KILLINGLY PUBLIC SCHOOLS
*Great Things Happen Here!*

# Student Registration Form

**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.

## Student Information

☐ KPS Pre-School ☐ KMS ☐ KCS ☐ KIS ☐ KHS Current Grade: _____ State Student ID (if known) _____

Legal Name: _____ (Last) _____ (First) _____ (Middle)

Prior Legal Name: (if any) _____ (Last) _____ (First) _____ (Middle)

Preferred Name: _____ (First) _____ (Middle) ☐ Male ☐ Female ☐ Other Gender Identification

Birth Date: _____ (MM/DD/YYYY) Birthplace: _____ (City/Town) _____ (State/Province) _____ (Country)

Home Address: _____ (Street (No P.O. Box)) _____ (City) _____ (State) _____ (Zip Code)

Mailing Address: (if different) _____ (Street or P.O. Box) _____ (City) _____ (State) _____ (Zip Code)

Student Cell Phone: _____ Student Email: _____

## Racial and Ethnic Background

*Please check YES or NO for **each item below. At least one item within the box must be checked Yes, or one will be 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. ☐ Yes ☐ No

**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. ☐ Yes ☐ No

**Black or African American** – A person having origins in any of the black racial groups of Africa. ☐ Yes ☐ No

**Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. ☐ Yes ☐ No

**White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. ☐ Yes ☐ No

**Hispanic or Latino** – Of Mexican, Puerto Rican, Cuban, Central or South American origin, or a person of other Spanish cultural origin regardless of race. ☐ 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: _____

KILLINGLY PUBLIC SCHOOLS
*Great Things Happen Here!*

# Student Registration Form

## Pre-School Registration 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) ☐ KCS School Day (8:00-2:45)

## Kindergarten Registration Only

Did your child attend preschool in the year prior to entering Kindergarten? ☐ Yes ☐ No

Did your child receive childcare in the year prior to entering Kindergarten? ☐ 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 number not be released to Armed Forces, Military Recruiters, or Military Schools.

## Household Information

Has the family moved across state boundaries in the past 36 months for a parent/guardian to obtain seasonal or temporary work in agriculture, dairy or fishing? ☐ Yes ☐ No

Is a parent or guardian currently a member of the Armed Forces on active duty (Army, Navy, Air Force, Marine Corps and Coast Guard), or serving on full-time National Guard duty? ☐ Yes ☐ No

Please provide the name, year born, and school attending of any school-age siblings of this student:

_____

_____

Is there anything about your family arrangement that we should be aware of? (split/joint/sole custody, guardianship, foster, etc. **Court Document Required.**) Please explain: _____

_____

Provide contact information for custodial and non-custodial parents and legal guardians, after-school caretakers, and emergency contacts. Please include *at least one other contact* besides parents/guardians.
*List contacts in the order they should be called in an emergency situation.*

## Primary Guardian/Contact (to be contacted *first*)

Name: _____ (Last) _____ (First) Employer: _____

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)) _____ (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 ☐ Tu ☐ W ☐ Th ☐ F

KILLINGLY PUBLIC SCHOOLS
*Great Things Happen Here!*

# Student Registration Form

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

## Second Guardian/Contact (to be contacted *second*)

Name: _____ (Last) _____ (First) Employer: _____

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)) _____ (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 ☐ Tu ☐ W ☐ Th ☐ F

## Additional Contact Information

Name: _____ (Last) _____ (First) Employer: _____

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)) _____ (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 ☐ Tu ☐ W ☐ Th ☐ F

## Additional Contact Information

Name: _____ (Last) _____ (First) Employer: _____

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)) _____ (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 ☐ Tu ☐ W ☐ Th ☐ F

KILLINGLY PUBLIC SCHOOLS
Great Things Happen Here!

# Student Registration Form

## Authorizations

☐ Parent/Guardian Initials

**The Killingly Public School District** 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 **Killingly Public School District**. 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 ☐ to receive a copy of the Student/Parent Handbook.

