



GRISWOLD ELEMENTARY SCHOOL

303 Slater Avenue, Griswold, CT 06351

Tel: (860) 376-7610 Fax: (860) 376-7612

ges.griswoldpublicschools.org

Joseph Bordeau, Principal

Sean P. McKenna, Superintendent

Deb Martin, Director of Fiscal & Personnel Services

Jacqueline Love, Assistant Principal

Glenn LaBossiere, Assistant Superintendent

Christopher Champlin, Director of Student Services

GES REGISTRATION PACKET CHECKLIST: GRADES 2-4

Please use this checklist to organize information you need to provide to register your student in Grades 2-4 at Griswold Elementary School. **Please fill out the second page and return this as the cover page for your packet.**

Student Name: _____ Grade Entering: _____

Please provide the following documents:

- ☐ 2 Forms of Proof of Residency - *must have a current date*
 - Mortgage Statement or Lease/Rental Agreement
 - Utility Bill or Homeowner's Insurance
- ☐ Copy of Student's Birth Certificate
- ☐ Copy of Parent/Guardian's ID or Driver's License

Please complete and return the following one-time registration forms:

- ☐ [GPS Registration Form](#)
- ☐ [Release of Records Form](#) (if your child has attended another school)
- ☐ [Student's Physical \(within 1 year\) & Immunization Record](#) (blue form, filled out by pediatrician)
- ☐ [Health Questionnaire](#)
- ☐ Lead & Hemoglobin (HGB level) results (**pediatrician must submit separately from school medical forms**)
- ☐ [Tuberculosis Risk Form](#)
- ☐ [Acceptable Use Policy \(Tech\)](#)
- ☐ [Healthcare Providers Certification](#) (if applicable)
- ☐ [Home Language Survey](#) (only if student has not attended school in CT)

Please complete and return the following annual forms:

- ☐ [Bus Transportation Form](#)
- ☐ [1:1 Chromebook Agreement 2024-2025 \(Tech\)](#)
- ☐ [Photo/Video Release](#)

* If information is missing on the above forms, additional forms will be required.

If you qualify for Free or Reduced Lunch or CT HUSKY Health Insurance, please ask for more information and the required forms.

Return your completed registration forms to the Griswold Public Schools Registration Office located in the Griswold Middle School Main Office via email, fax, or in person.

SGuillet@griswoldpublicschools.org | Fax: (860) 376-7631 | 211 Slater Avenue, Griswold, CT 06351



GRISWOLD ELEMENTARY SCHOOL 2-4 REGISTRATION PACKET CHECKLIST

Please note: you will receive additional forms in Griswold Elementary School's Welcome Back Packet, which is distributed in August of each year via email. These forms may include: Handbook Acknowledgement/Sign Off, Technology Acceptable Use Policy and 1:1 Chromebook Agreement, as well as an annual Bus Transportation Form, Photo/Video Release, and Classroom Movie Permission Slip.

HEALTH OFFICE CHECKLIST

TO BE COMPLETED BY PARENT/GUARDIAN:

Today's Date: _____

Has student ever attended Griswold Public Schools? ☐ Y ☐ N If yes, what years? _____

If the student is from out of state, has the student ever attended a school in Connecticut? ☐ Y ☐ N

If yes, where? _____

Student Name: _____ Date of Birth: (M/D/Y) _____

Parent/Guardian Name(s): _____

Best Phone Number: _____

Name of student's last school/program: _____

Address of last school: _____

Phone number of last school: _____ Grade Entering: _____

For Internal Use: Date Received: _____

Parent/Guardian has provided:

- ☐ Copy of Physical / Date of Physical: _____
- ☐ Immunization Record ☐ TB Risk Assessment Form
- ☐ HGB Level ☐ Health Questionnaire

The above student has been cleared by the health office to enter GES on: (Date) _____