

NEWBURYPORT PUBLIC SCHOOLS ENROLLMENT FORM

PLEASE COMPLETE AND REMIT TO THE SCHOOL'S MAIN OFFICE

STUDENT INFORMATION ~ New Student Previously attended Newburyport Public Schools

Last name First Name Middle Name

Male Female Date of Birth _____ 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

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

ETHNICITY: Not Hispanic or Latino Hispanic or Latino

RACE: (check all that apply) Multi-racial White Asian Black or African American
 American Indian or Alaska Native Native Hawaiian or other Pacific Islander

SIBLINGS in NBPT Public Schools (Grade): _____

PARENT CONTACT INFORMATION

Priority Contact #1 – Receives Autocalls Mother Father Guardian Other _____

Student lives with Contact Yes No

Last Name First name

Street Address City, State, Zip

Primary Home Phone Primary Cell Phone Primary Work Phone

Primary email Employer

PARENT CONTACT INFORMATION

Priority Contact #2 – Receives Autocalls Mother Father Guardian Other _____

Student lives with Contact Yes No

Last Name First name

Street Address 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

Street Address 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

Street Address City, State, Zip

Primary Home Phone Primary Cell Phone Primary Work Phone

Primary email Employer

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

Relationship to student: _____

Last Name First Name

Primary Home Phone Primary Cell Phone Primary Work Phone

Relationship to student: _____

Last Name First 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:** _____

Parent/Guardian Signature

Date of Signature