

**WASHINGTON CENTRAL SUPERVISORY UNION**  
**STUDENT REGISTRATION FORM – To be completed by PARENT/GUARDIAN**

School:  Berlin  Calais  Doty  East Montpelier  Rumney  U-32

Date: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Student Legal Name: \_\_\_\_\_  
Last First Middle nickname

Student Physical Address: \_\_\_\_\_  
Street City State Zip

Student Mailing Address: \_\_\_\_\_  
Street City State Zip

Student Race/Ethnicity: (Check all that apply)  American Indian/Alaskan Native  Asian  Black or African American  
 Hispanic/Latino  Native Hawaiian/Pacific Islander  White

Student Gender:  Male  Female Student Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth \_\_\_\_\_  
City, State Country

Student lives with: (check only one)  Both Parents  Father  Mother  Alternates  Foster Parent  Other

Who has legal custody?  Both Parents  Father  Mother  DCF  Grandparent  
 Other (who? relationship) \_\_\_\_\_

**Parent/Guardian 1 Information:** Name: \_\_\_\_\_

Relationship to student:  father  mother  grandparent  step-parent  foster  guardian ad litem  
 DCF case manager  educational surrogate parent

Mailing Address Same as Above: Y  N : \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian 1 Town of Residence: \_\_\_\_\_ Mail: Y  N  Portal Access: Y  N

Email: \_\_\_\_\_

**Parent/Guardian 2 Information:** Name: \_\_\_\_\_

Relationship to student:  father  mother  grandparent  step-parent  foster  guardian ad litem  
 DCF case manager  educational surrogate parent

Mailing Address Same as Above: Y  N : \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian 2 Town of Residence: \_\_\_\_\_ Mail: Y  N  Portal Access: Y  N

Email: \_\_\_\_\_

**Student Sibling Information** (applicable for other students in WCSU)

Sibling name(s)

Sibling(s) DOB

Sibling(s) Grade

Sibling(s) School

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**Emergency Contact Information:** *Please provide names other than parents who could be contacted in an emergency.*

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Previous Enrollment Information:** Has this student previously been enrolled in WCSU? \_\_\_\_\_ If yes, date: \_\_\_\_\_

Date of first Enrollment in any U.S. school: \_\_\_\_\_ Date of entry to U.S. *if applicable* \_\_\_\_\_

Previous school name: \_\_\_\_\_

Previous school address: \_\_\_\_\_

Previous school contact: name & phone number if possible \_\_\_\_\_

Grade Last Attended \_\_\_\_\_ Has this student ever been expelled or suspended from another school? \_\_\_\_\_

Does student receive special services? Y  N  If Yes: IEP  504 Plan  EST Plan  ELL  Other: \_\_\_\_\_

**Transportation:** *Please use 911 Physical Address for stop locations*

Will this student ride the bus in the AM: Y  N  Stop Location: \_\_\_\_\_

Will this student ride the bus in the PM: Y  N  Stop Location: \_\_\_\_\_

**Signature of Parent or Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_