

**REGIONAL SCHOOL DISTRICT # 13**  
**STUDENT INFORMATION / EMERGENCY FORM**

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

**STUDENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Gender \_\_\_\_\_  
School Year \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_  
Residence Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Country of Citizenship \_\_\_\_\_ Race (optional) \_\_\_\_\_  
Student Lives With:  Both Parents  Mother Only  Father Only  Other (please describe) \_\_\_\_\_  
Daycare Provider \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

***New Registrants Only***

Name and Address of School Last Attended \_\_\_\_\_ Grade Last Attended \_\_\_\_\_  
(include pre-school)  
Address of Former Residence \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

MOTHER /  GUARDIAN 1 /  OTHER \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Residence Address \_\_\_\_\_ Mailing Address (if different than Residence) \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Cell / Other Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Hours \_\_\_\_\_  
Work Telephone \_\_\_\_\_ Extension \_\_\_\_\_ Preferred Email \_\_\_\_\_  
U.S. Citizen  Yes  No Responsible for Student  Yes  No Student Resides with this Parent / Guardian  Yes  No

FATHER /  GUARDIAN 2 /  OTHER \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Residence Address \_\_\_\_\_ Mailing Address (if different than Residence) \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Cell / Other Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Hours \_\_\_\_\_  
Work Telephone \_\_\_\_\_ Extension \_\_\_\_\_ Preferred Email \_\_\_\_\_  
U.S. Citizen  Yes  No Responsible for Student  Yes  No Student Resides with this Parent / Guardian  Yes  No

Are there any legal restrictions on the release of your child?  Yes  No  
Are there restrictions on the release of his/her records to a non-custodial parent?  Yes  No

If yes to either question, legal documents must be provided to the school principal.

Parental / Custody arrangements the school should be made aware of: \_\_\_\_\_

DO NOT send **EMERGENCY NOTIFICATIONS** (School closings/delays/dismissals, etc.)  Please send extra mailings to non-custodial parent

WE REQUEST THAT **BOTH PARENTS SIGN THIS FORM**. I hereby certify the accuracy of the above information. In addition, I acknowledge receipt of the parent/student handbook and recognize my obligation to be familiar with its content.

Signature of:  Parent  Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
 Parent  Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

## HEALTH INFORMATION

SPECIAL HEALTH PROBLEMS / ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

The care and transportation of an ill or injured child is a parent's responsibility and we will make every attempt to contact you or your emergency contacts listed below. However, in case of serious illness or an emergency, we may need to contact your family physician or dentist or the school doctor for advice, unless you inform us otherwise. In case of a serious accident or one which we feel should have immediate attention, we will call 911 to transport your child to the Emergency Room at the nearest hospital, unless you inform us otherwise.

Please list two persons, other than parents, who will assume responsibility in case of illness, if we are unable to reach you.

Emergency Contact #1 \_\_\_\_\_ Tel.: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Tel.: \_\_\_\_\_ Cell: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ Tel.: \_\_\_\_\_

FAMILY DENTIST: \_\_\_\_\_ Tel.: \_\_\_\_\_

Does your child have health insurance?  Yes  No (If your child does not have health insurance, call 1-877-CT-HUSKY)

## SIBLING INFORMATION

Please List Other Children in Student's Household:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Present Grade \_\_\_\_\_

Enrolled in District 13 Schools?  Daycare / Preschool?  Not Yet Enrolled in District 13 Schools

If enrolled in District 13 or Daycare/Preschool, School Name: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Present Grade \_\_\_\_\_

Enrolled in District 13 Schools?  Daycare / Preschool?  Not Yet Enrolled in District 13 Schools

If enrolled in District 13 or Daycare/Preschool, School Name: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Present Grade \_\_\_\_\_

Enrolled in District 13 Schools?  Daycare / Preschool?  Not Yet Enrolled in District 13 Schools

If enrolled in District 13 or Daycare/Preschool, School Name: \_\_\_\_\_

PLEASE LIST ADDITIONAL CHILDREN ON SEPARATE SHEET

## STATE OF CT REQUIRED DOMINANT LANGUAGE, RACE/ETHNICITY, MILITARY AND IMMIGRANT STATUS

Connecticut state law requires that each school district conduct a preliminary assessment of the dominant language of each student in its public schools. This assessment is made in order to ascertain English proficiency.

What is the language the student first acquired? \_\_\_\_\_ What is the language most often spoken by the student? \_\_\_\_\_

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

Is the student Hispanic/Latino? Yes / No

Is the student from one or more races (choose all that apply)?

- a. American Indian or Alaskan Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian or Other Pacific Islander
- e. White

Students of military families are defined as children of: Active duty members of the uniformed services, National Guard and Reserve on active duty orders, Members or veterans who are medically discharged or retired within one year, Members who die on active duty.

Is your student a member of a Military Family as defined above?  Yes  No

Immigrant children are individuals who are ages 3 through 21, were not born in any State (defined as each of the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico) and have not been attending one or more schools in any one or more States for more than 3 academic years.

Does your student have immigrant status as defined above?  Yes  No