

Entering Grade: _____	LITCHFIELD PUBLIC SCHOOLS - Registration Information				Office Use: <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Birth Cert./Adoption Papers <input type="checkbox"/> Nurse's Authorization Entry Date: _____ Entry Grade: _____ YOG: _____
STUDENT FIRST NAME	STUDENT MIDDLE NAME	STUDENT LAST NAME	Suffix	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth	Ethnicity – Please respond to Questions 1 and 2: (Official Federal Codes)		U.S. Citizen:		
Place of Birth: City & State	1. Is the student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, show proof of immigration status)		
Country of Birth	2. What is the student's race? (Check one or more even if you answered "Yes" to the Hispanic/Latino question)		Dominant Language		
	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Two (2) or more races		First language learned by child:		
			Primary language spoken in home:		
			Language spoken by child at home:		
If born outside of the U.S., date of entry into the U.S.:					
Parent/Guardian #1 student lives with: <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship:	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster <input type="checkbox"/> Other		
Name: _____ Address: _____ _____		Mailing Address: _____ _____		Home Phone: _____	
				Day Phone: _____	
				Cell Phone: _____	
				Email: _____	
Parent Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated (Child Custody - Proof needed if Divorced or Separated)			Employer:		
Parent/Guardian #2 student lives with: <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship:	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster <input type="checkbox"/> Other		
Name: _____ Address: _____ _____		Mailing Address: _____ _____		Home Phone: _____	
				Day Phone: _____	
				Cell Phone: _____	
				Email: _____	
Parent Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated (Child Custody - Proof needed if Divorced or Separated)			Employer:		
Last School Attended:		Homeschooled? <input type="checkbox"/> Yes <input type="checkbox"/> No		Special Education: <input type="checkbox"/> Yes <input type="checkbox"/> No	
School Name: _____ Last Grade Completed: _____				504 Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address: _____ Last Day Attended: _____				Preschool Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No	
City: _____				Birth to Three Program: <input type="checkbox"/> Yes <input type="checkbox"/> No	
State: _____ Zip Code: _____					

Emergency Contact Name (Other than Parent/Guardian)		Relationship		Emergency Contact Phone:	
1.		1.		1.	
2.		2.		2.	
Does your child have Health Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Allow Photo / Video? (Print and social media) <input type="checkbox"/> Yes If Yes, your decision will remain in effect until parent/guardian changes. <input type="checkbox"/> No	
Physician:		Physician Phone:		Dentist:	
Hospital Preference:					
Allergies:					Does your child need an Epi-pen?
Medical Considerations:					
Siblings:	Name	Grade		DOB	
Connecticut State Information (required)					
Does this child have a parent who is Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Homeless information: <input type="checkbox"/> Homeless <input type="checkbox"/> Not Homeless Please check the appropriate option below if it reflects your child's living situation or your living situation if you are a student not living with a parent or guardian: <input type="checkbox"/> In a shelter <input type="checkbox"/> with relatives or others due to lack of housing <input type="checkbox"/> in a motel/hotel and/or awaiting DCF placement <input type="checkbox"/> In a park, car, or campground or other similar situation due to lack of alternative, adequate housing					
RESTRICTIONS OF CONTACT & INFORMATION (Paperwork Must be Provided)					
<input type="checkbox"/> Order of Protection <input type="checkbox"/> Papers Provided Exp. Date _____ Person Restricted _____			<input type="checkbox"/> Custody Paper Specify Restriction <input type="checkbox"/> Papers Provided Exp. Date _____ Person Restricted _____		
<input type="checkbox"/> Other Documentation Provided Specify: _____ _____					
<input type="checkbox"/> No Restrictions for Parent/Guardians					
PARENT/GUARDIAN SIGNATURE					DATE

