



STUDENT VERIFICATION SHEET

- Hardwick Elementary School Hubbardston Center School New Braintree Grade School
- Oakham Center School Ruggles Lane School

Last Name: _____ First Name: _____ Middle Name: _____

Home Phone: _____ Gender: _____ Grade: _____

Physical Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Date of Birth: _____ City/Town of birth: _____ Native Language: _____

Do you give permission for the following:

	Y	N		Y	N
Internet/Network Use According to Acceptable Use Policy	<input type="checkbox"/>	<input type="checkbox"/>	Use of photo on Webpage	<input type="checkbox"/>	<input type="checkbox"/>
Use of student's photo in publications	<input type="checkbox"/>	<input type="checkbox"/>	Use of name on Webpage	<input type="checkbox"/>	<input type="checkbox"/>

Other children attending Quabbin Regional School District

Name(s)	Current School in QRSD)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Who has legal custody? Mother Father Guardian Other

Contact 1:

Name (incl. Maiden)		
Relationship:		
Physical Address:		
City, State, Zip:		
Mailing Address:		
City, State, Zip:		
Home Phone:		
Work Phone:		
Cell Phone:		
Primary email:		
Occupation:		
Employer Name:		
Contact lives with student <input type="checkbox"/>	Receive grade mailings <input type="checkbox"/>	Receive other mailings <input type="checkbox"/>
Contact may pick up student <input type="checkbox"/>	Receive conduct mailings <input type="checkbox"/>	Nutrikids Contact? <input type="checkbox"/>

Contact 2:

Name (incl. Maiden)		
Relationship:		
Physical Address:		
City, State, Zip:		
Mailing Address:		
City, State, Zip:		
Home Phone:		
Work Phone:		
Cell Phone:		
Primary Email:		
Occupation:		
Employer Name:		
Contact lives with student <input type="checkbox"/>	Receive grade mailings <input type="checkbox"/>	Receive other mailings <input type="checkbox"/>
Contact may pick up student <input type="checkbox"/>	Receive conduct mailings <input type="checkbox"/>	Nutrikids Contact? <input type="checkbox"/>

Emergency Contact 1:

Name:	
Relationship:	
Home Phone:	
Work Phone:	
Cell Phone:	

Emergency Contact 2:

Name:	
Relationship:	
Home Phone:	
Work Phone:	
Cell Phone:	

Doctor

Name:	
Relationship:	
Office Phone:	

Parent/Guardian Signature: _____ Date: _____