

LYME-OLD LYME SCHOOLS

Regional School District #18



Pupil Registration Form

Available for download at: www.region18.org/page.cfm?p=626

Today's date (mm/dd/yyyy): ___/___/_____

Student Information

Student's Name: _____
First Middle Last Generation
(needed for diploma) (Jr, III, IV, etc.)

Entering Grade: _____ Gender: Male [] Female [] Non-binary []

Residence Address ("Residency Affidavit Form" required):

Street

City/Town State Zip Code

Mailing address (if different from residence address):

Street

City/Town State Zip Code

Birth Date (mm/dd/yyyy): ___/___/_____ Birth Place: _____
City/Town State or Country

(A copy of the student's birth certificate will be made by school personnel.)

Is this child Hispanic/Latino? (check only one) Yes [] No []

Please check ALL that apply: American Indian or Alaska Native: [] Asian: [] White: []
Black or African American: [] Native Hawaiian or Other Pacific Islander: []

Immigrant Youth: Section 3201(5) of Title III of the ESEA defines immigrant children and youths as individuals who: a) are ages 3 through 21; b) were not born in any state (defined as each of the 50 States, the District of Columbia, and the Commonwealth of Puerto Rico); and c) have not been attending one or more schools in any one or more States for more than 3 full academic years.

Does your child meet the definition of an immigrant youth? Yes [] No []

Military Family: (10 U.S.C. 101(a)(4), 101(d)(1), and 101(d)(5)) "Armed Forces" means the Army, Navy, Air Force, Marine Corps, and Coast Guard. "Active duty" means full-time duty in the active military service of the United States, including full-time training duty, annual training duty, and attendance, while in the active military service, at a school designed as a service school by law or by the Secretary of the military department concerned.

Does your child meet the definition of a military family? Yes [] No []

Mother's Maiden Name: _____ (needed for mandated State reports)

Check All Previous Lyme-Old Lyme Schools Attended:

Center School: Lyme Consolidated School: Mile Creek School: LOLMS: LOLHS:

Date Last Attended a Lyme-Old Lyme School (mm/yyyy): ____/____/____ Grade Last Attended: ____

Last **Non** Lyme-Old Lyme school attended (“*Permission for Release of Previous Academic Records*” form needed):

Name

Street

City/Town

State

Zip Code

Date Last Attended a **Non** Lyme-Old Lyme School (mm/yyyy): ____/____/____ Grade Last Attended: ____

Pre-school Experience? Yes: No: If yes, please describe: _____

Has this student ever received Special Services? Yes No If yes, please describe: _____

Does student have a current IEP (Individualized Education Program)? Yes No

Does student have a current 504 plan (Regular Education Accommodation Plan)? Yes No

Student living with? Both parents: Father: Mother: Legal guardian: Other:

Other (please explain): _____

Are there any legal custody or special home circumstances of which the school administration should be aware?

Parent/Guardian Information

Name of Parent/Guardian #1: _____

Title

First

Middle

Last

Parent/Guardian #1's Relationship to Student:

Mother: Father: Step-mother: Step-father: Foster Mother: Foster Father: Guardian:

Other:

If Other, please specify: _____

Student Resides with Parent/Guardian #1? Yes No

Any restrictions on Parent/Guardian #1's contact with student? Yes: No: (copy of court order needed)

If Yes, please specify: _____

If student does not reside with Parent/Guardian #1, please provide address of Parent/Guardian #1:

Street _____

City/Town _____ State _____ Zip Code _____

Home
Parent/Guardian #1's Telephone: (____) ____ - _____ Mobile Phone: (____) ____ - _____ x _____

Parent/Guardian #1's Email Address: _____

Parent/Guardian #1's Occupation: _____

Parent/Guardian #1's Employer: _____

Street _____

City/Town _____ State _____ Zip Code _____

Parent/Guardian #1's Work Telephone: (____) ____ - _____ x _____

Name of Parent/Guardian #2: _____

Title First Middle Last

Parent/Guardian #2's Relationship to Student:

Mother: Father: Step-mother: Step-father: Foster Mother: Foster Father: Guardian:
Other:

If Other, please specify: _____

Student Resides with Parent/Guardian #2? Yes No

Any restrictions on Parent/Guardian #2's contact with student? Yes: No: (*copy of court order needed*)

If Yes, please specify: _____

If student does not reside with Parent/Guardian #2, please provide address of Parent/Guardian #2:

Street _____

City/Town _____ State _____ Zip Code _____

Home
Parent/Guardian #2's Telephone: (____) ____ - _____ Mobile Phone: (____) ____ - _____ x _____

Parent/Guardian #2's Email Address: _____

Parent/Guardian #2's Occupation: _____

Parent/Guardian #2's Employer: _____

Street _____

City/Town _____ State _____ Zip Code _____

Parent/Guardian #2's Work Telephone: (____) ____ - ____ x ____

Name of Parent/Guardian #3: _____
Title First Middle Last

Parent/Guardian #3's Relationship to Student:

