



Madison Public Schools
10 Campus Drive
PO Drawer 71
Madison, CT 06443-2562
(203) 245-6300 Fax (203) 245-6330

TO ESTABLISH RESIDENCY

- **Copy of a Purchase and Sales Agreement** showing purchaser's name, address of property in Madison and closing date. If closing has occurred please contact the Madison Public Schools Central Office (203) 245-6300 or email questions directly to: residency@madison.k12.ct.us
- **Copy of rental lease** showing date rental begins and ends, name of parties renting the property and name of owner.
- **Resident Affidavit** - Used in the event the incoming student resides with family member or friend temporarily while awaiting housing in Madison. Affidavit must be completed by the Madison resident and notarized.
- **Parent/Guardian Affidavit** - To be completed by a parent who does not reside in Madison because the child is living with another parent/guardian who does live in Madison. A copy of a court-ordered guardianship document is required or a notarized affidavit must be completed by the non-custodial parent.
- **Pupil / Student Affidavit** - To be completed by a student over the age of eighteen (18) who resides in Madison and qualifies to attend high school. Parents may or may not reside in Madison, the student must reside in Madison.

STUDENT ENROLLMENT

Student enrollment forms may be obtained at the Madison Public Schools Central Office, 10 Campus Drive, Madison, CT 06443 or downloaded from the district website www.madison.k12.ct.us

Health Information:

- Physical examinations are mandated by the State of Connecticut for all Pre-K, Kindergarten, 6th and 10th grade students. **Kindergarten physicals performed 12 months prior to entry into Kindergarten are acceptable, provided they are on the appropriate State of Connecticut Health Assessment Record form HAR-3 rev 4/12.**
- All **out-of-state students** are mandated by the State of Connecticut to have a physical assessment performed before entering Connecticut schools. If the assessment was done in the previous state within one year of entry into Connecticut schools it can be accepted on the appropriate State of Connecticut State Health Assessment Record form HAR-3 rev 4/12.
- **Students entering from outside of the United States are required to have a physical exam by a provider licensed to practice in the United States. Include TB risk assessment & testing if at risk as part of this exam.** Sports physical examinations are required every 13 months after the initial exam for all students in accordance with Connecticut Interscholastic Athletic Conference recommendation and school policy. The completed forms must be on file in the school Health Office **before any student will be allowed to try out, practice or compete in any sport or cheerleading.**
- Immunizations required for school entrance must be reviewed by the school nurse **before** the student can be cleared for entry.
- If it is necessary for your child to take medication (prescription or over the counter) during school hours, an authorization form can be obtained from the School Health Office.
- Please inform the nurse of food allergies, diabetes, asthma or any health concern that may impact your child's safety. Appropriate personnel and transportation services will be informed of serious health conditions.

School Visitation:

- Kindergarten through 6th grade may wish to schedule an appointment for school visitation.
- Grades 7 - 12 are required to schedule an appointment with the guidance office at the applicable school. The appointment is to schedule appropriate classes for the upcoming school year. Please bring student's last report card from the previous school or a copy of the student's complete academic file. Both the student and parent/guardian are required to attend.
- It is the responsibility of the parent/guardian to call the school and initiate the appointments.
- Central Office receives all student enrollment forms and will forward to the appropriate resident school for the student's grade level.

If you have any questions regarding this information or have circumstances that do not meet the above referenced criteria, please contact the Madison Public Schools Central Office at (203) 245-6300 or email questions directly to : residency@madison.k12.ct.us

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 _____

Madison Public Schools

Madison, Connecticut

School Records Release Form for New Enrollees

The Madison Public Schools requires a parent / guardian complete this Release Form in order for us to obtain your child's school records from the past attending school.

Student's Name:

Date:

SCHOOL TRANSFERRED FROM:

School:

Street Address:

City/State/Zip

I acknowledge that Madison Public Schools will request the following records from above named school

- Official administrative record (name, address, birth date, grade level completed, grades, attendance records)
- Psychological, educational and/or speech/language evaluation reports
- Teacher and counselor observations and ratings
- Health records

Parent/Guardian)

Date

SENDING SCHOOL:

Please return the authorized above student records to:

Jeffrey Elementary School
331 Copse Road
Madison, CT 06443

Island Avenue Elementary School
20 Island Avenue
Madison, CT 06443

Ryerson Elementary School
982 Durham Road
Madison, CT 06443

Brown Middle School
980 Durham Road
Madison, CT 06443

Polson Middle School
302 Green Hill Road
Madison, CT 06443

Daniel Hand High School
286 Green Hill Road
Madison, CT 06443