



# WESTPORT COMMUNITY SCHOOLS

## Enrolling in Westport Community Schools Student Enrollment Form

### STUDENT INFORMATION

LASID \_\_\_\_\_

SASID \_\_\_\_\_

Enrolling Grade \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Date of Birth \_\_\_\_\_

Enrollment Date \_\_\_\_\_

AM Bus \_\_\_\_\_

PM Bus \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous School Name \_\_\_\_\_

Previous School Street Address \_\_\_\_\_

Previous School City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN INFORMATION**

**CUSTODY**    **YES**    **NO**   Relationship to Student \_\_\_\_\_

**Can Release Student To**    **YES**    **NO**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN INFORMATION**

**CUSTODY**    **YES**    **NO**   Relationship to Student \_\_\_\_\_

**Can Release Student To**    **YES**    **NO**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

***EMERGENCY CONTACTS: In the event of an emergency, Westport Community Schools will always contact the custodial parent(s)/guardian(s) first. Please list below, in rank order, contacts other than the custodial parents/guardians to whom the student may be released to.***

(1) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

(2) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

(3) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

<b><i>ADDITIONAL INFORMATION</i></b>	<b>YES</b>	<b>NO</b>
Has this student ever attended Westport Community Schools?		
Has this student ever attended other schools in Massachusetts?		
Has this student ever attended other schools outside Massachusetts?		
Does this student have a 504 plan?		
Does this student have an Individual Educational Plan (IEP)?		
Is this student now in foster care?		
Has this student previously been in foster care?		
Does this student receive any state or federal financial assistance (Medicaid, Veteran benefits, Social Security benefits, TANF, Foods Stamps, etc.)?		
Are there any current custodial orders or agreements pertaining to this student?		
Are there any current restraining orders pertaining to this student?		
Has this student ever been convicted of a felony?		
Does this student currently have a felony complaint against him/her?		
Has this student ever been excluded or expelled from a school in Massachusetts?		
Has this student ever been excluded or expelled from a school outside Massachusetts?		
Is this student eligible for assistance as a member of a military family as defined by the Interstate Compact on Educational Opportunity for Military Children (VALOR Act)?		

If the answer is YES to ANY of the above questions excluding the last (VALOR Act), please provide further details below:

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Signature of Parent or Legal Guardian

Date

cc: Special Education Clerk  
Data Administrator



# Wesport Community Schools

## Home Language and Ethnicity 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. 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- Section A:

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender  F  M  
 Country of Birth \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Building: MAC WES WJSHS

### School Information- Section B:

Start Date in New School (mm/dd/yyyy) \_\_\_\_\_ Name of Former School and Town, if any \_\_\_\_\_ Enrolling Grade \_\_\_\_\_

**Questions for Parents/Guardians- Section C:**  
 If English is the only language spoken in your home, please initial here \_\_\_\_\_ and proceed to **Section D**.  
 Signature Line: \_\_\_\_\_

What is the native language(s) of each parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / guardian)	Which language(s) are spoken with your child? (include relatives -grandparents, uncles, aunts, etc. - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
What language did your child first understand and speak?	Which language do you use most with your child?
Which other languages does your child know? (circle all that apply) _____ speak / read / write _____ speak / read / write	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
Is this language learned in an academic setting? Y <input type="checkbox"/> N <input type="checkbox"/>	Has your child been enrolled in an English Language Learners Program at a previous district? Y <input type="checkbox"/> N <input type="checkbox"/>
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/>	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>

**Parent/Guardian Signature- Section D:**  
 X \_\_\_\_\_  
 \_\_\_\_\_  
 Today's Date: (mm/dd/yyyy) \_\_\_\_\_

*Please Note: The questions above are for screening purposes. Students who may need additional English Language support in the classroom will need additional testing.*

**Ethnicity Questions: (optional)**  
 Is this student Hispanic or Latino  
 (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)?  
 \_\_\_\_\_ No, not Hispanic or Latino  
 \_\_\_\_\_ Yes, Hispanic or Latino

What is the student's race (you may choose one or more):  
 \_\_\_\_\_ Native American      \_\_\_\_\_ Native Hawaiian or other Pacific Islander  
 \_\_\_\_\_ Asian  
 \_\_\_\_\_ African American      \_\_\_\_\_ White

*This form is placed in the student's file*

**To Be Completed by ELE Staff:**  
 \_\_\_\_\_ Proficiency Testing/Records Review      \_\_\_\_\_ Needs ELE Services/Level  
 \_\_\_\_\_ Follow Up/No Services Needed      \_\_\_\_\_ ELE Staff Members Initials