



STUDENT ENROLLMENT FORM

TO BE COMPLETED BY LEGAL PARENT/GUARDIAN –
**** (PLEASE COMPLETE ENTIRE FORM) ****

Student Information

Legal Last Name:		Legal First Name:		Legal Middle Name:	
Date Of Birth:	City of Birth:	State of Birth:	Grade level:		
Preferred Name (if different from legal name):				Gender Identity: Male__Female_Non-binary__	

Legal Guardian Information

1.! Legal Parent/Guardian #1: _____ Relationship to Child: _____
 Residential Street Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____
 Email: _____@_____.

2.! Legal Parent/Guardian #2: _____ Relationship to Child: _____
 Residential Street Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____
 Email: _____@_____.

3.! Legal Guardian(s) that student lives with during the week: _____

4.! Mailing Street Address (if different from residential): _____
 City: _____ State: _____ Zip: _____

5.! Who will be the student's adult learning coach? _____

Sibling Information – please list all siblings in household

Last and First:	Date of Birth:	Current Grade:
Last and First:	Date of Birth:	Current Grade:
Last and First:	Date of Birth:	Current Grade:
Last and First:	Date of Birth:	Current Grade:

#1 Emergency Contact Information (In Case Parent/Guardian is Unavailable)

Name:			
Address:	City:	State:	Zip:
Employer:	Work Phone: ()	Home Phone: ()	Cell Phone: ()

#2 Emergency Contact Information (In Case Parent/Guardian #1 is Unavailable)

Name:			
Address:	City:	State:	Zip:
Employer:	Work Phone: ()	Home Phone: ()	Cell Phone: ()

School History – Schools Attended

Grade	Name of School	City/Town	State	Years Attended

Military Status: In accordance with new Massachusetts Department of Elementary and Secondary Education reporting requirements, we are now required to report on the Military Family Status of our students annually. Please choose the most appropriate response to the following:

There is a Parent or Guardian in the student's household who:

_____ is a member of the uniformed services or National Guard and Reserve on full-time active duty orders.
 _____ is currently deployed. _____ is a veteran who retired within the past year.
 _____ died while serving our country within the past year. _____ none of the above.

Race/Ethnicity (Please check all that apply)

Please note that the Massachusetts Virtual Academy at Greenfield is committed to ensuring that the school is free from discriminating in education and employment. These questions are taken from state reporting categories. We appreciate your cooperation.

_____ White _____ Hispanic or Latino _____ Black or African American _____ Asian
 _____ American Indian or Alaska Native _____ Native Hawaiian/Other Pacific Islander

Students Born in Other Countries

Country of birth:	Date first entered U.S. Schools:
First native language:	Primary language spoken at home:
Can your child speak English? _____ Yes _____ No	Does your child receive ELL, ESL and or ESOL services? _____ Yes _____ No _____ I don't know

Is your child on a 504 Plan? _____ Yes _____ No _____ I don't know

Special Education

Is your child on an individual education plan (IEP)? _____ Yes _____ No _____ I don't know