

**Wilton-Lyndeborough Cooperative School District
School Administrative Unit # 63**

192 Forest Rd Lyndeborough, NH 03082
603-732-9227

REGISTRATION PROFILE

_____ <small>Student's Name</small>	_____ <small>Social Security #:</small>	_____ <small>Birthdate</small>	_____ <small>Birthplace</small>	_____ <small>Grade</small>
Is student of Hispanic/Latino descent? Please check one of the following <input type="checkbox"/> YES <input type="checkbox"/> NO If you answered NO please select one or more from the following:				
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> African American or Black <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Caucasian or White				
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				
_____ <small>Student's Cell Phone #:</small>			_____ <small>Student's Email Address</small>	

Is student currently on an IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has student had an IEP in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has student ever been enrolled in this school district?
Is student currently on a 504 Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has student had a 504 in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what Grade? _____

List the name(s) and grade levels of all other students who reside with you and attend school in the Wilton-Lyndeborough School District below:			
1. _____	2. _____	3. _____	4. _____

If there is someone who SHOULD NOT pick up your child at school - NOTIFY THE MAIN OFFICE AND GUIDANCE IMMEDIATELY!

ADDRESSES	_____ <small>Street Address:</small>				_____ <small>City:</small>		_____ <small>State</small>		_____ <small>Zip Code</small>	
	_____ <small>Mailing Address</small>				_____ <small>City:</small>		_____ <small>State</small>		_____ <small>Zip Code:</small>	
	_____ <small>With whom does student reside?</small>						_____ <small>Who has custody?</small>			

MOTHER	_____ <small>Mother's Name</small>			_____ <small>Mother's Home Phone</small>			_____ <small>Mother's Cell Phone</small>		
	_____ <small>Mother's Place of Work</small>			_____ <small>Mother's E-mail Address:</small>					

FATHER	_____ <small>Father's Name</small>			_____ <small>Father's Home Phone</small>			_____ <small>Father's Cell Phone</small>		
	_____ <small>Father's Place of Work</small>			_____ <small>Father's E-mail Address:</small>					

SECOND CONTACT	Is there a second parent or guardian who would like to receive school mailings? If yes, please fill out below.				
	_____	_____	_____	_____	_____
	<i>Second Contact Name</i>	<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

Emergency Contact Information (at least 1 is required)

EMERGENCY CONTACT 1	_____				
	<i>Local Emergency Contact</i>			<i>Relationship:</i>	
	_____	_____	_____	_____	
	<i>Home Phone</i>	<i>Work Phone:</i>	<i>Cell Phone:</i>		

EMERGENCY CONTACT 2	_____				
	<i>Local Emergency Contact</i>			<i>Relationship:</i>	
	_____	_____	_____	_____	
	<i>Home Phone</i>	<i>Work Phone:</i>	<i>Cell Phone:</i>		

EMERGENCY CONTACT 3	_____				
	<i>Local Emergency Contact</i>			<i>Relationship:</i>	
	_____	_____	_____	_____	
	<i>Home Phone</i>	<i>Work Phone:</i>	<i>Cell Phone:</i>		

Doctor's Name: _____	_____	Dentist's Name _____	_____
	<i>Doctor's Phone Number:</i>		<i>Dentist's Phone Number:</i>

Name of Last School Attended: _____
Previous School Address: _____
Previous School Phone #: _____ Previous School Fax #: _____

WILTON-LYNDEBOROUGH COOPERATIVE OFFICE USE ONLY			
SASID Number: _____	School ID: _____	Locker # _____	Advisory: _____