

**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 \_\_\_\_\_ 2<sup>nd</sup> 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: 1<sup>st</sup> \_\_\_\_\_, 2<sup>nd</sup> \_\_\_\_\_

-Our automated messaging service: \_\_\_\_\_

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? \_\_\_\_\_

**Educational Information**

DOES YOUR CHILD HAVE AND IEP, 504 AND OR RECEIVE SPECIAL SERVICE? No Yes If yes, please

indicate services received:

**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: \_\_\_\_\_

**By checking the box below, I consent to the use of electronic signatures.**

**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, yearbook 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)

**PRESTON PUBLIC SCHOOLS**  
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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: \_\_\_\_\_

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 \_\_\_\_\_