



## 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](mailto: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](http://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 7/2018.**
- 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 7/2018.
- **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](mailto:residency@madison.k12.ct.us)

Today's Date

Student ID #

## STUDENT INFORMATION

Last Name  First Name  Middle Name

Present Grade  Gender  MALE  FEMALE  NONBINARY Date of Birth

Home Address

Home Phone

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 | Military Active Duty?  Deployed?

Last Name  First Name  Middle Initial

Address:  Same as student Parent attended Madison Public Schools?

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 | Military Active Duty?  Deployed?

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

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### SENDING SCHOOL:

Please return the authorized above student records to:

Jeffrey Elementary School  
331 Copse Road  
Madison, CT 06443

Ryerson Elementary School  
982 Durham Road  
Madison, CT 06443

Brown Intermediate 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