

**FIELDS MEMORIAL SCHOOL
KINDERGARTEN REGISTRATION
2020-2021**

DATE: _____

NAME OF STUDENT: _____
LAST FIRST MIDDLE

ADDRESS: _____ HOME PHONE: _____
 _____ SOCIAL SECURITY NO.: _____
CITY STATE ZIP

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____
Mo. Day Yr. Birth Certificate No.

AGE IN YEARS AS OF AUGUST 31, 2020 _____

FATHER: _____
Last First Middle

FATHER'S EMPLOYMENT: _____
Place Address Phone No.

MOTHER: _____
Last First Middle

MOTHER'S EMPLOYMENT: _____
Place Address Phone No.

LEGAL GUARDIAN: _____
 (other than parent) Last First Middle

GUARDIAN'S EMPLOYMENT: _____
Place Address Phone

WITH WHOM DOES CHILD LIVE?

Mother & Father Mother & Stepfather Father & Stepmother
 Mother Father Other (please specify): _____

OTHER CHILDREN IN FAMILY:

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship to Pupil</u>	<u>Living at Home</u> (Yes or No)	<u>School Attending</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PREVIOUS HOME ADDRESS: _____

PLEASE INDICATE WHERE YOU MAY BE REACHED BY TELEPHONE BETWEEN THE HOURS
OF 8:00 AM AND 3:00 PM:

TELEPHONE NUMBER

BOZRAH PUBLIC SCHOOLS

PROOF OF RESIDENCY REGULATIONS

Before any student is assigned or invited to attend Bozrah Public Schools, the student's parent or legal guardian* must prove legal residence in the Town of Bozrah. Families whose primary residence is outside of Bozrah are not eligible to attend Bozrah Public Schools.

Effective immediately, all applicants must submit at least **three** proofs of residency. These documents also will be required for any change of address.

Documents must be pre-printed with the name and address of the student's parents or guardian* and must be presented at Fields Memorial School

All applicants must present to the Principal one document from each of the following columns:		
Column A	Column B	Column C
<p>Copy of Deed AND record of most recent mortgage payment</p> <p>Copy of Lease AND record of most recent rent payment</p> <p>Legal affidavit from landlord affirming tenancy AND record of most recent rent payment</p>	<p>A utility bill dated within the past 60 days, including:</p> <p>Gas bill</p> <p>Oil bill</p> <p>Electric bill</p> <p>Home telephone bill</p> <p>Cable bill</p> <p>Cell phone bill</p>	<p>Valid drivers license</p> <p>Current vehicle registration</p> <p>Valid Connecticut photo identification card</p> <p>Valid passport</p> <p><i>Dated within the past year:</i></p> <p>W-2 form</p> <p>Excise (vehicle) tax bill</p> <p>Property tax bill</p> <p><i>Dated within the past 60 days:</i></p> <p>Payroll stub</p> <p>Bank or credit card statement</p>

**Legal guardianship requires additional documentation from a court or agency.*

Principal's Signature

Date

STUDENT DATA SHEET

DATE: _____

STUDENT'S NAME: _____ GR. _____

HOME ADDRESS: _____ D.O.B. _____

HOME PHONE NUMBER: _____

PARENT'S NAME (1): _____ PARENT'S NAME (2): _____

PARENT'S ADDRESS (1): _____

PARENT'S PLACE OF EMPLOYMENT (1): _____

PARENT'S ADDRESS (2): _____

PARENT'S PLACE OF EMPLOYMENT (2): _____

PARENT'S HOME PHONE (1): _____ WORK #: _____ CELL #: _____

PARENT'S HOME PHONE (2): _____ WORK #: _____ CELL #: _____

PARENT'S EMAIL (1): _____ PARENT'S EMAIL (2): _____

DAYCARE PROVIDER: (if applicable) NAME: _____

ADDRESS: _____ PHONE: _____

WITH WHOM DOES THE CHILD LIVE?

- Mother & Father
- Mother & Stepfather
- Father & Stepmother
- Mother
- Father
- Other (please specify): _____

THE FOLLOWING PEOPLE HAVE MY PERMISSION TO PICK UP MY CHILD AT FMS IN THE EVENT OF AN ILLNESS OR EMERGENCY. (Please prioritize the list.)

<u>NAME</u>	<u>RELATIONSHIP TO CHILD</u>	<u>PHONE NO.</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

IN THE EVENT OF A 9-1-1 EMERGENCY, STUDENT WILL BE TRANSPORTED TO WILLIAM W. BACKUS HOSPITAL.

CHILD'S DOCTOR'S NAME & PHONE NO.: _____

CHILD'S DENTIST'S NAME & PHONE NO.: _____

PARENT/GUARDIAN SIGNATURE: _____

**FIELDS MEMORIAL SCHOOL
KINDERGARTEN REGISTRATION – STUDENT HISTORY**

DATE: _____

NAME OF STUDENT: _____ AGE: _____ DOB: _____

Father's Occupation: _____ Mother's Occupation: _____

1. Were there any complications at birth or soon after? _____

2. Is there a history of ear infections/hearing problems? _____

Type of treatment? _____

3. Bee sting/other allergies? _____ Medications? _____

4. Any other significant illness: _____

5. Is there a history of learning problems in the family? _____

6. Have you had any concerns regarding your child's speech? _____

7. Were there any problems at time of toilet training? _____

Bed wetting presently? _____

8. Hand preference? _____

9. Child's favorite activities? _____

10. Who lives in the home? _____

_____ Older brother

_____ Older sister

_____ Younger brother

_____ Younger sister

11. Who are your child's playmates? (younger, older, same age) _____

12. Who are the other important people in your child's life? (i.e., grandparents, etc.) _____

13. Did/does your child regularly attend a preschool or daycare program? _____

If yes, where? _____ When? _____

FIELDS MEMORIAL SCHOOL

P.O. Box 185, Bozrah, CT 06334 PH (860) 887-2561 FX (860) 889-2715

John J. Welch, Ed.D.
Superintendent

Catherine Dowler
Principal

Eileen Hargreaves
Director of Special Education

Information provided on this questionnaire will be shared with appropriate staff as stated in the *Family Educational Rights & Privacy Act (FERPA)*. There are two sides to this form.

