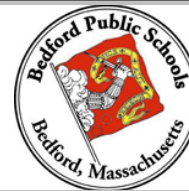


## Bedford Public Schools Student Registration Form



### STUDENT INFORMATION

Student's Last Name	First Name	Full Middle Name	M or F	Date of Birth
City, State and Country of Birth:		Registration Date:		Race
Address, City, State, Zip Code (P.O. Box is not acceptable)		Date of Entry/Grade:		Telephone Number:
				State
				Zip Code
Is the above address on federal property? (Military Housing or LRHP) If yes, please complete federal information block <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has student previously attended Bedford Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____  Last school attended: _____				
School	Address	City	State	Phone Number

### PARENT OR GUARDIAN INFORMATION:

Parent/Guardian's Last Name	First Name and M.I.	Home Address:	
Address of Parent/Guardian's Employer (If property is located on Federal Property please complete Federal Information Block)		Occupation:	Home Phone: _____ Work Phone: _____ Cell Phone: _____

### PARENT OR GUARDIAN INFORMATION:

Parent/Guardian's Last Name	First Name and M.I.	Home Address:	
Address of Parent/Guardian's Employer (If property is located on Federal Property please complete Federal Information Block)		Occupation:	Home Phone: _____ Work Phone: _____ Cell Phone: _____
Does student reside with both parents? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, with whom does the child live? _____  Is there a non-custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete Custodial Parent Waiver Form and provide information if applicable.			

**FEDERAL INFORMATION****PL 874 (if applicable) Please check which of the following applies:**
☐ Parent or Guardian on Active Duty      Name of Military Member: \_\_\_\_\_ Rank: \_\_\_\_\_
**Branch of Service:**
☐ Air Force   ☐ Marine Corps   ☐ Army   ☐ Navy   ☐ US Coast Guard   ☐ Foreign Military/Government Official

☐ National Guard/Reserve activated by order of the President
**Federal Civil Service Employee:**
☐ DoD Federal Service Employee   ☐ Non-DoD Federal Civil Service Employee or Contractor

☐ An official of, and accredited by, a foreign government and is a foreign military officer
**Is the home address on federal property**
☐ Yes   ☐ No

Name of federal property

☐ Hanscom AFB   ☐ Lower Mills Apts.   ☐ Ausonia Homes  
☐ Hassan Apts.   ☐ Spring St. Apts   ☐ Patricia White Apts.  
☐ Roslyn Apts.   ☐ Bellflower St. Apts.   ☐ Commonwealth Apts.  
☐ Peabody Square   ☐ Malone Apts.   ☐ Hampton House Apts.  
☐ Franklin Field   ☐ Other LRHP Housing \_\_\_\_\_
**Is the employer address on federal property?**
☐ Yes   ☐ No

Name of federal property

☐ Hanscom AFB  
☐ VA Hospital, Bedford  
☐ VA Hospital, Jamaica Plains   ☐ Natick Dev Center  
☐ Dept of Army, Boston, MA   ☐ Moakley Courthouse, Boston, MA  
☐ Kennedy Federal Office Bldg, Government Center  
☐ Federal Building, Causeway Street, Boston, MA  
☐ Other Federal Property not listed: \_\_\_\_\_

Students residing on Hanscom Air Force Base must provide a copy of the sponsors orders or appropriate civilian identification upon enrolling at Bedford High School. If the status of the sponsor of a currently enrolled student, grades 9-12 changes and the student is no longer eligible for enrollment, the student may be allowed to complete the current school year. The parent/sponsor must contact the Superintendent to request permission for the student to complete the school year. The sponsor must notify the school of the status change. Verification of enrollment eligibility is subject to review the beginning of each school year by Superintendent. If the student will be moving onto the 12th grade (basically for 11th graders only) the sponsor may petition the Superintendent to ask permission to remain at BHS for their senior final year and graduate with their class. Request for petition must be received by the Office of the Superintendent 30 calendar days prior to the end of the current academic year.

**→Signature of Parent/Guardian** \_\_\_\_\_ **→Date** \_\_\_\_\_

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For Office Use Only

**Proof of Residency**
☐ Column A Type of Identification \_\_\_\_\_

☐ Column B Type of Identification \_\_\_\_\_

☐ Column C Type of Identification \_\_\_\_\_

☐ Column D Type of Identification \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_