Mother: Father: Step-mother: Step-father: Foster Mother: Foster Father: Guardian:
Other:

If Other, please specify: _____

Student Resides with Parent/Guardian #3? Yes No

Any restrictions on Parent/Guardian #3's contact with student? Yes: No: (*copy of court order needed*)

If Yes, please specify: _____

If student does not reside with Parent/Guardian #3, please provide address of Parent/Guardian #3:

Street

City/Town State Zip Code

Home
Parent/Guardian #3's Telephone: (____) ____ - ____ Mobile Phone: (____) ____ - ____ x ____

Parent/Guardian #3's Email Address: _____

Parent/Guardian #3's Occupation: _____

Parent/Guardian #3's Employer: _____

Street

City/Town State Zip Code

Parent/Guardian #3's Work Telephone: (____) ____ - ____ x ____

Name of Parent/Guardian #4: _____
Title First Middle Last

Parent/Guardian #4's Relationship to Student:

Mother: Father: Step-mother: Step-father: Foster Mother: Foster Father: Guardian:
Other:

If Other, please specify: _____

Student Resides with Parent/Guardian #4? Yes No

Any restrictions on Parent/Guardian #4's contact with student? Yes: No: (*copy of court order needed*)

If Yes, please specify: _____

If student does not reside with Parent/Guardian #3, please provide address of Parent/Guardian #4:

Street

City/Town	State	Zip Code
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Home

Parent/Guardian #4's Telephone: (____) ____ - _____ Mobile Phone: (____) ____ - _____ x _____

Parent/Guardian #4's Email Address: _____

Parent/Guardian #4's Occupation: _____

Parent/Guardian #4's Employer: _____

Street

City/Town	State	Zip Code
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Parent/Guardian #4's Work Telephone: (____) ____ - _____ x _____

Sibling Information

Name: _____ Birth date (mm/dd/yyyy): ____/____/____

Name: _____ Birth date (mm/dd/yyyy): ____/____/____

Name: _____ Birth date (mm/dd/yyyy): ____/____/____

Name: _____ Birth date (mm/dd/yyyy): ____/____/____

Name: _____ Birth date (mm/dd/yyyy): ____/____/____

Name: _____ Birth date (mm/dd/yyyy): ____/____/____

Medical/Insurance Information
(This page to be filed in the school's Health Office)

Student's Name: _____ Student's Grade: _____
 First Middle Last

Physician: _____ Telephone: (____) ____ - ____ x ____

Dentist: _____ Telephone: (____) ____ - ____ x ____

Orthodontist: _____ Telephone: (____) ____ - ____ x ____

State health problems the school should be aware of and those your child is being treated for or has a history of in the past 2-3 years (i.e., diabetes; seizure disorder; asthma; allergies to medications, bees, nuts, food or environmental conditions; hearing loss; etc.)

Past hospitalizations and injuries: _____

Medication your child is taking (both at home and in school): _____

Please note that for Middle or High School students to receive acetaminophen or ibuprofen, during school, a "Permission for Administration of Acetaminophen/Ibuprofen in the Middle and Senior High Schools" form must be signed by a parent and be on file.

Before any prescription or over-the-counter medications can be given at school, an "Authorization for Administration of Medication by School Personnel" form must **FIRST** be signed by the physician, then the parent, and be presented to the school.

Students may not carry or maintain any unauthorized or unidentified medical preparations in school. All prescription and over-the-counter medications must be delivered to the school nurse or principal by a parent or responsible adult. The medication must be in the original containers, properly labeled and be no more than a 45-day supply. Medications will be destroyed if they are not picked up within one week following the termination of the request to administer, or one week beyond the close of the school year.

Self-administration is permitted by self-reliant students providing certain conditions are met. Call the school nurse for information.

On field trips, other certified staff may administer medications in accordance with instructions provided by the school nurse. Copies of medical standing orders are available on request.

Medical insurance company: _____

Insurance identification #: _____ Type of contract: _____

Please notify the school's Health Office immediately regarding any changes in the above information.

In the event of a medical emergency, as determined by the School Nurse or other responsible staff member, it is the policy of the Lyme-Old Lyme Board of Education to dial 911 immediately to obtain medical services and/or transport to the closest approved medical facility. School personnel will then sustain life and/or stabilize his/her condition, as determined by the medical facility. Any further treatment must be authorized by you or the person(s) specifically designated by you.

**I understand it is my responsibility to notify School Administrators in writing
if I desire to change my authorization as indicated above.**

I give permission for release of information on this form for confidential use
in meeting my child's health and educational needs in school.

Parent/Guardian Signature: _____ Date: _____