

Madison Public Schools

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

TO ESTABLISH RESIDENCY

Provide one of the following:

- Driver's License with Madison Address on the front.
- Copy of Purchase & Sales Agreement or copy of Lease. Must show effective dates.
- Resident Affidavit - used in the event the incoming student resides temporarily with family member or friend while awaiting housing in Madison. Affidavit must be completed by the Madison resident and notarized.
- Parent/Guardian Affidavit - completed by a parent who does not reside in Madison because the child is living with another parent/guardian who does live in Madison. The student must reside in Madison.
- Pupil/Student Affidavit - 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.

STUDENT ENROLLMENT

Complete the student enrollment form and submit, with birth certificate, State of Connecticut Health form, and School Records Release Form or Kindergarten Interview form. Student Enrollment occurs at Central Office, 10 Campus Drive, Madison, CT 06443

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 to Kindergarten are acceptable, provided they are on the appropriate State of Connecticut Health Assessment Record form. (HAR-3).**
- 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 Health Assessment Record form (HAR-3).
- **Students entering from outside of the United State are required to have a physical exam by a provider licensed to practice in the United States. Include TB risk assessment and 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 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 must be filed with the School Health Office.
- Please inform the school nurse of any 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 student. Please bring the student's last report card from the previous school or a copy of the student's complete academic file. Both student and parent/guardian are required to attend.

It is the responsibility of the parent/guardian to call the school and initiate appointments.

Central Office receives all student enrollment forms and will forward to the appropriate school for 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 directly to: residency@madison.k12.ct.us



Madison Public Schools
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 Madison, CT 06443
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School Assignment _____

Student ID _____

Last Name First Name Middle
 Present Grade Gender Female Male Non-binary
 Home Address
 Home Phone Date of Birth Year entered U.S. education system
 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: 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

LAST SCHOOL ATTENDED (Include Preschool)

School Name & Address Grade

Previous Home Address

PARENT/GUARDIAN 1 Relationship to student: Parent attended Madison Public Schools

Last Name First Name Middle Initial

Address Same as Student Home Address

Mailing Address

Home Phone Cell Phone Work Phone

Email US Citizen Yes No Responsible for student Yes No

Active Duty Military Deployed

PARENT/GUARDIAN 2 Relationship to student: Parent attended Madison Public Schools

Last Name First Name Middle Initial

Address Same as Student Home Address

Mailing Address

Home Phone Cell Phone Work Phone

Email US Citizen Yes No Responsible for student Yes No

Active Duty Military Deployed

Please indicate parental/custody arrangement the school should be aware of. Attach copy of official court documents.

Please send extra mailings to non-custodial parent

SIBLING INFORMATION

Last Name _____ First Name _____
School Name in Madison _____ Attends Preschool _____ Not yet enrolled _____

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Last Name _____ First Name _____
School Name in Madison _____ Attends Preschool _____ Not yet enrolled _____

.....

Last Name _____ First Name _____
School Name in Madison _____ Attends Preschool _____ Not yet enrolled _____

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?

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____

SIGNATURES

Parent/Guardian (1) _____ Date _____

Parent/Guardian (2) _____ Date _____

Madison Public Schools
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Madison, CT 06443

Kindergarten Parent Interview Form

School Assignment

Jeffrey Elementary
Ryerson Elementary

Child's Name

Date of Birth

Gender

M

F

NonBinary

Address

Phone Number

Has your child attended Pre-K / nursery school?

Yes

No

Number of years attended:

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

Please share any information about your child that will help us to create a positive Kindergarten experience.