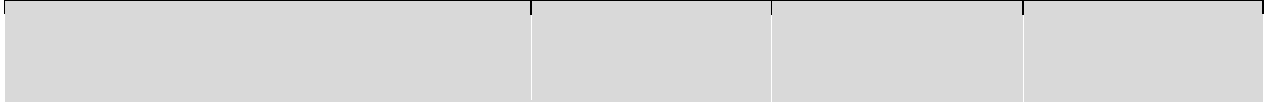

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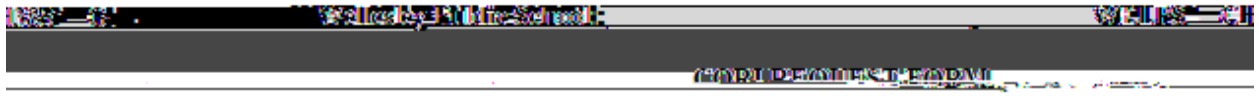


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WELLESLEY PUBLIC SCHOOLS
WELLESLEY, MA 02481



NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

REGISTRATION INFORMATION (Please Print) **REQUESTED INFORMATION**

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____ PREFIX _____
DOB: XXX / /

EMAIL ADDRESS _____ PHONE NUMBER _____
APT # or SUITE _____ STREET ADDRESS _____
STATE _____ ZIP _____ CITY _____

FORMER LAST NAME 1 _____ FORMER LAST NAME 2 _____ FORMER LAST NAME 3 _____ FORMER LAST NAME 4 _____ FORMER LAST NAME 5 _____

FATHER'S NAME: LAST NAME: _____ FIRST NAME: _____ MOTHER'S NAME: LAST NAME: _____ FIRST NAME: _____

RACE _____ AGE OF BIRTH _____

HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____ SEX: _____

****PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE****
