



Today's Date

Student ID #

STUDENT INFORMATION

Last Name First Name Middle Name

Present Grade Gender MALE FEMALE Date of Birth

Home Address

Home Phone Social Security Number (optional)

Place of Birth Citizenship Country

ETHNICITY 1. IS THIS CHILD HISPANIC/ LATINO? YES NO
2. What is the child's race?
(Please check one or more, even if you answered "yes" to question 1) Note: A parent has the right to refuse to provide this information
 American Indian or Alaska Native Black or African American
 Asian Native Hawaiian or Other Pacific Islander White

Student Lives With: Both Parents Mother Only Father Only Other: (describe)

Last School Attended: (include pre-school)
Name/Address Last Grade

Previous Home Address

PARENT /GUARDIAN INFORMATION (1) Mother Guardian 1 Other
Last Name First Name Middle Initial

Address: Same as student
Residence Address:

Mailing Address:

Home Phone Cell Phone Work Phone

EMAIL US Citizen YES NO Responsible for Student YES NO

PARENT /GUARDIAN INFORMATION (2) Father Guardian 2 Other
Last Name First Name Middle Initial

ADDRESS: Same as student
Residence Address:

Mailing Address:

Home Phone: Cell Phone: Work Phone:

EMAIL US Citizen YES NO Responsible for Student YES NO

Madison Public Schools ENROLLMENT FORM

Parental/Custody arrangements the school should be aware of:

Please send extra mailings to non-custodial parent

SIBLING INFORMATION *Please list other children in Student's household:*

Last Name First Name M.I. Age Gender: Male Female

Enrolled in Madison Public Schools Daycare/Preschool? Not yet enrolled in Madison Public Schools

School Name (if enrolled in Madison Public Schools):

Last Name First Name M.I. Age Gender: Male Female

Enrolled in Madison Public Schools Daycare/Preschool? Not yet enrolled in Madison Public Schools

School Name (if enrolled in Madison Public Schools):

Last Name First Name M.I. Age Gender: Male Female

Enrolled in Madison Public Schools Daycare/Preschool? Not yet enrolled in Madison Public Schools

School Name (if enrolled in Madison Public Schools):

Please list additional children on a separate sheet

PRELIMINARY 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 English proficiency. If the assessment indicates limited proficiency, a required bilingual education program is provided.

What language did your child learn to speak first?

What language does your child speak at home?

What language is spoken to your child at home?

What language is spoken by adults at home?

HEALTH INFORMATION

Physical examinations are required before entry if:

- Entering from another Connecticut district and your child will be in grades **K, 7 or 11.**
- Entering from **out of state.**

You may submit a new physical or a physical performed in the previous state within 12 months of enrollment in Madison. It should be documented on the blue Connecticut form.

Specific immunizations are required at certain grade levels. Please consult with the school nurse who can review your child's record and advise you regarding compliance. You may also visit the Madison Public School Health Services web page

Signatures:

Parent/Guardian (1) _____

Date _____

Parent/Guardian (2) _____

Date _____

KINDERGARTEN PARENT INTERVIEW FORM*

Child's Name:

Date of Birth: Gender: Male Female Phone Number

Address:

Has your child attended Nursery School? Yes No

If yes, name of Nursery School:

Number of years attended:

Describe your child's nursery school experience, any particular challenges that were presented, and any feedback that the preschool staff provided.

Please share any information about your child that will help us to create a positive Kindergarten experience. (If necessary you may attach separate sheet, or use back of page to complete this question).