## 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 that the information contained on this registration is current and accurate.***

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

**Steve Rioux**
Superintendent of Schools
srioux @killinglyschools.org

# KILLINGLY PUBLIC SCHOOLS

*Great Things Happen Here!*

**Paul Brenton**
Assistant Superintendent of Schools
pbrenton@killinglyschools.org

## AUTHORIZATION TO RELEASE RECORDS

*NAME:*_____ *GRADE:*_____ *D.O.B.*_____

*NAME:*_____ *GRADE:*_____ *D.O.B.*_____

*NAME:*_____ *GRADE:*_____ *D.O.B.*_____

[ ]Medical-Health Records
[ ]Attendance Records
[ ]Discipline/Suspension Records
[ ]Any Other Pertinent Information

[ ]Academic Records-Cumulative Folder
[ ]Special Education Records(including evaluations, PPT records, IEP

I hereby authorize _____ to release all records indicated above concerning my child/children to:

[ ]
Killingly High School
226 Putnam Pike
Dayville, CT 06241
Fax (860) 774-0846

[ ]
Killingly Intermediate School
1599 Upper Maple Street
Dayville, CT 06241
Fax (860) 779-9639

[ ]
Killingly Central School
60 Soap Street
Dayville, CT 06241
Fax (860) 774-3299

[ ]
Killingly Memorial School
339 Main Street
Danielson, CT 06239
Fax (860) 774-6028

[ ]
Goodyear Early Childhood Center
22 Williamsville Road
Rogers, CT 06263
Fax (860)774-6772

I hereby authorize _____ to release all Special Education records indicated above concerning my child/children to:

OFFICE OF PUPIL PERSONNEL SERVICES
79 WESTFIELD AVENUE
DANIELSON, CT 06239

State of Connecticut Public Act No. 00-220
Substitute House Hill No. 5317

When a student enrolls in a new school district, the new school district shall provide written notification of such enrollment to the school district in which the student previously attended school. The school district in which the student previously attended school (1) shall transfer the student's education records to the new school district no later than ten (10) days after receipt of such notification and (2) if the student's parent or guardian did not give written authorization for the transfer of such records, shall send notification of the transfer to the parent or guardian at the same time that it transfers the records.

LAST SCHOOL ATTENDED

Name

Address

City, State, Zip

Telephone

Fax #

Signature of parent/legal guardian

Date

Authorized School Signature

Date

KILLINGLY PUBLIC SCHOOLS
*Great Things Happen Here!*

# Student Health Information

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

☐ KPS Pre-School ☐ KMS ☐ KCS ☐ KIS ☐ KHS Current Grade: _____ _____
State Student ID (if known)

Name: _____ _____ _____
Last First Middle

Birth Date: _____ ☐ Male ☐ Female ☐ Other Gender Identification

Last School Attended: _____

_____ _____ _____ _____
Street City State Zip Code

Does your child have health insurance? ☐ Yes ☐ No Policy # _____

Health Insurance Carrier ☐ Husky ☐ BC/CS ☐ Health Net ☐ Other _____

Check if your child had a specialized plan for medical or educational management in school. ☐ IEP ☐ 504 ☐ IHP

Explain: _____

Doctor's Name _____ Doctor's Phone # _____

Dentist's Name _____ Dentist's Phone # _____

Date of last Physical exam _____ Date of last Dental exam _____

☐
Parent/Guardian Initials

I, the undersigned, do hereby authorize officials of the **Killingly Public School District** 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.

Does your child wear glasses? ☐ Yes ☐ No If yes, Glasses worn for ☐ Reading ☐ Distance ☐ Full time wear

Does your child have Asthma? ☐ Yes ☐ No If yes, what triggers it? ☐ Illness ☐ Allergy ☐ Exercise ☐ Cold air

Please describe your child's asthma symptoms: _____

Names of asthma medications (dosage and frequency) given at home: _____

Does your child take any medications on a daily basis? ☐ Yes ☐ No

Name of Medication _____ Dosage _____ Reason _____

Are there any problems in the home at this time that might affect your child's learning?

