

SHELTON PUBLIC SCHOOLS – REGISTRATION FORM

OFFICE USE ONLY

STUDENT ID#:

ENTER DATE: / /

| | | |
|-------------|-----------|------------|
| School: | Grade: | Homeroom: |
| HR Teacher: | House: | Counselor: |
| Bus a.m.: | Bus p.m.: | Stop: |

STUDENT'S LEGAL NAME:

LAST

FIRST

MIDDLE

MALE **FEMALE**

Has your child been a student in the Shelton School System before: Yes No

If yes, what most recent school did your child attend? BH ES LH MOH SS PH SIS SHS

Expected entry grade: K 01 02 03 04 05 06 07 08 09 10 11 12

HOME ADDRESS:

HOME TEL: (_____) _____ - _____ **D.O.B.** ____/____/____

Is the student Hispanic or Latino? Yes No

Is the student from one or more of these races? (Choose all that apply)

| | | | | |
|-------------------------------------|--------------------------|------------------------------|--|--------------------------|
| American Indian or Alaska Native | Asian | Black or African American | Native Hawaiian or Other Pacific Islander | White |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Student resides with: Mother Father Grandparent Foster parent Stepmother Stepfather Legal Guardian

Student's Legal Guardian: Mother Father Grandparent Foster parent Stepmother Stepfather Legal Guardian

| | | | |
|--|--|-----------------------------|---------------|
| Name Parent/Guardian 1: | | Relationship: | Home#: |
| Address: (if different) | | Daytime#: | Cell#: |
| Email Address: | | Place of Employment: | |
| Name Parent/Guardian 2: | | Relationship: | Home#: |
| Address: (if different) | | Daytime#: | Cell#: |
| Email Address: | | Place of Employment: | |
| Legal Guardian: (if different from above) <small>DOCUMENTATION REQUIRED</small> | | Relationship: | Home#: |
| Address: (if different) | | Daytime#: | Cell#: |
| Email Address: | | Place of Employment: | |

REGISTRATION FORM – PART 2

List the names of all brothers and sisters in the SHELTON SCHOOL SYSTEM

LEGAL NAME/S:

PLEASE CIRCLE ONE:

| | |
|--|----------------------------|
| | BH ES LH MOH SS PH SIS SHS |
| | BH ES LH MOH SS PH SIS SHS |
| | BH ES LH MOH SS PH SIS SHS |

Place of Birth: _____ **Verify:** Birth Certificate Passport Visa

City **State** **Country**

U.S. Citizen: Yes No *If no, documentation required.*

Military Family: Does your child have a parent/guardian that is a member of the Armed Forces on active duty or serves on full-time National Guard duty? Yes No

Did your child attend: Head Start Nursery School Licensed Day Care Public Preschool Private Preschool

What school did your child last attend?

Address:

Has the student received any special education services? Yes No

(IEP services such as: speech language, occupational therapy, physical therapy)

Is the student receiving any 504 services? Yes No **If yes to either of the two previous questions, where?**

Student's Doctor:

Phone:

Address:

Hospital Preference:

Names of relatives or neighbors we may call who are willing to assume responsibility for your child if we are unable to contact you:

First Contact:

Relationship to Student:

Phone:

Second Contact:

Relationship to Student:

Phone:

Does your child have any medical conditions which may require special or emergency treatment?

Yes No (IF YES, contact the school nurse.)

By my signature below, I certify that all questions have been answered truthfully. If information concerning residence proves to be invalid, the guardian/parent signee will be responsible for payment in full of all education costs.

Signature of parent or guardian:

Date:
