



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



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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

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)



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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



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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

504 – Copy provided ELL – Copy Provided
 IEP – Copy provided TAG – 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	Date of Birth	Grade	School

DISTANCE LEARNING INFORMATION

Will your child be participating in Distance Learning? ___ Y ___ N

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? ___ Y ___ N

Will your child need a district loaned Chromebook during Distance learning? ___ Y ___ N



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ADDITIONAL INFORMATION

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: _____



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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: _____