



Chilmark School

Up-Island Regional School District
8 State Road
PO Box 60
Chilmark, MA 02535

Susan O. Stevens, Principal
Mary L. Kuh-Ambulos, Secretary
508 645-2562 phone
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Chilmark School Student Registration

Child's name: _____ Gender: _____
 First Middle Last

Place of Birth: _____ Date of Birth: _____

Race: American Indian or Alaskan Native _____ Asian Pacific Islander _____ Black _____
 White _____ Hispanic: _____

Father's Name: _____

Occupation: _____

Mother's name: _____

Occupation: _____

Place of Birth: _____ Place of Birth: _____

Guardian: _____ Guardian Address: _____
(if different from parent)

Child's Physical Address: _____

Child's Mailing Address: _____

Home Phone Number: _____

Daytime or cell number: Mother: _____ Father: _____

E mail Address: _____

Other children in Family:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Previous School Experience: _____

Current Preschool/Daycare/Other: _____

Bus Student: Yes _____ No _____

Where children come together, to live, to love, to learn.