

Ware Public Schools

STUDENT ENTRANCE/REQUEST FOR RECORDS FORM

SMK Elementary School
4 Gould Rd.
Ware, MA 01082
413-967-6236-Telephone
413-967-4203-Fax

Ware Middle School
239 West Street
Ware, MA 01082
413-967-6903-Telephone
413-967-3182-Fax

Ware Junior/Senior High School
237 West Street
Ware, MA 01082
413-967-6234-Telephone
413-967-9053-Fax

Last: _____ First: _____ Middle: _____

Grade Entering: _____ Male Female

Date of Birth: ____/____/____ City of Birth _____

Address: _____
Street Town Zip

Have you ever been enrolled in the Ware Public School System: ___Yes ___No

Telephone Number: _____(Home) _____(Cell)

Name of Last School Attended: _____

Address of School _____ City _____ State/Zip Code _____

___Regular Ed. ___Special Needs ___IEP Received ___504 Plan

Case Worker Name: _____ Telephone #: _____

MCAS testing completed: List year & School _____

Child is eligible for Free/Reduced Lunch ___Yes ___No

Current Federal and State reporting standards require that you identify your child in the following categories: Please answer in both categories.

A. ETHNICITY (select one) Hispanic or Latino NOT Hispanic or Latino

B. RACE (select one or more)

American Indian/Alaska Native

Native Hawaiian or Other Pacific Islander

White

Asian

Black or African American

***Child lives with –Check One ___Both Parents ___Father ___Mother ___Guardian**

PARENT INFORMATION:

Parent/Guardian: _____ Telephone: _____

Address: _____ City/State _____ Zip _____

LEGAL ISSUES:

Do both parents have custody and parental rights with respect to this student?

Yes No

If no, which of the following applies?

Mother guardian with joint custody

Mother guardian with sole custody

Father guardian with joint custody

Father guardian with sole custody **(OVER)**

Are there any court orders in effect with respect to this student that should concern the school?

Yes No

**** You are responsible for furnishing the school with a copy of any court order that the school may be responsible to enforce***

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		
_____ First Name	_____ Middle Name	_____ Last Name
		Gender F <input type="checkbox"/> M <input type="checkbox"/>
_____ Country of Birth	____/____/____ Date of Birth (mm/dd/yyyy)	____/____/____ Date first enrolled in ANY U.S. school (mm/dd/yyyy)
School Information		
____/____/20 Start Date in New School (mm/dd/yyyy)	_____ Name of Former School and Town	_____ Current Grade
Questions for Parents/Guardians		
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	
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: X	____/____/20 Today's Date: (mm/dd/yyyy)	

In accordance with State and Federal Laws (Family Rights & Privacy Act:) I hereby request, as a parent/legal guardian of the above student, that his/her TRANSCRIPT, TESTING SCORES, REPORT CARDS, GRADES TO DATE, DISCIPLINE and HEALTH RECORDS and if applicable his/her SPECIAL EDUCATION RECORDS (Chapter 766, PL 94-142) be released to the WARE PUBLIC SCHOOLS.

___SMK Elementary ___WMS ___WJSHS

Parent/Guardian Signature: _____

Date: _____
