



# WESTPORT COMMUNITY SCHOOLS

## Enrolling in Westport Community Schools Student Enrollment Form

### STUDENT INFORMATION

LASID \_\_\_\_\_ SASID \_\_\_\_\_

Enrolling Grade \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Birthdate \_\_\_\_\_ Enrollment Date \_\_\_\_\_

AM Bus \_\_\_\_\_ PM Bus \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_

Post Office Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Previous School Name \_\_\_\_\_

Previous School Street \_\_\_\_\_

Previous School City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

City of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_

### MOTHER OR LEGAL GUARDIAN INFORMATION

CUSTODY ☐ YES ☐ NO Relationship to Student \_\_\_\_\_

Last Name \_\_\_\_\_

**THIS FORM IS PLACED IN THE STUDENT'S FILE**

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_

Post Office Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**FATHER OR LEGAL GUARDIAN INFORMATION**

**CUSTODY** ☐ **YES** ☐ **NO** Relationship to Student \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_

Post Office Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**EMERGENCY CONTACT**

**In the event of an emergency, Westport Community Schools will always contact the custodial parent(s) first. Families may also list a non-custodial contact such as a**

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**close relative, family friend, or neighbor. Students will not be released to non-custodial contacts unless indicated below.**

**Okay to Release Student To:**      ☐ YES      ☐ NO

Last Name (1) \_\_\_\_\_

First Name (1) \_\_\_\_\_

Street Address \_\_\_\_\_

Post Office Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

**Okay to Release Student To:**      ☐ YES      ☐ NO

Last Name (2) \_\_\_\_\_

First Name (2) \_\_\_\_\_

Street Address \_\_\_\_\_

Post Office Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Restrictions Regarding the Release of this Student:

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\_\_\_\_\_  
\_\_\_\_\_  
*Persons to notify if above named individuals cannot be reached:*

Name (1) \_\_\_\_\_

Relationship \_\_\_\_\_

Telephone Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name (2) \_\_\_\_\_

Relationship \_\_\_\_\_

Telephone Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name (3) \_\_\_\_\_

Relationship \_\_\_\_\_

Telephone Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

#### ADDITIONAL INFORMATION

Has this student ever attended Westport Community Schools?	Yes	No
Has this student ever attended other schools in Massachusetts?	Yes	No
Has this student ever attended other schools outside Massachusetts?	Yes	No
Does this student have a 504 Plan?	Yes	No
Does this student have an Individual Educational Plan (IEP)?	Yes	No
Is this student now in foster care?	Yes	No
Has this student previously been in foster care?	Yes	No
Does this student receive any state or Federal financial assistance?	Yes	No

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(Medicaid, Veteran benefits, Social Security benefits, TANF, Food Stamps, etc)		
Are there any current custodial orders or agreements pertaining to this student?	Yes	No
Are there any current restraining orders pertaining to this student?	Yes	No
Has this student ever been convicted of a felony?	Yes	No
Does this student currently have a felony complaint against him/her?	Yes	No
Has this student ever been excluded or expelled from a school in Massachusetts?	Yes	No
Has this student ever been excluded or expelled from a school outside Massachusetts?	Yes	No
Is this student eligible for assistance as a member of a military family as defined by the Interstate Compact on Educational Opportunity for Military Children (VALOR Act)?	Yes	No

If the answer is YES to ANY of the above questions excluding the last (Valor Act), please provide further details below:

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### HOME LANGUAGE & ETHNICITY 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. 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.

What is the native language(s) of each parent/guardian?

Mother Guardian \_\_\_\_\_

Father/Guardian \_\_\_\_\_

What language(s) are spoken with your child?

(Include relatives – grandparents, uncles, aunts, caregivers, etc.)

\_\_\_\_\_ ☐ Seldom ☐ Sometimes ☐ Often ☐ Always

\_\_\_\_\_ ☐ Seldom ☐ Sometimes ☐ Often ☐ Always

What language did your child first understand and speak? \_\_\_\_\_

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Which language do you use most with your child? \_\_\_\_\_

Which other languages does your child know?

\_\_\_\_\_ ☐ Speak ☐ Read ☐ Write

\_\_\_\_\_ ☐ Speak ☐ Read ☐ Write

Which language(s) does your child use?

\_\_\_\_\_ ☐ Seldom ☐ Sometimes ☐ Often ☐ Always

\_\_\_\_\_ ☐ Seldom ☐ Sometimes ☐ Often ☐ Always

Will you require written information from school in your native language? ☐ YES ☐ NO

Will you require an interpreter/translator at Parent-Teacher meetings? ☐ YES ☐ NO

**ETHNICITY QUESTIONS (optional)**

Is this student Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)?

☐ No, not Hispanic or Latino

☐ Yes, Hispanic or Latino

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

☐ Native American ☐ Asian ☐ African American ☐ White ☐ Native  
Hawaiian or other Pacific Islander

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

Date \_\_\_\_\_

cc: Special Education Clerk  
English Language Learners Coordinator  
Data Administrator

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(508) 636-1140 • Fax (508) 636-1146 • [wcsdist@westportschools.org](mailto:wcsdist@westportschools.org)

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