

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

Grade Level: PK (Goodyear) PK K 1 (KCS) 2 3 4 (KMS) 5 6 7 8 (KIS) 9 10 11 12 (KHS) State Student ID (if known) _____

Legal Name: _____
 Last First Middle

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

Preferred Name: _____ Male Female Other Gender Identification
 First Middle

Birth Date: _____ Birthplace: _____
 MM/DD/YYYY 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: _____

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

Health Insurance Carrier Husky BC/CS Health Net Other _____

Doctor's Name _____ Doctor's Phone # _____

Dentist's Name _____ Dentist's Phone # _____

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: _____



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Pre-School Registration Only

Program Preferred: AM (8:45-11:30) 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
 If Yes, Full Day Half Day KPS Pre-School Head Start Other _____
 Did your child receive **licensed** childcare in the year prior to entering Kindergarten? Yes No

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

Primary Guardian/Contact (to be contacted first)

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) 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

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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 second)

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) 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: _____ 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) 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: _____ 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) Home/Landline Work

Third Phone: _____ Cell (OK to text? Yes) Home/Landline Work

Email: _____ Relationship to Student: _____

Residence Address: _____
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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.

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.

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