

**PLEASE READ CAREFULLY AND PRINT CLEARLY**: Fill out **ALL** the information below, sign, and return to the main office.

This form must be completed prior to registration.

		•			.p. c t c a p			
				Student	<u>Information</u>			
☐ KPS Pre-School	☐ KMS	☐ KCS	☐ KIS	☐ KHS	Current Grade: _		State Stud	dent ID (if known)
Legal Name:								
	Last				First		Middle	
Prior Legal Name: (if any)	Last				- First		Middle	
Preferred Name:				_	-		☐ Female	Other Gender
	First			Mic	ddle	_	_	Identification
Birth Date:		Birth	olace:	City/Tow		State/Province	Cour	htm (
				Cily/10w	n	3idie/Fiovince	Cour	iiiy
Home Address:s	treet (No P.O	. Box)			City		State	Zip Code
Mailing Address:								
(if different)	Street or P.O.	Вох			City		State	Zip Code
Student Cell Phone:				Stu	udent Email:			
Does your child have	health ins	urance?	П	Yes □ N	0	Policv #		
Health Insurance Car			」 ] Husky	□ BC/CS	☐ Health Net			
			•					
Dentist's Name					Dentist's Phone #			
			Racia	al and Et	hnic Backgrou	<u>ınd</u>		
Please check YES or	r NO for <b>ea</b>	<b>ch</b> item bel	ow. <b>At lea</b>	st one item	within the box mus	t be checked Yes,	or one will b	e selected for you.
American Indian or Alaska Native – A person having origins in any of the original peoples of North,  Central or South America, and who maintains tribal affiliation or community attachment.								
Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.								
Black or African Am	erican – A p	person hav	ing origins	in any of th	ne black racial group	os of Africa.		☐ Yes ☐ No
Native Hawaiian or Hawaii, Guam, Sar			-	on having or	igins in any of the o	original peoples o	f	☐ Yes ☐ No
White – A person ha	ving origin	s in any of	the origina	al peoples o	f Europe, the Midd	le East, or North	Africa.	☐ Yes ☐ No
Hispanic or Latino – other Spanish cult				an, Central c	or South American o	origin, or a persor	n of	☐ Yes ☐ No
Education History								
Has the student been receiving services? (check all that apply) 🔲 IEP/Special Education 🔲 504 Plan 🔲 English Learner (ELL/LEP)								
Has the student been identified by a school as gifted and/or talented? (check all that apply) 🔀 Gifted 🔀 Talented								
Has the student attended school in the United States for at least 3 school years? 🔲 Yes 🔲 No Date Started:								

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Pre-School Reg	gistration Only		
Program Preferred: AM (8:45-11:30) PM (12:30-3:15)			
☐ Full Day (7:00-5:00) ☐ School Day (8	:45-3:15)	ay (8:00-2:45)	
Kindergarten Ro	egistration Only		
Did your child attend preschool in the year prior to entering Kind	lergarten?	☐ Yes	☐ No
Did your child receive childcare in the year prior to entering Kind	lergarten?	☐ Yes	☐ No
If Yes,  Full Day Half Day KPS Pre-School Head	Start Other		
Killingly High	School Only		
I request that my child's, name, address, and telephone num Military Schools.	nber not be released to Arme	ed Forces, Military Re	cruiters, or
Household	<u>Information</u>		
Has the family moved across state boundaries in the past 36 moseasonal or temporary work in agriculture, dairy or fishing?	nths for a parent/guardian to	o obtain	Yes 🗌 No
Is a parent or guardian currently a member of the Armed Forces Force, Marine Corps and Coast Guard), or serving on full-time N		Air	Yes 🗌 No
Please provide the name, year born, and school attending of any	school-age siblings of this s	tudent:	
Is there anything about your family arrangement that we should Court Document Required.) Please explain:			hip, foster, etc.
Provide contact information for BOTH custodial and no caretakers, and emergency contacts. Please include a List contacts—including parents—in the order to	at least one other contact	besides parents/gu	ardians.
Primary Guardian/Conta	ct (to be contacted first	)	
Name:Last, First, Middle Initial	Employer:		
Preferred Phone:	☐ Cell (OK to text? ☐ Yes)	☐ Home/Landline	□ Work
(First to call)	☐ Cell (OK to text? ☐ Yes)	_	_
Second Phone:		_	_
Third Phone:	☐ Cell (OK to text? ☐ Yes)	_	_
Email:	_ Relationship to Student: _		
Residence Address:  Street (No P.O. Box)	City	State	Zip Code
Mailing Address: (if different) Street or P.O. Box	City	State	Zip Code
☐ Has Legal Authority/Responsibility ☐ Emergency Contact	,		2p 0000
Lives With Dave CAll anabad all that anaba CA	<u> </u>	_	

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Note: It is not necessary to provide address information for people serving only as emergency contacts.

