



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



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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

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

Parent Dominant Language: _____

Primary Student Language: _____

Language Student First Acquired: _____

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

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)



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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



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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			

ADDITIONAL INFORMATION

Does your child have and IEP or 504 Accommodation? ___ Y ___ N

504 – Copy provided

IEP – Copy provided



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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	Gender	Birthdate

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: _____