



ERVING ELEMENTARY SCHOOL

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REGISTRATION AND STUDENT INFORMATION

Date _____

I. Child

Child's legal name _____ Sex M F
Last First Middle

Date of Birth _____

Address _____

Mailing address if different _____

City, State, and Zip _____

Phone _____
Home Cell

II. Family

Father's Name _____
Address and phone if different from child:

Mother's Name _____
Address and phone if different from child:

Date of Birth _____

Date of Birth _____

Employer _____

Employer _____

Job Title/Position _____

Job Title/Position _____

Other adults in household and relationship to child:

Other adults in household and relationship to child:

With whom has the child been living most of the past year?

Father _____ Mother _____ Both _____ Legal Guardian/s _____ Other _____

If child is not living with both parents, please check the following where applicable:

Father deceased _____ Mother deceased _____ Parents separated _____
Parents divorced _____ Foster home _____
Other (please explain) _____

Please list names and birthdates (month/day/year) of other children in the family.

1. Child's Name _____ Date of Birth _____
2. Child's Name _____ Date of Birth _____
3. Child's Name _____ Date of Birth _____
4. Child's Name _____ Date of Birth _____

III. Health

Name of Physician _____ Phone _____

Address: _____

Does your child see any other physicians / specialist? Yes _____ No _____

If yes, please explain: (use additional paper if necessary)

1. Name: _____ Specialty: _____

Address: _____ Phone: _____

2. Name: _____ Specialty: _____

Address: _____ Phone: _____

Does your child take any medications regularly?

Yes _____ No _____ If yes, please explain:

Does your child have any health problems?

Allergies	Yes _____	No _____	If yes, to what? _____
Food Allergies	Yes _____	No _____	If yes, to what? _____
Frequent Headaches	Yes _____	No _____	
Asthma	Yes _____	No _____	If yes, is an inhaler used at school? Yes ___ No ___
ADHD	Yes _____	No _____	
Diabetes	Yes _____	No _____	

Eyes: Has your child ever seen an eye doctor? Yes _____ No _____

Has your child ever had trouble seeing? Yes _____ No _____

Have your child's eyes ever looked crossed? Yes _____ No _____

Ears: Does your child have frequent ear infections? Yes _____ No _____

Has your child ever had any trouble hearing? Yes _____ No _____

IV. Other Important Information

Does your child have any interests, talents, or abilities you would like us to know about?

Does your child have any special words to describe his/her needs?

Do you have any concerns regarding his/her development?

Is there any other information we should know about your child?

V. Data Collection

Is this student Hispanic or Latino? (choose only one)

- No, not Hispanic or Latino

- Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

What is the student's race? (choose one or more)

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment)

- Asia (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

- Black or African American (A person having origins in any of the black racial groups of Africa)

- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

In May 2012 Governor Patrick signed the VALOR Act, which strengthened services for veterans and their families in the Bay State. As a provision of the Act our state joined the Military Interstate Children's Compact Commission (MIC3). As a signatory of the MIC3 Compact, our state agrees to abide by special provisions involving the interstate transfer of school-aged children whose parents or guardians meet the following criteria (please check if one or more of these apply to this student's parents or guardians):

- Active duty military personnel or National Guard or Reserve personnel serving on active duty.

- Active duty military veterans who have been medically discharged or retired within one year.

- Deceased while on active duty.

Signature of person completing this form

Date

Thank you again for providing this registration information. Your responses will remain strictly confidential.