



# Parent(s)/Guardian(s) Pre-registration Certification Form

## Parent(s)/Guardian(s) Information

Name		Relationship	
Current Address			
Expected Dates of Residency at Current Address			
Home Phone	Cell Phone	Email Address	
Employer		Work Phone	
Previous Address			Country
Do you own a motor vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, is the motor vehicle registered in the City of Boston? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If No, please explain _____			
_____			

## I have legal custody of the following children who will reside with me at the above address:

Name		Date of Birth	
Previous School			
Grade Level Completed		Date of Withdrawal	

Name		Date of Birth	
Previous School			
Grade Level Completed		Date of Withdrawal	

Name		Date of Birth	
Previous School			
Grade Level Completed		Date of Withdrawal	

Name		Date of Birth	
Previous School			
Grade Level Completed		Date of Withdrawal	

### 1. The student(s) keep(s) his/her personal possessions at the address listed in this certification.

Yes  No  If No, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 2. The student(s) return(s) to the address listed in this certification at the end of each school day and spend(s) the evening/night.

Yes  No  If No, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. The student(s) receive(s) his/her mail at the address listed in this certification.**

Yes  No  If No, please explain \_\_\_\_\_

**4. The student(s) stay(s) at the address listed in this certification over weekends, holidays, and vacation periods.**

Yes  No  If No, please explain \_\_\_\_\_

**For Students in Grades 9 - 12**

**5. Does the student own a motor vehicle?**

Yes  No

**6. If Yes, is the motor vehicle registered in the City of Boston?**

Yes  No  If no, please explain \_\_\_\_\_

I swear under pains and penalties of perjury that the answers above are true and accurate.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**COMMONWEALTH OF MASSACHUSETTS, MIDDLESEX, SS.**

Subscribed and sworn to me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
(Please print or stamp name)

Notary Seal