

CLINTON PUBLIC SCHOOLS INITIAL REGISTRATION FORM

Office Use Only

Student ID _____
Entry Date _____
School: _____

STUDENT

STUDENT'S LAST NAME	FIRST NAME	MIDDLE NAME (FULL)	GRADE	GENDER	PRIMARY CONTACT PHONE
RESIDENCE ADDRESS			MAILING ADDRESS (if different)		
CHECK ANY THAT APPLY:	<input type="checkbox"/> Foster Home <input type="checkbox"/> Migrant <input type="checkbox"/> Homeless		STUDENT LIVES WITH:		
STUDENT'S DATE OF BIRTH			STUDENT'S ETHNICITY (check one)		STUDENT'S RACE (check one or more)
			<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		<input type="checkbox"/> Both parents/guardians <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Asian
Office Use Only: Birth Certificate Rec'd: _____ Date: _____		STUDENT'S PLACE OF BIRTH (List the country)		ATTENDING U.S. SCHOOL SINCE (Date):	
ASSESSMENT OF DOMINANT LANGUAGE: Connecticut State law requires that each school district conduct a preliminary assessment of the dominant language of each student in its public schools. This assessment is made in order to ascertain the need to provide a required program for students who are limited English proficient.					
What language did the student first learn to speak?		What is the primary language spoken by the parent/guardian or other persons in the home?		What is the primary language spoken by the student when s/he is at home?	
JOEL SCHOOL ONLY	If the student regularly attended a Head Start program, family daycare center, nursery school, licensed daycare center, or public pre-school program, please provide the following:				
	Name of Program:		Dates Attended:		
TRANSFERRING FROM	School:		City/State:		
Previously attended Clinton Public Schools? <input type="checkbox"/> No <input type="checkbox"/> Yes Years attended: _____					

PARENT(S)/GUARDIAN(S)

PARENT/GUARDIAN 1 (Primary Contact)	LAST NAME	FIRST NAME	M.I.
RELATIONSHIP TO STUDENT:		MILITARY SERVICE STATUS (if any)	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> State Agency:		<input type="checkbox"/> Active duty armed forces <input type="checkbox"/> Full-time National Guard	
ADDRESS/CITY/STATE		HOME PHONE	CELL PHONE
EMPLOYER NAME/ADDRESS/CITY/STATE		WORK PHONE	
PARENT/GUARDIAN 2 (Secondary Contact)	LAST NAME	FIRST NAME	M.I.
RELATIONSHIP TO STUDENT:		MILITARY SERVICE STATUS (if any)	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> State Agency:		<input type="checkbox"/> Active duty armed forces <input type="checkbox"/> Full-time National Guard	
ADDRESS/CITY/STATE		HOME PHONE	CELL PHONE
EMPLOYER NAME/ADDRESS/CITY/STATE		WORK PHONE	

CONTACTS FAMILY

SIBLING INFORMATION	NAME	DATE OF BIRTH	SCHOOL
	1		
	2		
	3		
	4		
EMERGENCY CONTACTS (NOT PARENT/GUARDIAN ABOVE)		RELATIONSHIP TO STUDENT	HOME PHONE

PARENT/GUARDIAN SIGNATURE _____ DATE _____