



**Boston Buddhist Vihara**  
(NEBV & MC)  
**Dhamma School**

162 Old Upton Road, Grafton, MA 01519  
Tel: 508-839-5038 Email: bostonbuddhistvihara@gmail.com

**Student Registration Form**

Please submit one form for every child at time of registration

Name of Student \_\_\_\_\_ (First) \_\_\_\_\_ (MI)

\_\_\_\_\_ (Last)

Date of Birth \_\_\_\_\_  
(MM/DD/YY)

Male

Female

Home Address \_\_\_\_\_

(Street/Apt #)

\_\_\_\_\_  
(City, State, Zip)

Name of Parent/Guardian \_\_\_\_\_

\_\_\_\_\_

Telephone- (Home) \_\_\_\_\_

\_\_\_\_\_

(Cell) \_\_\_\_\_

\_\_\_\_\_

Emergency Contact \_\_\_\_\_

(Other than parent/s)

(Name) \_\_\_\_\_

(Phone) \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Signature of parent/ Guardian \_\_\_\_\_

Date: \_\_\_\_\_

-----FOR OFFICE USE ONLY-----

|                             |                               |
|-----------------------------|-------------------------------|
| Student Registration Number | Level /Class Assigned         |
| Date of admission           | Signature of accepting member |