

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: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" 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 Race: You may select more than one race. <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	
Special Education?: <input type="radio"/> Yes <input type="radio"/> No	Verification of Birthdate: <input type="radio"/> Yes <input type="radio"/> No		
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>		

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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Dominant Language Survey:

What language did your child learn to speak first?

What is the primary language spoken by you or the child's primary care giver?

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

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'yj g'ej kf au'r ctgpvqt'i wctf kcp'c'o go dgt'qh'yj g'Cto gf 'Hqtegu'qp'cevkxg'f w{ 'qt'ugt xkpi 'qp'hmw'ko g'P cvkqpcrI wctf 'F w{ A

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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"/>
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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 #: School Code: Grade:

Homeroom #: Counselor Code:

Original Date of Entry: Date of Re-Entry:

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