

NEWBURYPORT PUBLIC SCHOOLS ENROLLMENT FORM

Please complete and return to the School's Main Office

STUDENT INFORMATION: New Student Previously attended NPS Transferring School _____
District and School Name

Last Name First Name Middle Name

Male Female Non-Binary **DOB:** _____ **Place of Birth:** _____ **Entering Grade:** _____

Primary Home Phone Primary Cell Phone Primary Work Phone

PHYSICAL ADDRESS: _____
Street /P.O. Box # City State Zip

MAILING ADDRESS: Is Identical - complete below ONLY if Mailing & Physical Address are different

Street /P.O. Box # City State Zip

OTHER: _____

HOME LANGUAGE: _____ **COUNTRY OF ORIGIN (if not US)** _____

RACE: (check all that apply)

Multi-racial White Asian Black or African American American Indian or Alaska Native
 Native Hawaiian or other Pacific Islander **ETHNICITY:** Not Hispanic or Latino Hispanic or Latino

FOSTER CARE: Yes or No - **MILITARY:** Yes or No - **IEP, 504, OTHER:** Yes or No

SIBLINGS in NBPT Public Schools (Name & Grade): _____

Has this student taken the Grade 10 MCAS: Yes or No N/A – **Passed All?** Yes or No

RESIDENT: Yes or No **SCHOOL CHOICE:** Yes or No

TRANSPORTATION: Rider _____ Walker _____ Bus (include Bus #): _____

PARENT CONTACT #1 INFORMATION

Priority Contact #1 – Receives Auto calls Mother Father Guardian Other _____

Student lives with Contact Yes No

Last Name First Name Middle Name

Address: _____
Street /P.O. Box # City State Zip

Primary Home Phone Primary Cell Phone Primary Work Phone

Primary email Employer

Student Name: _____

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PARENT CONTACT #2 INFORMATION

Priority Contact #2 – Receives Auto calls Mother Father Guardian Other _____

Student lives with Contact Yes No

Last Name First Name Middle Name

Address: _____
Street /P.O. Box # City State Zip

Primary Home Phone Primary Cell Phone Primary Work Phone

Primary email Employer

ADDITIONAL PARENT CONTACT INFORMATION, if Applicable

Mother Father Guardian Other _____

Student lives with Contact Yes No

Last Name First Name Middle Name

Address: _____
Street /P.O. Box # City State Zip

Primary Home Phone Primary Cell Phone Primary Work Phone

Primary email Employer

ADDITIONAL PARENT CONTACT INFORMATION, if Applicable

Mother Father Guardian Other _____

Student lives with Contact Yes No

Last Name First Name Middle Name

Address: _____
Street /P.O. Box # City State Zip

Primary Home Phone Primary Cell Phone Primary Work Phone

Primary email Employer

Student Name: _____

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EMERGENCY CONTACT INFORMATION (In the event Parents/Guardians cannot be reached)

Relationship to student: _____

Last Name	First Name	Middle Name
Primary Home Phone	Primary Cell Phone	Primary Work Phone

Relationship to student: _____

Last Name	First Name	Middle Name
Primary Home Phone	Primary Cell Phone	Primary Work Phone

The above contacts have parent/guardian permission to pick up student in the event the parent/guardian is not available.

Court Orders or Restraining Orders in effect which the school should be aware of: YES NO

Order Against: _____ Relationship to Student: _____

Separate residence-shared custody agreement YES NO - If yes, who has Legal* custody? _____

***Legal Physical Custody must be documented in order for N.P.S. to provide you with your child's grade reports, etc. If you are not the custodial parent, you must provide legal documentation that you may be provided with information about your child. A letter from the custodial parent granting permission is also acceptable.**

Parent/Guardian Signature

Date of Signature

School use only:	SPED Status: _____	504: _____	LASID: _____
	Counselor: _____	PIN: _____	Other Info: _____

Student Name: _____