

Student SASID # _____

School Year _____

BOLTON PUBLIC SCHOOLS
CUMULATIVE RECORD REGISTRATION FORM
PLEASE COMPLETE ALL INFORMATION ON BOTH SIDES AND SIGN REVERSE SIDE

Bolton Center School
108 Notch Rd.
Phone: (860) 643-2411
Fax: (860) 646-4860

Bolton Board of Education
72 Brandy St.
Phone: (860) 643-1569
Fax: (860) 647-8452

Bolton High School
72 Brandy St.
Phone: (860) 643-2768
Fax: (860) 645-8374

Office Use Only

Date of Registration: _____ Date of Entry _____ Date Records Requested _____ Date Records Received _____

Grade Entering _____ Name and Address of School last attended _____

Is student receiving any Special Education Services **Yes** **No** **OR 504 Services?** **Yes** **No**
(If Yes, please provide the latest IEP or 504 Plan)

STUDENT INFORMATION

Student's Name _____ Date of Birth _____
(First) (Middle) (Last)

Address _____
(Street, City, State, Zip Code)

Home Telephone _____ Birthplace _____

Student cell phone _____ Student email _____

Gender: Male Female Non-Binary (does not identify as either male or female)

Is student covered by health insurance? **Yes** **No**

State and Federal law requires that the questions below pertaining to race and ethnicity be answered. Your participation is appreciated. If you do not provide these answers, the laws allow for appropriate school personnel to determine this information.

Is the student Hispanic or Latino? **Yes** **No**

Is the student **one or more** of the following races? (Choose **ALL** that apply)

American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Student lives with: Both Parents Parent/Guardian 1 Parent/Guardian 2

Other (Please provide name, address and relationship to student below. Proof of residency for this person will be required.)

PARENT/GUARDIAN INFORMATION – I understand that this information will be used for contact from the school through email, phone or SMS text. ***If student lives with other than both parents, legal papers supporting custody and/or guardianship must be filed with the school.***

Parent/Guardian 1

Name _____ Address _____ (If not same as student)
Employment _____ Work # _____
Email _____ Cell # _____
Legal Custody: **Yes** **No** Relationship: _____
Please indicate if parent should receive school mailings **Yes** **No**

Parent/Guardian 2

Name _____ Address _____ (If not same as student)
Employment _____ Work # _____
Email _____ Cell # _____
Legal Custody: **Yes** **No** Relationship: _____
Please indicate if parent should receive school mailings **Yes** **No**

Military Status: *Is either parent of the student a member of the Armed Forces on active duty or serves on full-time National Guard duty?* **Yes** **No**

SIBLING INFORMATION:

| | | | | |
|---------------|------|--------|------------|-----------------|
| | Male | Female | Non-binary | Date |
| Name: _____ | | | | of Birth: _____ |
| School: _____ | | | | Grade: _____ |
| | Male | Female | Non-binary | Date |
| Name: _____ | | | | of Birth: _____ |
| School: _____ | | | | Grade: _____ |
| | Male | Female | Non-binary | Date |
| Name: _____ | | | | of Birth: _____ |
| School: _____ | | | | Grade: _____ |

Parent/Guardian Signature

Date