groups of Africa)									
	American Indian or Alaska Native (a person having origins in any of the original peoples of North, Central, and South America, and who maintains tribal affiliation or community attachment)									
	Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)									
	Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam Samoa, or other Pacific Islands)									
W	hat is the student's home language	?								
Lis	st any health and/or academic info	rmation pertin	ent to the student's so	chool record: (attach separate sheet if ne	cessary)					
_										
If.	the student/family eligible for food yes, which applies?									
ine	the student a ward of the State, in a come below federal poverty guideli	nes? Yes 🗖	No 🗖	linquent, and/or does the student/	family have					
Is	If yes, which applies?									