

WESTFORD PUBLIC SCHOOLS  
2010 STREAMS PROGRAM  
REGISTRATION FORM

**STUDENT NAME** \_\_\_\_\_

**STUDENT 2009-2010 GRADE LEVEL (CIRCLE ONE)**

KINDERGARTEN PRE-FIRST FIRST SECOND THIRD FOURTH FIFTH

**STUDENT SCHOOL (CIRCLE ONE)**

Nabnasset Miller Robinson Abbot Crisafulli Day

**STUDENT ADDRESS:**

Street: \_\_\_\_\_

Town: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**PARENT INFORMATION:**

Mother Name: \_\_\_\_\_

Mother Phone Number: \_\_\_\_\_

Mother E-mail Address: \_\_\_\_\_

Father Name: \_\_\_\_\_

Father Phone Number: \_\_\_\_\_

Father E-mail Address: \_\_\_\_\_

<b>STUDENT PARTICIPATION INFORMATION:</b>	YES	NO	UNSURE
A) Currently my child has an Individualized Education Program (IEP)			
B) My child has a 504 Accommodation Plan			
C) During the 2009-2010 school year my child worked with a Reading Resource Facilitator (RRF)-			
D) During the 2009-2010 school year my child worked with a Math Resource Facilitator (MRF)-			
E) During the 2009-2010 school year my child worked with a Literacy Specialist-			
F) During the 2009-2010 school year my child was in Reading Recovery (Grade One Program)			
G) My child receives support from the English As Second Language Teacher-			
H) Currently my child has an academic tutor outside of school			
I) My child currently qualifies for Free Lunch			
J) My child currently qualifies for Reduced Lunch-			
Is there other information you want to share relative to your child's STREAMS class placement (if so, use the space below).			

\$100 Non-Refundable **Registration Fee due no later than 3/12/10**; Checks payable to: Westford Public Schools (place "STREAMS 2010" in memo section); send to: Westford Public Schools, c/o Hilary Langille, 23 Depot Street, Westford, MA 01886.

**\$225. Balance due no later than 4/26/10 payable as noted above and send to same address.**