Pupil's Name: _____ Grade _____

Name of Physician, Dentist and Specialist: _____

1. Does your child have any of the following conditions? If yes, please explain in detail:

Food allergies No _____ Yes (which) _____

Reaction _____

Medication Allergies No _____ Yes (which) _____

Reaction _____

Bee Sting Allergies No _____ Yes/Reaction _____

Latex Allergy No _____ Yes/Reaction _____

Other Allergies No _____ Yes (which)/Reaction _____

Does your child have an EpiPen ordered from a physician? No _____ Yes _____

What is the EpiPen for (which allergy)? _____

Asthma No _____ Yes _____

Inhaler No _____ Yes _____ Home, school, or both _____

Diabetes No _____ Yes _____ Insulin _____

Seizures No _____ Yes _____

Heart Condition No _____ Yes _____

Urinary Condition No _____ Yes _____

Skin Disorder No _____ Yes _____

Please complete the reverse side

Please explain any "Yes" answers

Speech Difficulties No _____ Yes _____

Hearing Difficulties No _____ Yes _____

Vision Difficulties No _____ Yes _____

Scoliosis No _____ Yes _____ Under doctor's care for Scoliosis _____

2. List any serious illness, injury or surgery our child has had during the past year.

3. List all medications, herbal preparations, and vitamins your child takes routinely or on an emergency basis.

4. If there is any other medical information about your child that you would like the nurse to know, please indication here:

5. Does your child have health insurance? Yes _____ No _____

Signature of Parent/Guardian

Date

Daytime Telephone Numbers: Mother _____ Father _____

FIELDS MEMORIAL SCHOOL
KINDERGARTEN
TRANSPORTATION INFORMATION

NAME OF STUDENT _____ SCHOOL YEAR _____

Please check one:

My child will be picked up from home and dropped off at home each day unless I otherwise indicate.

My child will be transported from/to daycare:

AM Pickup Address (specify): _____

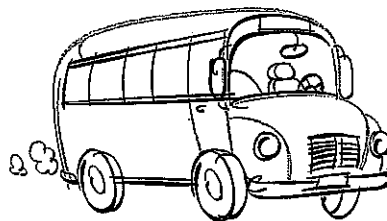
Drop off Address:

Same as above

Different (specify): _____

Signature: _____ Date: _____

Please note: all requests for transportation changes must be made in writing to the school.



FIELDS MEMORIAL SCHOOL

Dear Parent/Guardian:

This assessment is needed to determine if a language other than English is the dominant language used in your home.

This information is required by all State School Districts under the Bilingual Education Law and will help to determine if a need exists to establish a bilingual education program for non-English speaking Bozrah students.

CHILD'S NAME: _____

1. What language did your child learn to speak first?

2. What is the primary language spoken by you or other persons residing in your home?

3. What is the primary language spoken by your child when he/she is at home?

Parent/Guardian Signature: _____

Date: _____

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John J. Welch, Ed.D
Superintendent

Catherine A. Dowler
Principal

Eileen Hargreaves
Director of Special Education

Dear Parents and Guardians:

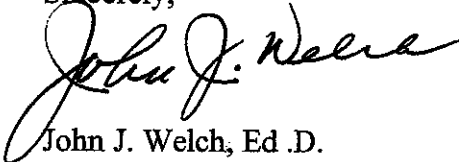
I am writing to inform you about regulations from the U.S. Department of Education (USDE) regarding the mandated collection of data on race and ethnicity for public school students. The USDE has developed a new way to collect and report race and ethnicity, which includes new racial and ethnic categories.

These new categories were developed in order to provide a more accurate picture of the nation's ethnic and racial diversity. This will provide the opportunity for individuals to be more accurately identified in racial and ethnic classifications, and in more than one racial category. In the past, you were allowed to choose only one race for your child.

We are asking parents and guardians to complete the brief form on the reverse side of this letter in order to update the information on their child's/children's race and ethnicity. These data will be used, as in the past, for example, to comply with federally-mandated reporting requirements. It is important to note however, your individual child's data will not be released.

If you have any questions about the collection of race and ethnicity data, please contact Mrs. Catherine Dowler, Principal at (860) 887-2561.

Sincerely,



John J. Welch, Ed .D.
Superintendent

Student Race and Ethnicity Questionnaire

Please answer the following questions about your child/children in the table below: 1) Is your child Hispanic/Latino, yes or no? and 2) What is your child's race? Check all that apply. Please note that you may refuse to answer these questions, but in this event a school district staff member will need to make the identification for you.

Child's Name	Is this child Hispanic/Latino? (check only one)		What is the child's race? (Check one or more, even if you answered "Yes" to the Hispanic/Latino question)				
	YES	NO	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White

Parent or Guardian Signature: _____

Definitions: **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 Philippines Islands, Thailand and Vietnam. **Black or 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.