Second Guardian/Contact	(to be contacted secon	<u>d)</u>				
Name:	me: Employer:					
Last, First, Middle Initial						
Preferred Phone: (First to call)	☐ Cell (OK to text? ☐ Yes)	☐ Home/Landline ☐ Work				
Second Phone:	☐ Cell (OK to text? ☐ Yes)	☐ Home/Landline ☐ Work				
Third Phone:	☐ Cell (OK to text? ☐ Yes)	☐ Home/Landline ☐ Work				
Email:	Relationship to Student: _					
Residence Address:  Street (No P.O. Box)						
Street (No P.O. Box)	City	State Zip Code				
Mailing Address: (if different) Street or P.O. Box	City	State Zip Code				
☐ Has Legal Authority/Responsibility ☐ Emergency Contact	☐ School Pickup Allowed	☐ Receives Mail				
☐ Lives With Days: ☐ All or check all that apply: ☐ M ☐ T	u 🗌 W 🔲 Th 🔲 F					
Additional Cont	act Information					
Name:	Employer:					
		□ Home/Landline □ Work				
Preferred Phone: (First to call)	☐ Cell (OK to text? ☐ Yes)	_				
Second Phone:	☐ Cell (OK to text? ☐ Yes)	☐ Home/Landline ☐ Work				
Third Phone:	☐ Cell (OK to text? ☐ Yes)	☐ Home/Landline ☐ Work				
Email:	_ Relationship to Student: _					
Residence Address:  Street (No P.O. Box)						
Street (No P.O. Box)	City	State Zip Code				
Mailing Address: (if different) Street or P.O. Box	City	State Zip Code				
☐ Has Legal Authority/Responsibility ☐ Emergency Contact	☐ School Pickup Allowed	Receives Mail				
☐ Lives With Days: ☐ All or check all that apply: ☐ M ☐ T	u 🗌 W 🔲 Th 🔲 F					
Additional Cont	act Information					
Name:	Employer:					
Last, First, Middle Initial  Preferred Phone:	☐ Cell (OK to text? ☐ Yes)	☐ Home/Landline ☐ Work				
(First to call) Second Phone:	☐ Cell (OK to text? ☐ Yes)					
Third Phone:	☐ Cell (OK to text? ☐ Yes)	☐ Home/Landline ☐ Work				
Email:	Relationship to Student:					
Residence Address: Street (No P.O. Box)	City	State Zip Code				
Mailing Address:(if different) Street or P.O. Box	City	State Zip Code				
Has Legal Authority/Responsibility   Emergency Contact		State Zip Code  Receives Mail				
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#### **Authorizations**

	Authorizations
Parent/Guardian Initials	The <b>Killingly Public School District</b> is hereby authorized to obtain and/or release any photograph(s), video(s), or other form(s) of photography or video technology of my child for school related or informational purposes. All photography and video recording will be obtained during officially sanctioned school activities on or off school property.
Parent/Guardian Initials	I give my child, permission to use computers and access the internet at the <b>Killingly Public School District</b> . Pursuant to the Student/Parent Handbook.
Parent/Guardian Initials	I have reviewed or will review the Student/Parent Handbook (available online at www.killinglyschools.org, then select the appropriate school). If you do not have internet access in your home, please check this box
Parent/Guardian Initials	I, the undersigned, do hereby authorize officials of the <b>Killingly Public School District</b> to contact directly the medical personnel named on this form and do authorize them to render such treatments to this child as may be deemed necessary in an emergency. I will not hold the school district financially responsible for the emergency care or transportation of this child.
	Goodyear Early Childhood Center Only
Parent/Guardian Initials	I give my child, permission to attend and participate in any activities conducted in the general neighborhood of the Goodyear Early Childhood Center, including but not limited to, trips to the local post office, nature walks, visits to other building spaces, the garden area in the backyard, etc I understand these "mini" excursions will be supervised, as are all the extended field trips.
Parent/Guardian Initials	I understand and accept the policies and procedures set forth in the handbook and I have thoroughly reviewed the program's discipline policy.
I confirm th	at the information contained on this registration is current and accurate.

Parent/Guardian Signature Parent/Guardian Name (please print) Date

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