

REGISTRATION FORM
Waterford Public Schools
Waterford, Connecticut 06385

For Office Use Only

School: _____ State Assigned Student ID Number: _____

**** PLEASE PRINT CLEARLY ****

STUDENT INFORMATION

Registration Date: _____ Anticipated Date of Entry: _____

Student's Name: _____
Last First Middle Suffix (Jr., III, etc.)

Gender: Male Female

Race/Ethnicity: **This information is required by the Federal Government and the State of Connecticut.**
Please answer both questions. See addendum for definitions.

1. Is the respondent Hispanic/Latino? Yes No
2. Is the respondent from one or more races using the following (choose all that apply):
 American Indian or Alaskan Native Asian White
 Black or African American Native Hawaiian or Pacific Islander

Date of Birth: _____ Place of Birth: _____

Birth Certificate Received: _____ (attach copy)

RESIDENCE INFORMATION

Street: _____ Telephone: _____

Town: _____ Affidavit Required: Yes No

Who does student reside with? Parent #1 Parent #2 Both Parents Guardian

Is student a U.S. Citizen? Yes No

If no, what is his/her authorization for lawful resident in the U.S. (i.e. visa, temporary, other)?
_____ (attach copy)

Is the student identified as homeless or migrant according to the Federal definition under NCLB? Yes No

DOMINANT LANGUAGE INFORMATION

What is the first language your child learned to speak? English Other: _____

What is the language spoken by the adults in the home? English Other: _____

What language does the child speak at home? English Other: _____

PARENT/GUARDIAN INFORMATION

Parent #1: _____ Employer: _____
Address: _____ Employer's Address: _____
Telephone: Home: _____ Cell: _____ Work: _____
Email Address: _____ Military Affiliation: Yes No

Parent #2: _____ Employer: _____
Address: _____ Employer's Address: _____
Telephone: Home: _____ Cell: _____ Work: _____
Email Address: _____ Military Affiliation: Yes No

(if applicable)

Guardian's Name: _____ Employer: _____
Address: _____ Employer's Address: _____
Telephone: Home: _____ Cell: _____ Work: _____
Email Address: _____ Relationship: _____

CUSTODY INFORMATION

In the case of a single parent family where one parent is the custodial parent, or if a foster parent is involved; please answer the following questions AND **provide court documentation**.

Who has legal custody of the child? _____

Is there other pertinent information, such as restraining orders and parental access orders, which the school system should be aware of? If so, please list and attach copies as needed.

Correspondence is to be addressed to: Parent #1 Parent #2 Guardian Surrogate Parent

Surrogate Parent Name/Address: _____

EMERGENCY CONTACT(S)

Local person(s) who have agreed to care for the student when parent cannot be reached.

Name: _____ Name: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

EDUCATIONAL BACKGROUND

Name and address of previous school: _____

Previous grade placement: _____ Has the student been retained? Yes In what grade? _____ No

Sending school's recommended grade placement for this school year: _____

Has the student officially withdrawn from previous school? Yes Date: _____ No

Has the student been identified as Talented and Gifted in a previous district? Yes No

Has the student attended school in Waterford before? Yes No

If yes, when did the student attend? _____ Which school? _____

Did the student attend Waterford Public Schools' Early Childhood screening process? Yes No

If no, was Early Childhood screening done in another district? Yes District: _____ No

Did the student attend *nursery school* or *preschool*? (does not include daycare) Yes No

If yes, name of school: _____

SIBLING INFORMATION

Other siblings attending school:

Name	Male/ Female	Birth date	Grade	Name of School	Date Entered

Other siblings *not* attending school:

Name	Male/ Female	Birth date

MEDICAL INFORMATION / PERMISSION

Family Physician: _____

Telephone: _____

If your child has had any health problems and/or is taking medication, have you discussed these issues with the school nurse? Yes No

If No, please discuss with the nurse as it is in your child’s best interest to have the nurse aware of this important information.

Before any prescription medication can be given at school, the “Authorization for Administration of Medication by School Personnel” form must be signed by the physician and the parent, and then presented to the school.

I agree that in the case of an emergency, permission is granted to transport my child to the nearest hospital.

I understand my signature indicates all information presented on this form is true and correct including educational, medical, and residential information. It is also understood the school administration may need to verify this data.

PARENT/ GUARDIAN SIGNATURE

DATE

Addendum

WATERFORD PUBLIC SCHOOLS

Student Registration Form
Race/Ethnicity Codes

According to the Federal No Child Left Behind Act of 2001, all students must be assigned to a racial/ethnic subgroup for analysis purposes. The collection of this data utilizes a two-part question.

If a parent or student does not select at least one race/ethnicity category, appropriate school personnel will select the category for the student, and initial it in the presence of the parent.

If a student is identified as Hispanic/Latino, they must also select a race. The Federal Government would like to afford Hispanic/Latino populations the opportunity to better describe themselves according to their culture and heritage. If a parent or student does not select a race, appropriate school personnel will select the category for the student, and initial it in the presence of the parent.

Definition of Race and Ethnic Categories

Category	Definition
Hispanic/Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Black/African American	A person having origins in any of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.