



BROCKTON PUBLIC SCHOOLS REGISTRATION FORM FOR GRADES PreK-12

HOUSEHOLD NAME _____ NEW TO BPS _____ RETURNING TO BPS _____ ZONE _____
 ASSIGNED SCHOOL _____ GRADE _____ START DATE _____ SCHOOL YEAR _____
 LASID# _____ BUS NUMBER & STOP _____

STUDENT INFORMATION

NAME _____ M _____ F _____ DATE OF BIRTH _____
Student's Last Name, First Name, Middle Name *Month/Day/Year*

ADDRESS _____ P# _____
House Number/Street/Apartment/ZIP Code

PLACE OF BIRTH

COUNTRY _____ CITY/STATE _____ VILLAGE _____ ISLAND _____ PROVINCE _____

DATE OF ENTRY _____ DATE STUDENT STARTED SCHOOL IN US _____ NON-HISPANIC _____ HISPANIC _____

RACE CODE (PLEASE CHECK ONE OR MORE)

KEY: AMERICAN INDIAN/ALASKAN NATIVE _____ ASIAN _____ NATIVE HAWAIIAN/PACIFIC ISLANDER _____ BLACK/AFRICAN AMERICAN _____ WHITE _____

NATIVE LANGUAGE _____ PRIMARY LANGUAGE SPOKEN IN HOME _____

PREVIOUS ADDRESS _____

LAST SCHOOL ATTENDED _____ GRADE _____

LAST SCHOOL ADDRESS _____ PHONE _____ FAX _____

FAMILY INFORMATION CHILD LIVES WITH BOTH PARENTS _____ MOTHER _____ FATHER _____ RELATIVE _____ GUARDIAN _____ FOSTER CARE _____

MOTHER/GUARDIAN _____ RELATIONSHIP _____

MILITARY FAMILY STATUS _____ ADDRESS _____ CELL P# _____

E-MAIL: _____ EMPLOYER _____ WORK P# _____

FATHER/GUARDIAN _____ RELATIONSHIP _____

MILITARY FAMILY STATUS _____ ADDRESS _____ CELL P# _____

E-MAIL: _____ EMPLOYER _____ WORK P# _____

EMERGENCY INFORMATION

NAME _____ ADDRESS _____ PHONE _____ RELATIONSHIP _____

NAME _____ ADDRESS _____ PHONE _____ RELATIONSHIP _____

OTHER CHILDREN LIVING IN THE HOUSEHOLD ATTENDING BROCKTON PUBLIC SCHOOLS

NAME _____ DOB _____ SCHOOL _____ GRADE _____ RELATIONSHIP _____

SCHOOL PREFERENCE 1 _____ 2 _____ 3 _____

REGISTRATION SPECIALIST _____ DATE _____ TIME _____

 SIGNATURE OF PARENT, GUARDIAN OR STUDENT (if over the age of 18) _____ DATE _____



City of Brockton
BROCKTON PUBLIC SCHOOLS
Kathleen A. Smith, JD • Superintendent of Schools

Soraya I. de Barros, Ph.D. • Director
School Registration and Parent Information Center
Phone (508) 580-7950 Fax (508) 580-7956
sorayaidebarros@bpsma.org

SCHOOL RECORD RELEASE

State law requires students and/or their parents to provide a complete school record upon enrollment in a new district. Please sign below to permit release of all school records for the named student to complete enrollment in the Brockton Public Schools.

PREVIOUS SCHOOL _____

ADDRESS _____

PHONE _____ FAX _____

Please release the complete school record for:

NAME _____ **DATE OF BIRTH** _____
Student's Last Name, First Name, Middle Name Month/Day/Year

Please include: (Check all that apply)

Transfer Card or Discharge Letter

Health Records (immunizations, physical)

Academic Records (MCAS Scores, Transfer Grades, Transcript, Access/WIDA Scores, etc.)

Special Education/Evaluation Reports (Psychological, I.E.P., etc.)

Discipline Record

All of the above

Please forward the above-referenced student's records to:

School Registration Center
Attention: Dr. Soraya de Barros
sorayaidebarros@bpsma.org
60 Crescent Street, Brockton, MA 02301
Phone (508) 580-7950
Fax (508) 580-7956

This student will not be placed until we see his/her records. Thank you.

REGISTRATION SPECIALIST _____ DATE _____

SIGNATURE OF PARENT, GUARDIAN OR STUDENT (if over the age of 18)

DATE



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 Kathleen A. Smith, JD • Superintendent of Schools

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INCIDENT/DISCIPLINE RELEASE

State law requires students and/or their parents to provide a complete school record upon enrollment in a new district.

PREVIOUS SCHOOL _____
 ADDRESS _____
 PHONE _____ FAX _____
 NAME _____ DATE OF BIRTH _____
Student's Last Name, First Name, Middle Name Month/Day/Year

FOR MIDDLE AND HIGH SCHOOL STUDENTS ONLY - EDUCATION REFORM ACT OF 1993

Under the Education Reform Act, Section 37:37L of Chapter 71, we are requesting information relative to discipline.

Please respond to the following questions:

The above named student **had no** issues relative to discipline as defined by Section 37:37L of Chapter 71.

The above named student **has had** issues relative to discipline as defined by Section 37:37L of Chapter 71.

A copy of this discipline record has been attached to this form.

SIGNATURE OF PREPARER POSITION

Section 37 and section 37L of said Chapter 71 of the General Laws, as appearing in the 1990 Official Edition, is hereby amended by adding the following:

"A student transferring into a local system must provide the new school system with a complete school record of entering student. Said record shall include, but not be limited to, any incident reports in which such student were charged with any suspended act."

Please fax/email this form and the student's discipline/incident report to:

School Registration Center
Attention: Dr. Soraya de Barros
sorayaidebarros@bpsma.org
 60 Crescent Street, Brockton, MA 02301
 Phone (508) 580-7950
 Fax (508) 580-7956

This student will not be placed until this form/report is completed and returned. Thank you.

REGISTRATION SPECIALIST _____ DATE _____

SIGNATURE OF PARENT, GUARDIAN OR STUDENT (if over the age of 18) DATE