FOR OFFICE USE ONLY
Student Id _____ **STI** _____
HmRm Tchr_____ **HmRm**_____
Entry Code_____ **Entry Date** _____
Bus#_____

Portsmouth Public Schools

Student Registration and Information Form

School_____

Date_____

Last Name _____First Name _____Middle Name_____

Grade _____ Gender _____ Ethnicity (*Choose one only.)* ☐Yes, Hispanic/Latino ☐No, not Hispanic/Latino

Race *(Choose all that apply.)* ☐American Indian/Alaska Native ☐Asian ☐Black/African-American ☐Native Hawaiian/Other Pacific Islander ☐ White/Caucasian

Birthdate (MM/DD/YYYY) _____ Birth Certificate Number _____State of Birth _____

Residential Address _____City _____ State _____Zip Code_____ Home Telephone _____

Custodial Parent ☐ Mother ☐ Father ☐ Guardian ☐ Foster Care Provider Is there a custody order? ☐Yes ☐No

If applicable, did your child have preschool experience? ☐Yes ☐No If Yes, Name of Facility_____

Last school attended_____Address of school if not in Portsmouth_____

List all Portsmouth Public Schools previously attended. _____

Parent/Guardian/Foster Care Information

1. Relationship _____Last Name_____ First Name_____Middle Name_____Title ☐Mr. ☐ Mrs. ☐Ms.

Mailing Address (if different from Residential address)_____ City _____ State _____ Zip Code _____

Home Telephone _____ Cell Phone Number_____Email Address _____

Employer _____ Occupation_____ Are you the foster care provider? ☐Yes ☐No

Work Address_____ City _____ State_____ Zip Code_____Work Telephone_____ Ext _____

2. Relationship _____Last Name_____ First Name_____Middle Name_____Title ☐Mr. ☐ Mrs. ☐Ms.

Mailing Address (if different from Residential address) _____ City _____ State _____ Zip Code _____

Home Telephone _____ Cell Phone Number_____Email Address_____

Employer _____ Occupation_____ Are you the foster care provider? ☐Yes ☐No

Work Address_____ City _____ State_____ Zip Code_____Work Telephone_____ Ext _____

(Over)

Portsmouth Public Schools

Emergency Contact: Person to contact when parents cannot be located.

First Contact _____ Relationship _____ Telephone _____

Second Contact _____ Relationship _____ Telephone _____

Third Contact _____ Relationship _____ Telephone _____

Health Information

Physician's Name_____ Telephone_____

Medical Alert 1_____ Medical Alert 2_____

List any medical information of which the school should be aware (heart disease, diabetes, epilepsy, severe allergies, ear or eye problems, or any chronic conditions, etc.).

_____

_____

What (if any) special services does the pupil receive (IEP, 504, etc.)?_____

_____

Please list any individual(s) who may pick up pupil from school. Identification will be requested.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Parent's or Guardian's signature is required to authorize the school to contact the above listed person(s) in case of an emergency and authorize the above mentioned person(s) to pick pupil up from school.

Parent/Guardian Name _____

Parent/Guardian Signature_____

Date_____