

WATERTOWN PUBLIC SCHOOLS PUPIL INFORMATION SHEET

Grade: _____

Counselor: _____

Registration Date: ____ / ____ / ____

Child's Legal Name: _____
First Name/Full Middle Name/Last Name/Generation (Jr., II, III, IV)

Date of Birth: ____ / ____ / ____

Gender: Male Female

Address: _____ Town: _____ Home Phone: () _____ Place of Birth: _____

Father's Name (First): _____ (Last): _____ Living Deceased

Mother's Name (First): _____ (Last): _____ Living Deceased

Father's Occupation: _____ Mother's Occupation: _____

Employed at: _____ Employed at: _____

Business Phone: () _____ Cell Phone: () _____ Business Phone: () _____ Cell Phone: () _____

E-mail Address: _____ E-mail Address: _____

Child Lives With (Please Check): Both Parents Mother Father Step/Foster Parent (Name): _____

Other (Name): _____ Relationship: _____

Please list address of parent with whom child does NOT reside. Receive copies of report cards/correspondence? Yes No

Name: _____ Address: _____ Phone: () _____

What language did your child learn to speak first? _____

What is the primary language spoken by you or other persons in your home? _____

What is the primary language spoken by your child when he/she is at home? _____

Other Children Gender DOB Grade School

<u>Other Children</u>	<u>Gender</u>	<u>DOB</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is your child Hispanic/Latino? Yes No

Is your child from one race or more? (Check all that apply):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Family Doctor: _____ Phone: () _____

Please provide the name of a friend/relative (other than father or mother) that can be called in case your child is ill or has an accident.

Name: _____ Gender: _____ Phone: () _____ Relationship: _____

Name: _____ Gender: _____ Phone: () _____ Relationship: _____

Name of last school/preschool/nursery school/daycare attended: _____ City: _____ State: _____

Child has been retained in grade(s): _____

Parent/Guardian Signature: _____