



Portland Arts & Technology Student Emergency Forms

For Official Use Only	
New Enrollment	Birth Verification
Re-Enrollment	Proof of Residency
District Transfer	Immunization Record
COMPLETE FOR CENTRAL REGISTRATION: _____	
State ID _____	YOG _____
School ID _____	Grade _____

Student Name: First _____ Middle _____ Last _____

Student Street Address: _____ **Zip Code** _____

Nickname: _____ **Gender:** Male Female **Date of Birth (MM/DD/YR):** ____/____/____

With whom does the child live?

Both Parents Father Mother Guardian Step-father Step-Mother Group Home Foster Home
 Spurwink Residence Temporarily with a relative Other _____

Who has legal custody? _____
 Please provide in writing any custody issues/restrictions of which we should be aware.

Does the school have a copy of your court custody? Yes No, (If no, please provide a copy to the school)

Primary Household Information: (Student's Primary Residence) – Family has no phone: _____

Guardian's Name: _____ **Relationship to student:** _____

Place of Employment: _____ **Work #:** _____

Home #: _____ **Cell #** _____ **E-mail:** _____

Guardian's Name: _____ **Relationship to student:** _____

Place of Employment: _____ **Work #:** _____

Home #: _____ **Cell #** _____ **E-mail:** _____

Address: _____ **Apt/Floor:** _____

Mailing Address: _____ **Apt/Floor:** _____

Secondary Household Information: (Student's Secondary Residence, if applicable) No Phone: ___ No Address: ___

Guardian's Name: _____ **Relationship to student:** _____

Place of Employment: _____ **Work #:** _____

Home #: _____ **Cell #** _____ **E-mail:** _____

Guardian's Name: _____ **Relationship to student:** _____

Place of Employment: _____ **Work #:** _____

Home #: _____ **Cell #** _____ **E-mail:** _____

Address: _____ **Apt/Floor:** _____

Mailing Address: _____ **Apt/Floor:** _____

Emergency Contact: None available: _____

Contact's Name: _____ **Relationship to student:** _____

Daytime phone: _____ **Other phone:** _____

Address: _____

Contact's Name: _____ **Relationship to student:** _____

Daytime phone: _____ **Other phone:** _____

Address: _____

I hereby certify that I am the legal guardian for the above named student and have full custodial rights as prescribed by Maine State Law, and I further state that I am a legal resident of the City of Portland.

Parent/Guardian Signature: _____ **Date:** _____
