

MANCHESTER ESSEX REGIONAL SCHOOL DISTRICT
ENROLLMENT APPLICATION



Entering Grade _____
Teacher _____
To be completed by District personnel

Birth Certificate Verified:
Initials of School Personnel: _____
To be completed by District personnel

Entry Date _____
Year of Graduation _____
To be completed by District personnel

Student Name: _____
Last: _____ First: _____ Middle: _____

Gender: _____ **Date of Birth:** _____ **Place of Birth:** _____

Current Address: _____

Parent/Guardian Name: _____

Primary Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email Address:** _____

Child Resides with:
 Mother(s)
 Father(s)
 Both
 Other _____

Primary Language Spoken at Home: _____

Other Languages Spoken at home: _____

Non-Custodial Parent/Guardian Name: _____

Address: _____

Primary Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email Address:** _____

Sibling: _____ **Date of Birth:** _____ **Grade:** _____

Sibling: _____ **Date of Birth:** _____ **Grade:** _____

Sibling: _____ **Date of Birth:** _____ **Grade:** _____

(over)

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Other Homes or Residential Properties/Part-Time Residences:

Address: _____

Address: _____

Previous Address: _____

Last School Attended: _____ Grade: _____

Address & Phone

Indicate which services, if any, your child is receiving or has received:

Special Education: Section 504: ELL:

Other (Please specify): _____

Has your child ever been expelled from School Yes: No:

***Please indicate any other information regarding your child that might be helpful to the school:*

Signature of Parent/Guardian

Date