_____

Describe any behavior problems that your child has that you are concerned about:

_____

Please list, with detail, any other concerns regarding your child's health that you feel school personnel should be aware of:

_____

_____

_____

KILLINGLY PUBLIC SCHOOLS
*Great Things Happen Here!*

# Student Health Information

## Allergies

Does your child have any allergies that are listed below? If so, please check box and list type

☐ Insect Sting _____ ☐ Environment _____

☐ Food _____ ☐ Medications _____

☐ Animals _____ ☐ Other _____

Please check the signs that are usually present with allergic reaction.

☐ Difficulty Breathing ☐ Loss of consciousness ☐ Swelling

☐ Difficulty Swallowing ☐ Flushed or unusually pale How much? _____

☐ Rash ☐ Nausea Where? _____

Other: _____

Please list medications to control allergic reactions.

| Medication | Amount Taken | When Given |
|---|---|---|
| | | |
| | | |

## History

Does your child have any physical limitations or restrictions on activity? ☐ Yes ☐ No

Explain: _____

Has your child had any accidents or operations since birth? ☐ Yes ☐ No

Explain: _____

Has your child had or been diagnosed with any of the following? Please check Yes or No for each one.

| | Yes | No | | Yes | No |
|---|---|---|---|---|---|
| Frequent Stomachaches | ☐ | ☐ | Seizures | ☐ | ☐ |
| Frequent Colds | ☐ | ☐ | Diabetes | ☐ | ☐ |
| Frequent Headaches | ☐ | ☐ | Eczema | ☐ | ☐ |
| Migraine Headaches | ☐ | ☐ | Lyme Disease | ☐ | ☐ |
| Frequent Ear Infections | ☐ | ☐ | ODD | ☐ | ☐ |
| Ear Tubes | ☐ | ☐ | Mumps | ☐ | ☐ |
| Frequent Constipation | ☐ | ☐ | Measles | ☐ | ☐ |
| Incontinence (Bladder or Bowel) | ☐ | ☐ | Polio | ☐ | ☐ |
| Strep Throat | ☐ | ☐ | Chicken Pox | ☐ | ☐ |
| Rheumatic Fever | ☐ | ☐ | Epilepsy | ☐ | ☐ |
| Scarlet Fever | ☐ | ☐ | Tuberculosis | ☐ | ☐ |
| Bronchitis | ☐ | ☐ | Cancer | ☐ | ☐ |
| Pneumonia | ☐ | ☐ | Heart Disease | ☐ | ☐ |
| Speech Problem | ☐ | ☐ | ADD or ADHD | ☐ | ☐ |
| MRSA | ☐ | ☐ | Anxiety | ☐ | ☐ |

Other: _____

KILLINGLY PUBLIC SCHOOLS
*Great Things Happen Here!*

# Student Health Information

## Family History

Please indicate the relationship of any close relative to the student whom has a history of any of the following

Diabetes _____ Cancer _____

High Blood Pressure _____ Anemia _____

Seizure Disorder _____ Sickle Cell Anemia _____

Learning Problem _____ Developmental Delays _____

Birth Defect _____ Heart Disease _____

Other: _____

## Preschool and Kindergarten Registration Only

Does your child have frequent ear infections? ☐ Yes ☐ No Date of last hearing test _____

Name of M.D. _____ Results found _____

Does your child have tubes in their ears? ☐ Yes ☐ No Date of insertion: _____

Does your child wear glasses? ☐ Yes ☐ No Date of last eye exam _____

Name of Dr. _____ Results found _____

Has your child ever had surgery on their eye(s)? ☐ Yes ☐ No Date of surgery: _____

Has your child ever had a program for eye patching? ☐ Yes ☐ No

Is bedwetting a problem? ☐ Yes ☐ No

Does your child have wetting accidents during the day? ☐ Yes ☐ No

Does your child have occasional accidents with bowel movements? ☐ Yes ☐ No

Does your child take medication for constipation? ☐ Yes ☐ No

Name of medication, frequency, and time given _____

Does your child wear diapers? ☐ Yes ☐ No When: _____

During pregnancy with this child, did the mother have any medical problems? ☐ Yes ☐ No

