



WATERFORD PUBLIC SCHOOLS

15 Rope Ferry Road ♦ Waterford, Connecticut 06385

Phone (860) 444-5801 ♦ Fax (860) 444-5870

Mr. Thomas W. Giard III
Superintendent

Mr. Craig C. Powers
Assistant Superintendent

REGISTRATION FORM

****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

Date of Birth: _____

RESIDENCE INFORMATION

Street: _____ Telephone: _____

Town: _____

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

Is the student homeless? Yes No

Notice Regarding Homeless Students:

The Waterford Public Schools will work with all students experiencing homelessness to make sure they are enrolled in school, even if they do not have the required documents or cannot provide the information listed herein. If you are a student, or the parent or guardian of a student, who is homeless, and have questions or concerns about enrolling for school, please speak with our enrollment staff or contact the Waterford Public Schools' Homeless Liaison, Kathy Vallone, at 15 Rope Ferry Road, Waterford, CT 06385, (860)444-5802, kvallone@waterfordschools.org.

Student Name _____
SASID _____

PARENT/GUARDIAN INFORMATION

Contact #1: _____

Address: _____

Telephone: Home: _____ Cell: _____ Work: _____

Email Address: _____ Military Affiliation: Yes No

Contact #2: _____

Address: _____

Telephone: Home: _____ Cell: _____ Work: _____

Email Address: _____ Military Affiliation: Yes No

Contact #3: _____

Address: _____

Telephone: Home: _____ Cell: _____ Work: _____

Email Address: _____ Military Affiliation: Yes No

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Has the student officially withdrawn from previous school?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 attended school in Waterford before? Yes No

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

SIBLING INFORMATION - Other siblings attending school:

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