

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 _____ DOB _____ Place of Birth _____
 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 preschool) _____
 Address of Former Residence _____

PARENT / GUARDIAN INFORMATION

PARENT 1 / 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 _____
 Responsible for Student Yes No Student Resides with this Parent/ Guardian Yes No

PARENT 2 / 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 _____
 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 recognize my obligation to be familiar with the parent/student handbook and its content.

Signature of: Parent Legal Guardian _____ Date _____
 Parent Legal Guardian _____ Date _____

HEALTH INFORMATION

MEDICAL CONDITIONS / 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: _____

Emergency Contact #3 _____ 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 RSD 13 Schools? Daycare/Preschool? Not Yet Enrolled in RSD 13 Schools

If enrolled in RSD 13 or Daycare/Preschool, School Name: _____

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Gender _____ Present Grade _____

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

If enrolled in RSD 13 or Daycare/Preschool, School Name: _____

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Gender _____ Present Grade _____

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

If enrolled in RSD 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 d. Native Hawaiian or Other Pacific Islander
b. Asian e. White
c. Black or African American

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