

Region 15 Student Registration Form

Student Information

Last Name: <input style="width: 90%;" type="text"/>	First Name: <input style="width: 90%;" type="text"/>	Middle Name: <input style="width: 90%;" type="text"/>	"Nick name" (if applicable): <input style="width: 90%;" type="text"/>
Home Phone: <input type="checkbox"/> unlisted <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>	Sex: <input type="radio"/> Male <input type="radio"/> Female	Current Grade: <input style="width: 80%;" type="text"/>	
Is there a current 504 plan?: <input type="radio"/> Yes <input type="radio"/> No	Birthdate: (mm/dd/yyyy) <input style="width: 80%;" type="text"/>	Ethnicity: Is the Student Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No	
Special Education?: <input type="radio"/> Yes <input type="radio"/> No	Verification of Birthdate: <input type="radio"/> Yes <input type="radio"/> No	Race: You may select more than one race.	
If in Special Education, is there a current IEP? <input type="radio"/> Yes <input type="radio"/> No	Document Provided: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> White	

Student Primary Address: Street Address <input style="width: 90%;" type="text"/> Address (cont.) <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 90%;" type="text"/> Zip Code <input style="width: 30%;" type="text"/>	Mailing Address (if different from primary address): Street Address <input style="width: 90%;" type="text"/> Address (cont.) <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 90%;" type="text"/> Zip Code <input style="width: 30%;" type="text"/>
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Student Resides With: <input type="radio"/> Parents <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Mother/Stepfather <input type="radio"/> Father/Stepmother <input type="radio"/> Foster Parent(s) <input type="radio"/> Grandparent(s) <input type="radio"/> Guardian(s) (specify relationship): <input style="width: 80%;" type="text"/>	Brother/Sister Family Information: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name:</th> <th style="width: 15%;">Birthdate:</th> <th style="width: 25%;">Enrolled?</th> </tr> </thead> <tbody> <tr> <td><input style="width: 90%;" type="text"/></td> <td><input style="width: 80%;" type="text"/></td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td><input style="width: 90%;" type="text"/></td> <td><input style="width: 80%;" type="text"/></td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td><input style="width: 90%;" type="text"/></td> <td><input style="width: 80%;" type="text"/></td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td><input style="width: 90%;" type="text"/></td> <td><input style="width: 80%;" type="text"/></td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td><input style="width: 90%;" type="text"/></td> <td><input style="width: 80%;" type="text"/></td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> </tbody> </table>	Name:	Birthdate:	Enrolled?	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
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Previous School Information

Last School Attended: <input style="width: 90%;" type="text"/> Street Address <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 90%;" type="text"/> Zip Code <input style="width: 30%;" type="text"/> Phone <input style="width: 90%;" type="text"/> Fax <input style="width: 90%;" type="text"/>	Date Left: <input style="width: 80%;" type="text"/> Last Grade Completed: <input style="width: 80%;" type="text"/> Grades Repeated (if any): <input style="width: 80%;" type="text"/> Did your child attend daycare or preschool? <input type="radio"/> Yes <input type="radio"/> No
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J qo g Language Survey:

What k'u'j g'r tlo ct { 'rcpi wci g'wugf 'kp'vj g'j' qo g.'tgi ctf rguu'qh'vj g'rcpi wci g'ur qngp'd { 'vj g'uwwf gpv?

What is the rcpi wci g'o quv'qhwgp'ur qngp'd { 'vj g'uwwf gpv?

What is the rcpi wci g'vj g'uwwf gpv'ht uv'ces wkt gf?

Primary Language (office use only)

Family Information:

Have you been granted legal custody of this child through court procedure? (If yes, we request a copy of the court decree for our files for the protection of your child from non-custodial parents.)

Yes No

Resides With (first adult)

Full Name:

Street Address:

City:

State:

Zip Code:

Relation to Student:

Home Phone #:

Cell Phone #:

Email:

Employer:

Occupation:

Work Phone #:

Resides With (second adult if applicable)

Full Name:

Street Address:

City:

State:

Zip Code:

Relation to Student:

Home Phone #:

Cell Phone #:

Email:

Employer:

Occupation:

Work Phone #:

Non-resident Parent (if applicable):

Full Name:

Street Address:

City:

State:

Zip Code:

Relation to Student:

Home Phone #:

Cell Phone #:

Email:

Employer:

Occupation:

Work Phone #:

Ki'vj g'e'j kf au'r ctgpv'qt'i wctf kcp'c'o go dgt'qh'vj g'Cto gf 'Hqtegu'qp'ce'x'g'f w'f' 'qt'ugt'x'kpi 'qp'hw'm'wko g'P'c'v'k'p'c'ri' wctf 'F'w'f' A

.....[gu'.....]P q

Health, Medical and Emergency Contact Information

Is there any medical information concerning your child that we should know that will assist us in planning his/her program? (allergies, etc.)

Student's Physician Name:	Phone#:	Choice of Hospital:
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	
Student's Dentist:	Phone#:	
1. <input type="text"/>	<input type="text"/>	

Local Emergency Contacts (other than parents/guardians):				
Name:	Relationship:	Home Phone#	Work Phone#	Cell Phone#
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Information (OFFICE USE ONLY)

Verification of Residency:					
<input type="checkbox"/> Mortgage	<input type="checkbox"/> Rental Agreement	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Bill of Sale (date): <input type="text"/>	<input type="checkbox"/> Legal Guardianship	<input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> Notarized Affidavit (including copy of driver's license, car registration and tax bill- these items must show the family's name at a Middlebury or Southbury address).					

Student ID #:	<input type="text"/>	School Code:	<input type="text"/>	Grade:	<input type="text"/>
Homeroom #:	<input type="text"/>	Counselor Code:	<input type="text"/>		
Original Date of Entry:	<input type="text"/>	Date of Re-Entry:	<input type="text"/>		

A completed physical health form (required by the State of Connecticut): Yes No

*1. Immigrant Status: __yes __no 2. Displaced/homeless __yes __no (if displaced/homeless, select one reason in the PowerSchool field)

To the best of my knowledge all of the information is accurate:

Parent/Guardian Signature:	Date:	School Interviewer Signature:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*(Registrar: Please refer to Registration Definition Guide as needed.)
Required Document April 25, 2005. Form Updated November 15, 2017