

# Ware Public Schools

## **STUDENT ENTRANCE/REQUEST FOR RECORDS FORM**

SMK Elementary School  
4 Gould Rd.  
Ware, MA 01082  
413-967-6236-Telephone  
413-967-4203-Fax

Ware Middle School  
239 West Street  
Ware, MA 01082  
413-967-6903-Telephone  
413-967-3182-Fax

Ware Junior/Senior High School  
237 West Street  
Ware, MA 01082  
413-967-6234-Telephone  
413-967-9053-Fax

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Grade Entering: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ City of Birth \_\_\_\_\_

Address: \_\_\_\_\_  
Street Town Zip

Have you ever been enrolled in the Ware Public School System: \_\_\_Yes \_\_\_No

Telephone Number: \_\_\_\_\_(Home) \_\_\_\_\_(Cell)

Name of Last School Attended: \_\_\_\_\_

Address of School \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

\_\_\_Regular Ed. \_\_\_Special Needs \_\_\_IEP Received \_\_\_504 Plan

Case Worker Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

MCAS testing completed: List year & School \_\_\_\_\_

Child is eligible for Free/Reduced Lunch \_\_\_Yes \_\_\_No

**Current Federal and State reporting standards require that you identify your child in the following categories: Please answer in both categories.**

**A. ETHNICITY (select one)**  Hispanic or Latino  NOT Hispanic or Latino

**B. RACE (select one or more)**

American Indian/Alaska Native

Native Hawaiian or Other Pacific Islander

White

Asian

Black or African American

**\*Child lives with –Check One \_\_\_Both Parents \_\_\_Father \_\_\_Mother \_\_\_Guardian**

***PARENT INFORMATION:***

Mother's Name/Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name/Address \_\_\_\_\_ Phone \_\_\_\_\_

***LEGAL ISSUES:***

Do both parents have custody and parental rights with respect to this student?

Yes  No

If no, which of the following applies?

Mother guardian with joint custody

Mother guardian with sole custody

Father guardian with joint custody

Father guardian with sole custody **(OVER)**

Are there any court orders in effect with respect to this student that should concern the school?

Yes  No

**\*\* You are responsible for furnishing the school with a copy of any court order that the school may be responsible to enforce\***

Home Language Survey

1. What language did your child first understand or speak? \_\_\_\_\_
2. What language do you use most often when speaking with your child at home? \_\_\_\_\_
3. What language does your child use most often when speaking with you at home? \_\_\_\_\_
4. What language does your child use most often when speaking with other family members? \_\_\_\_\_
5. What language does your child use most often when speaking with friends? \_\_\_\_\_
6. What language (s) does your child read? \_\_\_\_\_
7. What language (s) does your child write? \_\_\_\_\_
8. At what age did your child start attending school/ \_\_\_\_\_
9. Has your child attended school every year since? \_\_\_Yes \_\_\_No  
If no, please explain: \_\_\_\_\_
10. Would you need oral and written communication from school in: (check one)  
\_\_\_English \_\_\_Spanish \_\_\_Russian \_\_\_French \_\_\_Polish \_\_\_Italian \_\_\_Other

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**To Be Completed by ELL Program Staff Before Placement:**

Date of School Enrollment: \_\_\_\_\_

Student's First Name: \_\_\_\_\_

Student's Family Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Relationship of Person Completing Survey:  
\_\_\_Mother \_\_\_Father \_\_\_Guardian \_\_\_Other/Specify: \_\_\_\_\_

Number of Years Student In USA \_\_\_\_\_

**Recommendation:** Proficiency Testing/Records Review      No ELL Services

**Signature of ELL Staff:** \_\_\_\_\_

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

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**In accordance with State and Federal Laws (Family Rights & Privacy Act:) I hereby request, as a parent/legal guardian of the above student, that his/her TRANSCRIPT, TESTING SCORES, REPORT CARDS, GRADES TO DATE, DISCIPLINE and HEALTH RECORDS and if applicable his/her SPECIAL EDUCATION RECORDS (Chapter 766, PL 94-142) be released to the WARE PUBLIC SCHOOLS.**

\_\_\_SMK Elementary \_\_\_WMS \_\_\_WJSHS

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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