

Date: _____

**SHAWSHEEN VALLEY TECHNICAL HIGH SCHOOL
STUDENT PERSONAL INFORMATION FORM**

Office Use Only

Student ID: _____

Date Received: _____

Birth Certificate: _____

**PLEASE FILL OUT CLEARLY IN BLACK OR BLUE INK AND SUPPLY ALL INFORMATION REQUESTED.
IT IS YOUR RESPONSIBILITY TO UPDATE ANY INFORMATIONAL CHANGES.**

Please attach any additional information, if necessary.

STUDENT INFORMATION: (For New Enrollment, PLEASE Attach a Birth Certificate for Student)

Student's Name _____ **Gender** _____ **Grade** _____ **Class of** _____
Full First Name Full Middle Name Full Last Name

Date of Birth _____ **Place of Birth** _____ **Student Soc. Sec. #** _____
Month/Day/Year City, State Optional

Home Address _____
Address (Number & Street) Town State Zip Code

Mailing Address _____
(If different) PO BOX/Number Street Town State Zip Code

Student's Personal Email Address _____ **School Last Attended** _____

Shawsheen Valley Technical High School only reaches out as necessary with information through "All Call", Text message or Email.

Check Box if you would like to OPT OUT of "All Call" Phone Alerts Text Messages Emails

Student's Home Phone (___) ___ - ____ **Student's Cell Phone** (___) ___ - ____

Parents & Legal Guardians will be provided access to the Aspen Family Portal Information and their Student(s) records. The Primary Contacts will be able to Dismiss and Receive their Student(s). They will also receive ALL District Communications. Please provide legal documentation if either Primary Contact is NOT allowed to have any of these privileges.

PRIMARY CONTACT 1 INFORMATION: Mother **Father** **Legal Guardian** **(Must provide LEGAL Documentation)**

Full Name _____

Relationship to Student _____
(Must Provide LEGAL Documentation if a Primary Contact is a Guardian)

Lives w/student Yes No _____
(If No, please include Address) (Number & Street) Town State Zip Code

Email Address _____ **Place of Employment** _____

Preferred Contact Method (choose one): Cell Phone Home Phone Work Phone

Check Box if you would like to OPT OUT of "All Call" Phone Alerts Text Messages Emails

Home Phone (___) ___ - ____ **Cell Phone** (___) ___ - ____ **Work Phone** (___) ___ - ____

PRIMARY CONTACT 2 INFORMATION: Mother **Father** **Legal Guardian** **(Must provide LEGAL Documentation)**

Full Name _____

Relationship to Student _____
(Must Provide LEGAL Documentation if a Primary Contact is a Guardian)

Lives w/student Yes No _____
(If No, please include Address) (Number & Street) Town State Zip Code

Email Address _____ **Place of Employment** _____

← **PLEASE SEE PAGE 2** →

Continued: PRIMARY CONTACT 2 INFORMATION:

Preferred Contact Method (choose one): Cell Phone Home Phone Work Phone

Shawsheen Valley Technical High School only reaches out as needed through "All Call" or "Text Message" Alerts.

Check Box if you would like to OPT OUT of "All Call" Phone Alerts Text Messages Emails

Home Phone (___) ___ - ___ Cell Phone (___) ___ - ___ Work Phone (___) ___ - ___

Emergency Contacts can Receive student(s) and will be contacted in the event of school emergency.

EMERGENCY INFORMATION

(Persons who agree to care for student if parent cannot be reached)

#1

Full Name _____

Address _____
Address (Number & Street) Town State Zip Code

Relationship _____ Phone (___) ___ - ___ Cell Phone Home Phone Work Phone

#2

Full Name _____

Address _____
Address (Number & Street) Town State Zip Code

Relationship _____ Phone (___) ___ - ___ Cell Phone Home Phone Work Phone

NOTES:

Please list the Full Names and Grades of other children currently at Shawsheen _____

In signing this form, the Primary Contact(s) is confirming that the information above is complete and accurate. Also giving the school the authorization to seek medical attention for the student if they or their designee cannot be reached in case of emergency. The responsibility for payment of emergency transportation and treatment is assumed by the parent.

Primary Contact 1 Signature

Primary Contact 2 Signature