



# STUDENT REGISTRATION FORM

New Milford Public Schools: (Please check one)

- Hill & Plain School
- Northville School
- Sarah Noble Intermediate School
- Schaghticoke Middle School
- New Milford High School

**Office Use Only:**

Entry Date: \_\_\_\_\_ Unique ID#: \_\_\_\_\_ SASID #: \_\_\_\_\_

Bus In: \_\_\_\_\_ Bus Out: \_\_\_\_\_ Entry Code: \_\_\_\_\_

Parent Pick-Up: \_\_\_ Y \_\_\_ N      Parent Drop-Off: \_\_\_ Y \_\_\_ N

**3 Proof of Residency Provided:**

- Driver's License
- Car/Vehicle Registration
- New Milford Tax Bill
- Mortgage Statement
- Utility Bills (Phone, Electric, Cable or Water)
- Certificate of Occupancy
- Lease/Rental Agreement

## STUDENT INFORMATION

Has your child ever attended school in the New Milford School District? \_\_\_ Yes \_\_\_ No

If yes, year and school: \_\_\_\_\_ / \_\_\_\_\_  
(Year) (School)

Student's Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If different from above): P.O. Box: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Gender: \_\_\_ Male  
          \_\_\_ Female  
          \_\_\_ Non-Binary      Age as of 9/1: \_\_\_\_\_ Grade: \_\_\_\_\_

With whom does the student live with? \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father  
\_\_\_ Guardian \_\_\_ Surrogate

Mail from the school should be addressed to: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_  
Guardian \_\_\_ Surrogate



## STUDENT REGISTRATION FORM

### ETHNICITY INFORMATION

***A copy of the Birth Certificate or Visa Immigration Documentation is required for all students***

Birth Country: \_\_\_\_\_

Entry Date: *(if birth country is not the USA)*: \_\_\_\_\_  
(MM/DD/YYYY)

Immigrant: *(if student is born outside of USA and in the country for less than 3 full school years)*

\_\_\_ Yes \_\_\_ No

Has your child been identified as EL (English Learner) in a former district? \_\_\_ Y \_\_\_ N

Month and Year student first entered a U.S. School \_\_\_\_/\_\_\_\_

Parent Native Language: \_\_\_\_\_

Primary Student Language: \_\_\_\_\_

Language Student First Acquired: \_\_\_\_\_

Do you need a Translator when visiting the school? \_\_\_ Yes \_\_\_ No

Is English your second language? \_\_\_ Y \_\_\_ N

Ethnicity: \_\_\_ Hispanic/Latino \_\_\_ Not Hispanic/Latino

Race: *(check all that apply)*: \_\_\_ American Indian/Alaskan \_\_\_ Asian \_\_\_ Black \_\_\_ Hawaiian /Pacific Island \_\_\_ White

### LAST SCHOOL STUDENT ATTENDED

Name of School: \_\_\_\_\_

Grade: \_\_\_\_ School Phone: \_\_\_\_\_

School Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)



## STUDENT REGISTRATION FORM

### PARENT INFORMATION

Father's Name: \_\_\_\_\_

Father's Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Father's Home#: \_\_\_\_\_ Father's Cell#: \_\_\_\_\_

Father's Work# \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mother's Name: \_\_\_\_\_

Mother's Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mother's Home#: \_\_\_\_\_ Mother's Cell#: \_\_\_\_\_

Mother's Work# \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Is anyone in your household Active in the U.S. Military? \_\_\_ Y \_\_\_ N



## STUDENT REGISTRATION FORM

### GUARDIAN/SURROGATE INFORMATION

Guardian's Name: \_\_\_\_\_

Guardian's Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Guardian's Home#: \_\_\_\_\_ Guardian's Cell#: \_\_\_\_\_

Guardian's Work# \_\_\_\_\_

Guardian's Email Address: \_\_\_\_\_

Guardian's Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Surrogate's Name: \_\_\_\_\_

Surrogate's Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Surrogate's Home#: \_\_\_\_\_ Surrogate's Cell#: \_\_\_\_\_