If yes, describe type of problem _____

Were there any problems during labor or delivery? ☐ Yes ☐ No

If yes, describe type of problem _____

Did child breathe right away? ☐ Yes ☐ No Birth weight? _____

Did this child leave the hospital when the mother left? ☐ Yes ☐ No

Please write the age that your child did the following:

Walk alone _____ Talk (with 2 words together) _____ Daytime toilet trained _____

***I confirm that the information contained on this registration is current and accurate.***

_____ _____ _____

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

# Killingly Public Schools
# Home Language Survey

*Welcome to our school!*
*We have a few questions about languages spoken at home. We are required by the US Department of Education to ask for this information because it will help us know how we can best support your child. The language information also helps us know how we can best communicate with you. Please share with us about the language(s) spoken by your family and in your home.*

---

**Student Information**

Student first name: Student last name:

Country of birth:

Date of birth:

Date first enrolled in any US school:

---

1) What is the primary language used in the home, regardless of the language spoken by the student?

2) What is the language most often spoken by the student?

3) What is the language the student first acquired?

1) What language do you prefer for written communication from the school?
2) Will you require interpretation/translation at Parent-Teacher meetings?

_____
Parent/guardian name (please print)

_____ _____
Parent/guardian signature Date

*Thank you for answering the questions. We look forward to working with your child.*

KILLINGLY PUBLIC SCHOOLS
Great Things Happen Here!

# Student/Family Housing Questionnaire

Your family may be eligible to receive additional assistance under the Federal McKinney-Vento Act 42. Please complete this questionnaire to determine eligibility.

**Please use one form per family. Return form to the school office. Office, please forward to Emily Ross.**

Currently, are you and/or your family living in any of the following situations? Check all that apply.

- ☐ Sharing the housing of others due to loss of housing, economic hardship or similar reason.
- ☐ Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or FEMA trailer.
- ☐ Waiting for foster care placement.
- ☐ Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.
- ☐ Living in a car, park, campground, abandoned building, or other inadequate accommodation.
- ☐ Living alone as a minor student(s) without an adult (unaccompanied youth).

**If you checked any box above, please complete the remainder of this form**

Please list ***all*** children living in the home:

| Child's Name | Date of Birth | School Name |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

*Presenting a false record or falsifying records is an offense and the enrollment of the child under false documents subjects the person to liability for tuition and other costs.*

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

Address: _____ Street _____ City _____ State _____ Zip Code _____

Primary Phone Number _____ Additional Phone Number _____

**Mr. Steven Rioux**
Superintendent of Schools
srioux@killinglyschools.org

KILLINGLY PUBLIC SCHOOLS

*Great Things Happen Here!*

**Mr. Paul Brenton**
Assistant Superintendent
pbrenton@killinglyschools.org

# VERIFICATION OF RESIDENCE AFFIDAVIT

**To Be Completed and Submitted by Primary Owner - Landlord**

**~ Enrollment is subject to the satisfactory completion and submission of all required registration forms ~**

I hereby affirm that _____
**(tenant – parent - legal guardian insert name of parent-legal guardian and child-children)**

are residing at _____
**(insert physical address)**

As property owner-landlord I understand that by signing this affidavit I am verifying the current fulltime physical residence of the parent and/or legal guardian and children listed above:

_____
**(property owner-leaseholder insert the name/s of parent–legal guardian and child-children listed above)**

I understand that the Killingly Board of Education has the right to conduct an Attendance Investigation to verify the residence of the parties named in this affidavit, including a visit to my residence and interviews of my tenant's neighbors. I agree to cooperate and may be contacted should the Killingly Board of Education require further information and verification. I also understand that in the event the State Board of Education rules that the child are not a resident of the district and not entitled to school accommodations the tenant may be assessed tuition costs [CGS 10-186]. I certify that the information I provided in this affidavit is the truth under penalty of perjury.

Primary Leaseholder Signature: _____ Date: _____

STATE OF CONNECTICUT
SS:
COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, Year _____

_____
Notary Public

My Commission Expires: _____ **[ affix seal – required ]**

cc: School Administrator
Student Academic Permanent File
Other as Necessary _____