



**WELCOME TO THE
GORDON W. MITCHELL MIDDLE SCHOOL**

STUDENT REGISTRATION PROCEDURE

In order to expedite a student's enrollment, it would be helpful to have the following materials assembled:

- ❖ Proof of Residency
(Examples: rent receipt, utility receipt, purchase and sales agreement, notarized statement)
- ❖ Copy of student's updated medical health record-MA School Health Record
- ❖ Copy of student's Birth Certificate
- ❖ Massachusetts Transfer Card/Slip (if applicable)
- ❖ Copy of transcript including most recent report card grades
- ❖ Standardized test results and MCAS results
- ❖ Special Needs (if applicable) – Most recent IEP and SPED Evaluation

- ❖ Bus Information
- ❖ Free/Reduced Lunch Form

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Student Enrollment Form

Entry Date: _____ Building / School: _____

STUDENT INFORMATION

★ Any Allergies: Yes No

Student's Legal Name (including middle name):			
Address:		City, Zip:	
Date of Birth:	Place of Birth:	Age:	Gender:
Grade Entering:	Year of Graduation:	Home Phone#:	
Race / Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic / or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
Child of military family: <input type="checkbox"/> Yes <input type="checkbox"/> NO Current 504: <input type="checkbox"/> Yes <input type="checkbox"/> No Current IEP: <input type="checkbox"/> Yes <input type="checkbox"/> No Currently ELL: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Language:		Currently Homeless: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous School:		★ Has this student ever been previously enrolled in EBPS? <input type="checkbox"/> Yes <input type="checkbox"/> No ★	
Address:			

PARENT INFORMATION/ LEGAL GUARDIAN INFORMATION

Parent 1 / Legal Guardians Name:		Relationship:	
Address:		City, Zip:	
Legal Status: Custodial Parent _____		Legal Guardian _____ Non-Custodial Parent _____ Other: _____	
E-mail Address:			
Home#:	Work#:	Cell#:	
Parent 2 / Legal Guardian Name:		Relationship:	
Address:		City, Zip:	
Legal Status: Custodial Parent _____		Legal Guardian _____ Non-Custodial Parent _____ Other: _____	
E-mail Address:			
Home#:	Work#:	Cell#:	

Are there any legal/ custody issues with student? ___ yes ___ no
Are there court documents allowing/forbidding the sharing of information regarding this student? ___ yes ___ no
If yes please contact your child's guidance counselor with pertinent information.

OVER

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EMERGENCY CONTACT INFORMATION

1. Contact Name: _____
 Address: _____ City, Zip: _____
 Relationship to Student: _____
 Home#: _____ Work#: _____
 Cell#: _____ Other #: _____

2. Contact Name: _____
 Address: _____ City, Zip: _____
 Relationship to Student: _____
 Home#: _____ Work#: _____
 Cell#: _____ Other #: _____

3. Contact Name: _____
 Address: _____ City, Zip: _____
 Relationship to Student: _____
 Home#: _____ Work#: _____
 Cell#: _____ Other #: _____

Office Use Only

Transcript of records received _____ Medical records received _____ Transfer Form received _____ Proof of Residency _____

Student Sasid _____

Student Lasid _____

ID _____

Homeroom _____

Guidance Counselor _____

School / Building	Central Office	District Data Manger
New Student	Bus Route	Database
Foreign Exchange	HRL	Email
Returning Student	Lunch Application	Census Cards
Current IEP / 504		Computer Login
School Braius		Online Tech (if applicable)
Homeroom		DESE
Guidance Appointment		
Medical Records Received		
Transcripts Received		

CC: Asst. Principal, Guidance, Nurse, Principal's Secretary, Superintendent, SS Services, District Data Manager

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Guidance Information Form (Page 2)

Please Circle YES or NO to the Following Questions:

- YES / NO -Transfer Card Submitted
- YES / NO -Health Records Submitted
- YES / NO -Academic Records Submitted
- YES / NO -Student has had Core Evaluation (Ch.766) Date: _____
- YES / NO -Student has had 504
- YES / NO -Student has received in-school tutoring in Reading (Ch1)
- YES / NO -Student has received in-school tutoring in Math (Ch1)
- YES / NO -Student has received in-school tutoring in Speech Therapy
- YES / NO -Student has received in-school tutoring in Adaptive Phys. Ed.
- YES / NO -Student has received in-school Counseling
- YES / NO -Participated in Free/Reduced Lunch Program

Please indicate any medical problems your child may have, including vision, hearing, allergies, etc.

Is there any other information about your child, which you think the school should be aware of?

Your Signature: _____

Date: _____

Relationship to Student: _____



GORDON W. MITCHELL MIDDLE SCHOOL

435 Central Street
East Bridgewater, MA 02333-2098
(508) 378-8209

ANDREW J. GENTILE
Principal

DEBORAH DUPREY
Assistant Principal

AUTHORIZATION FOR RELEASE OF INFORMATION

Date: _____

I hereby authorize the personnel of the:

Name of School: _____

Address of School: _____

Phone #: _____ Fax #: _____

to release any and all information in my child's transcript, health record, and temporary files to:

Gordon W. Mitchell Middle School
435 Central Street
East Bridgewater, MA 02333

Name of Student: _____

Legal Guardian's Signature: _____

Legal Guardian's Phone #: _____

New Address (if applicable) _____

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EAST BRIDGEWATER PUBLIC SCHOOLS EAST BRIDGEWATER, MA 02333

The East Bridgewater Public School district, in partnership with the community, creates an academically challenging, safe, and supportive learning environment that promotes the pursuit of excellence for all.

Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information

Student Name:

First _____ Middle _____ Last _____

F M
Gender

Country of Birth _____ Date of Birth (mm/dd/yyyy) _____ Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____

School Information

Start Date in New School (mm/dd/yyyy) _____ Name of Former School and Town _____ Current Grade _____

Questions for Parents/Guardians	
<p>What is the primary language used in the home, regardless of the language spoken by the student?</p> <p>_____</p>	<p>Which language(s) are spoken with your child? (include relatives -grandparents, uncles, aunts, etc. - and caregivers)</p> <p>_____ seldom / sometimes / often / always</p> <p>_____ seldom / sometimes / often / always</p>
<p>What language did your child first understand and speak?</p> <p>_____</p>	<p>Which language do you use most with your child?</p> <p>_____</p>
<p>How many years has the student been in U.S. Schools? (not including pre-kindergarten)</p> <p>_____</p>	<p>Which languages does your child use? (circle one)</p> <p>_____ seldom / sometimes / often / always</p> <p>_____ seldom / sometimes / often / always</p>
<p>Will you require written communication in a language other than English? Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p>Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/></p>
<p>Parent/Guardian Signature: _____</p>	<p>Today's Date: _____</p>

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