Rochester School Department Maple Street Magnet School Student Registration Form

Student Information: (please print, using black or blue ink) _____ M/F ____ DOB:____ Student Name: _____ (First) (Middle) (Last) Street Address: City ______ State ____ Zip ____ Home Phone _____ Mailing Address (if different from above) **Last School Attended / Current Rochester School:** Grade: **2012-13 GRADE** (School) (City) (State) Please list all students (and grade entering) in your household that you would like considered for enrollment in the Maple Street Magnet School: Student name & grade: Student name & grade: _____ Student name & grade: _____ Will your child(ren) require daily bus transportation? Yes ____ No ____ **Parent / Legal Guardian Information:** Address (if different than above) Address (if different than above) Phone: Work _____ Cell: _____ Phone: Work _____ Cell: _____ Email Address Email Address ____ Check here if Foster Parent. Where do natural parents reside? _____ I have read and agreed to the established guidelines pertaining to my student's enrollment at the Maple Street Magnet School (agreement/expectations are attached): (Parent / Guardian Signature) **Date Signed** _____ FOR OFFICE USE ONLY Date Received: Transportation Information

Please return to: Rochester School Department, 150 Wakefield Street, Suite 8, Rochester, NH 03867