

**Windham Public School District Registration  
Center School  
2 Lowell Road  
Windham, NH 03087**

**GRADE:** \_\_\_\_\_

Date: \_\_\_\_\_ M / F District ID \_\_\_\_\_

Student's Name \_\_\_\_\_

First

Middle

Last

Street Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth \_\_\_\_\_

Ethnic code (Please circle one): American Indian Asian Hispanic African American White

No. of Children in Family: \_\_\_\_\_ Student's Position in Family: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Father (First)

(Last)

Mother (First)

(Last)

Father's Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Phone # \_\_\_\_\_ Cell phone \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Phone # \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of school last attended \_\_\_\_\_

Street Address \_\_\_\_\_

City / Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (starting w/ area code) \_\_\_\_\_ - \_\_\_\_\_

Special Needs \_\_\_\_\_

ALLERGIES \_\_\_\_\_ Epileptic \_\_\_\_\_

Custody Concerns (court order): \_\_\_\_\_

Signature \_\_\_\_\_ Relationship \_\_\_\_\_

The above signature authorizes this child to be taken to a physician in case of an emergency,  
and authorizes the nurse to share pertinent health information with staff.

\_\_\_\_\_ Permission granted \_\_\_\_\_ Permission not granted

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For Office Use Only  
Birth Date Verified \_\_\_\_\_ Bus # \_\_\_\_\_ Classroom assignment \_\_\_\_\_  
Start Date \_\_\_\_\_