Surrogate's Work# \_\_\_\_\_

Surrogate's Email Address: \_\_\_\_\_

Surrogate's Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Is anyone in your household Active in the U.S. Military? \_\_\_ Y \_\_\_ N



## STUDENT REGISTRATION FORM

**CUSTODY – Legal Documentation is required**

Please indicate if the school administration should be aware of any Court Order for the protection of your child.     \_\_\_ Y \_\_\_ N

*If yes, please make arrangements to discuss this situation with the school administration.*

Restricted Name: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**EMERGENCY CONTACTS**  
*In case of emergency or school closure, please provide us with names, phone numbers and relationship to student if the school cannot contact you.*

Contacts:	Name:	Relationship:	Phone:
Emergency 1			
Emergency 2			
Emergency 3			
Emergency 4			

**DAYCARE INFORMATION**

	Name	Address	Phone
Before School Care			
After School Care			

**SPECIAL SERVICES INFORMATION**

Does your child currently receive any special services and/or supports such as IEP [Individual Education Plan], or 504? \_\_\_ Y \_\_\_ N

**Office Use Only**

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504 – Copy provided                       ELL – Copy Provided  
 IEP – Copy provided                          TAG – Copy Provided



## STUDENT REGISTRATION FORM

### MEDICAL INFORMATION

If immediate medical treatment is necessary, which doctor would you prefer?

Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Does your child have medical insurance? \_\_\_ Y \_\_\_ N      Does your child have a dentist? \_\_\_ Y \_\_\_ N

Last Dental Visit: \_\_\_\_\_  
(MM/DD/YYYY)

*If your child does not have health insurance, call 1-877-CT-Husky*

### SIBLING INFORMATION

Name	Date of Birth	Grade	School

### TECHNOLOGY & TRANSPORTATION INFORMATION

If your child is attending school in person, will he/she be taking the bus to school? \_\_\_ Y \_\_\_ N

Will your child have daily access to a laptop, desktop or Chromebook? \_\_\_ Y \_\_\_ N

Will your child have internet access on a daily basis at home? \_\_\_ Y \_\_\_ N

Will your child need a district loaned Chromebook? \_\_\_ Y \_\_\_ N



## STUDENT REGISTRATION FORM

### ADDITIONAL INFORMATION *(required by CSDE)*

Has your child been identified as Gifted and Talented in a former district? \_\_\_ Y \_\_\_ N

Mothers' Maiden Name? \_\_\_\_\_

Town of students' birth? \_\_\_\_\_

### HOMELESS QUESTIONNAIRE

Are you currently homeless? \_\_\_ Y \_\_\_ N

***If you have answered yes to the question above please complete the following questions below:***

Is this a temporary living arrangement? \_\_\_ Y \_\_\_ N

The student lives with: \_\_\_ 1 Parent, \_\_\_ 2 Parents, \_\_\_ 1 Parent & another Adult, \_\_\_ A Relative, Friend(s), or other Adult(s), \_\_\_ Alone with no Adults

Are you a student living apart from your parents or guardians? \_\_\_ Y \_\_\_ N

Please choose which of the following situations this student currently resides in:

- Motel, car, campsite, park or other public place not suitable for human living
- Shelter or other Emergency housing
- Emergency housing or Group Home due to DCF placement
- With family due to DCF placement
- Have an open case with DCF
- Waiting foster care placement or in a new foster care placement (less than 6 months)
- In a poorly habitable environment (lack of water, heat, or kitchen facilities, insect or rodent infestation or similar situation)
- Moving from place to place

If you or the student or just student are living in share housing, please check all of the following reasons that apply:

- Loss of housing due to economic situation
- Loss of employment
- Natural disaster
- Foster Care
- Other: \_\_\_\_\_



## STUDENT REGISTRATION FORM

**Signature Required:** I hereby declare that I have read and understood the information contained on this form and the information I have provided is correct.

**Parent/Guardian Signature:** \_\_\_\_\_

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