

PRESTON PUBLIC SCHOOLS
Student Registration Form for Grades PK-8 (New Enrollments)

SASID _____	Student ID _____	Start Date _____
OFFICE USE ONLY		

STUDENT NAME _____ Female: Male
(Last) (First) (Middle)

Address _____
(Street) (Town) (State) (Zip Code)

Date of Birth _____ Place of Birth _____ Home Phone _____
(Town/ City) (State)

Parent's Email address _____ 2nd Email address _____

Grade _____ School last attended _____
(School) (Town, State)

Mother/Guardian _____ Cell Phone _____

Place of employment/Occupation _____ Work Phone _____

Father/Guardian _____ Cell Phone _____

Place of employment/Occupation _____ Work Phone _____

Father or Mother's address if different than child's _____

Student residing with _____
First Name Last name Relationship

Please explain any custodial arrangements _____

Members of the household other than Parents/Guardians:

Name	Relationship to pupil	Living a home?	Grade Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Military Family: No Yes If yes, is it full time active duty and what branch of Armed Forces? _____

Emergency Information

Other names and phone numbers of people who know how to contact you, or people who have permission to pick up/ receive your child if you cannot be reached:

Name _____ Relationship _____ Phone # _____

This person has permission to pick up/receive my child _____yes _____no

Name _____ Relationship _____ Phone # _____

This person has permission to pick up/receive my child _____yes _____no

Name _____ Relationship _____ Phone # _____

This person has permission to pick up/receive my child _____yes _____no

Please list best phone number(s) for:

-Reaching you during the day: 1st _____, 2nd _____

-Our automated messaging service: _____, _____

Immigrant Status: ___ Born in the US ___ Not born in the US; If not, where was child born: _____

If **not** born in the US, has the child attended school in the United States for 3 years or more? ___ Yes ___ No

If no, where was the child enrolled: _____
Name of School City, State, Country

What is the primary language spoken in the home, regardless of the language spoken by the student?

What is the language most often spoken by the student? _____

What is the language the student first acquired? _____

Federally Mandated Race and Ethnicity Information

Ethnicity: Hispanic or Latino ___ Yes ___ No

Race: ___ American Indian/Alaska Native ___ Asian ___ Native Hawaiian/Pacific Islander ___ Black or Native American ___ White ___ Other _____

Health Information

A copy of child's immunizations and a copy of a current physical examination is attached _____ Yes ___ No

Significant health, social or religious restrictions to be observed: _____

Educational Information

DOES YOUR CHILD HAVE AND IEP, 504 AND OR RECEIVE SPECIAL SERVICES? ___ NO ___ YES

If yes, please indicate services received _____

Field Trip/School Activities

I give my child permission to participate in all school field trips and school activities. I understand that I will be notified in advance of all such events.

(Parent/Guardian Signature)

(Date)

In the event of an emergency, I give permission for my child to receive emergency care and be transported to a hospital.

(Parent/Guardian Signature)

(Date)

I give my permission to the PRESTON PUBLIC SCHOOLS to take pictures, slides and/or video tapes of my child which may be used on the district web page and in presentations for the purpose of describing and explaining the school program to parents, faculties and other community and professional organizations. I understand that if my child's picture is taken, his/her name will not be used in any discussion or presentation.

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Signature)

(Date)

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HEALTH INFORMATION

Student Name _____ Grade _____

Student's Health Care Provider _____ Phone # _____

Date of last physical _____ Date of last visit _____ Date of last Dental visit _____

Does student have health insurance? ____ yes ____ no Name of Insurance _____
(insurance information required by Connecticut State Law)

This student may participate in all activities, including physical education ____ Yes ____ No If no, please explain:

Medication: Please list any medication this student may be taking before, during or after school:

Medication name	Dose	When taken	Condition for which medication is taken
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Please note: Medication may be taken at school only after a Medication Authorization Form is completed by a doctor and signed by the Parent/Guardian.

MEDICATION MUST BE TRANSPORTED TO SCHOOL BY ADULTS ONLY!!

Does this student:	YES	NO	
Have Asthma?	_____	_____	
Get nosebleeds easily?	_____	_____	
Have a hearing problem?	_____	_____	
Have a vision problem?	_____	_____	Last eye examination _____
Wear glasses?	_____	_____	(Date)
Wear contacts?	_____	_____	
Have an allergy to bee/insect stings?	_____	_____	
Is there any other condition we should be aware of?	_____	_____	

Please fully explain any YES answers: _____

In the past year has this child: Had Chicken Pox? _____ Been hospitalized or seriously injured _____
(Date) (Date)

Please explain hospitalization /injury or any health concern: _____

If necessary, the School Nurse may contact my child's health care provider regarding medication or health conditions noted above. In the event of an emergency, I give permission for my child to receive emergency care and be transported to a hospital. I understand that in the event of an emergency, every effort will be made to reach me.

I hereby attest that the information I have provided is true and accurate.

Signature of Parent/Guardian _____ Date _____