

Tantasqua Regional High School

319 Brookfield Road
Fiskdale, MA 01518

Michael P. Lucas
Principal

Phone: 508-347-9301
Fax: 508-347-7340

Registration Form

Date: _____

➤ **Student's Name:** _____ **Gender:** _____

First
Middle
Last
Suffix

Year of Grad: _____ Grade Level: _____
 Date of Birth: _____ City of Birth: _____
 Street Address: _____ City/Zip: _____
 Mailing if different: _____
 Phone: _____ Unlisted? yes no
 Previous School: _____

Member of no
 Military Family? yes (01); yes (02); yes (03)
 (see attached)

➤ **Mother's Name:** _____ **Gender:** _____

Title
First
Last

E-mail: _____ Workplace: _____
 Relationship (to student): _____
 Legal Status (choose one) *Custodial parent, Non custodial parent, Foster parent, other(specify):* _____

• Does this guardian live with the student?	<input type="checkbox"/> yes <input type="checkbox"/> no
• Does this guardian receive student's mail?	<input type="checkbox"/> yes <input type="checkbox"/> no
• Does this guardian have the right to dismiss the student?	<input type="checkbox"/> yes <input type="checkbox"/> no
• Does this guardian have the right to receive the student?	<input type="checkbox"/> yes <input type="checkbox"/> no

Street Address: _____
 Mailing if different: _____
 Home phone: _____ Cell phone: _____
 Work phone: _____ Pager: _____

➤ **Father's Name:** _____ **Gender:** _____

Title
First
Last

E-mail: _____ Workplace: _____
 Relationship (to student): _____
 Legal Status (choose one) *Custodial parent, Non custodial parent, Foster parent, other(specify):* _____

• Does this guardian live with the student?	<input type="checkbox"/> yes <input type="checkbox"/> no
• Does this guardian receive student's mail?	<input type="checkbox"/> yes <input type="checkbox"/> no
• Does this guardian have the right to dismiss the student?	<input type="checkbox"/> yes <input type="checkbox"/> no
• Does this guardian have the right to receive the student?	<input type="checkbox"/> yes <input type="checkbox"/> no

Street Address: _____
 Mailing if different: _____
 Home phone: _____ Cell phone: _____
 Work phone: _____ Pager: _____

Please list other children in the household:

<i>NAME</i>	<i>Date of Birth</i>	<i>Grade</i>

➤ **Emergency Contact:**

Name: _____

Address: _____

Home phone: _____ Cell: _____

- Lives with student
- Can dismiss student
- Can receive student

➤ **Emergency Contact:**

Name: _____

Address: _____

Home phone: _____ Cell: _____

- Lives with student
- Can dismiss student
- Can receive student

Please answer BOTH questions 1 and 2.

1. 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, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

2. 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 America (including Central America), and who maintains tribal affiliation or community attachment.)
- Asian (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)

Parent/Guardian Signature: _____ Date: _____