



GRISWOLD PUBLIC SCHOOLS

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griswoldpublicschools.org

Sean McKenna, Superintendent

Deb Martin, Director of Fiscal & Personnel Services

Glenn LaBossiere, Assistant Superintendent

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STUDENT REGISTRATION FORM

STUDENT INFORMATION:

Student Name: _____

Current Grade: _____ Today's Date: _____

Date of Birth: (M/D/Y) _____ Gender: ☐ M ☐ F ☐ Other: _____

Home Address: _____

GHS Use Only: Town: ☐ Griswold/JC ☐ Canterbury ☐ Lisbon ☐ Norwich ☐ Sprague ☐ Voluntown ☐ Franklin ☐ Preston

Place of Birth (City, State): _____

If not born in the USA; when did the student first attend school in the USA: _____

HOUSEHOLD:

Student lives with: ☐ Both Parents ☐ One Parent ☐ Other, please specify: _____

Parent/Guardian Name: _____

Relationship to Student: _____

Address (if different from student): _____

Primary Phone: _____ Work Phone: _____

Mobile Phone: _____ May we text you at this number? ☐ Y ☐ N

Email: _____

May transport student? ☐ Y ☐ N If No: Court Documents on File? ☐ Y ☐ N

☐ Employed on Federal Property If Yes: ☐ USPS ☐ DOD Branch: _____

☐ Member of the Armed Forces* If Yes: ☐ Active Duty ☐ Deployed ☐ Veteran Other: _____

Parent/Guardian Name: _____

Relationship to Student: _____

Address (if different from student): _____

Household Phone: _____ Work Phone: _____

Mobile Phone: _____ May we text you at this number? ☐ Y ☐ N

Email: _____

May transport student? ☐ Y ☐ N If No: Court Documents on File? ☐ Y ☐ N

☐ Employed on Federal Property If Yes: ☐ USPS ☐ DOD Branch: _____

☐ Member of the Armed Forces* If Yes: ☐ Active Duty ☐ Deployed ☐ Veteran Other: _____



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Other Children Living in the Household:

1. Name: _____ Date of Birth: (M/D/Y) _____
Relationship to Student: _____ School Attending: _____
2. Name: _____ Date of Birth: (M/D/Y) _____
Relationship to Student: _____ School Attending: _____
3. Name: _____ Date of Birth: (M/D/Y) _____
Relationship to Student: _____ School Attending: _____
4. Name: _____ Date of Birth: (M/D/Y) _____
Relationship to Student: _____ School Attending: _____

ETHNICITY/RACE: (definitions below)

1. Is this student Hispanic/Latino? ☐ Y ☐ N
2. What is your child's race(s)? Check one or more, even if you answered "Yes" to the first question.
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or other Pacific Islander ☐ White

LANGUAGE:

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

What is the language most often spoken by the student? _____

What is the language the student first acquired? _____

EDUCATION HISTORY:

Name of student's last school/program: _____

Address of last school: _____

Grade last attended: _____

Does the student have a pending or existing disciplinary consequence such as suspension or expulsion? ☐ Y ☐ N

STUDENT SUPPORT:

Does your student receive special education services (IEP)? ☐ Y ☐ N

Does your student receive accommodations through a section 504 plan? ☐ Y ☐ N

Does your student receive academic intervention? ☐ Y ☐ N

HEALTH/MEDICAL:

Is this student covered by health insurance? ☐ Y ☐ N

Primary Physician Name: _____

Primary Physician Phone Number: _____

☐ In case of accident or serious illness, I request the school to contact me. In the event the school is unable to reach me, I hereby authorize the school to contact the student's physician and follow their instructions. If it is not possible to contact the physician, the school may make whatever arrangements are deemed necessary.



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EMERGENCY CONTACTS:

Please list emergency contacts in call order (include 1-4 individuals other than household members listed above).
Contacts must be at least 16 years of age. These can be updated, as needed, via the Infinite Campus portal.

| | Name | Phone | Relationship to Student & Household Member (HM) | Permission to Pick Up |
|----|------|-------|--|---|
| 1. | | | <input type="checkbox"/> HM | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. | | | <input type="checkbox"/> HM | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3. | | | <input type="checkbox"/> HM | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. | | | <input type="checkbox"/> HM | <input type="checkbox"/> Y <input type="checkbox"/> N |

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

For Internal Use:

The family has provided: ☐ Proof of Residency | ☐ Student Birth Certificate

Date Received: _____ Date Entered: _____ Enrollment Start Date: _____

Homeroom: _____

Race Definitions:

- Hispanic/Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central 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 Philippines Islands, Thailand and Vietnam.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Armed Forces Definition: The Army, Navy, Air Force, Marine Corps, or Coast Guard.

“Active Duty” means full-time in the active military services of the United States, including full-time training duty, annual training duty, and attendance, while in the active military service, of a school designated as a service school by law or by the Secretary of the military department and considered active military service.