

Birth Certificate

# STONINGTON PUBLIC SCHOOLS REGISTRATION FORM

School Year \_\_\_\_\_

Grade \_\_\_\_\_

Name of Child \_\_\_\_\_  
Last First M.I.

Date of Birth \_\_\_\_\_  
Mo. Day Year

Address \_\_\_\_\_  
Street Tel No.

Place of Birth \_\_\_\_\_  
 Male  Female

Town State Zip Code

Race/Ethnicity:

American Indian

Asian

Black

White  Hispanic

Child Resides With:

Mother  Father

Guardian  Both Parents

Mother Only  Father Only

Both Parents, two residences

Mother & Stepfather

Father & Stepmother

Email Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Tel. No. \_\_\_\_\_

Will you be sending your child to day care before school? Yes  No

After school? Yes  No  If yes, please indicate the day care center and circle the days that your child will need transportation to or from the center.

Day Care Provider \_\_\_\_\_ Tel. No. \_\_\_\_\_

Address \_\_\_\_\_ Circle: M T W Th F

May your name and address be released for school related directory information?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If educationally related, may your child's image be in a video, in a newspaper article or on a school website?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Both my child and I have read, understand, and agree to the Technology Acceptable Use Policy (attached).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your child covered by health insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

\_\_\_\_\_  
Parent Signature

Father's Name \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
Living Yes  No   
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Place of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
Living Yes  No   
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Place of Birth \_\_\_\_\_

Stepparent or Guardian

Other Children in Family

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_

Name	Gender	Date of Birth

Transfer Information

Others Living in the Home

School Last Attended (including preschool)  
Name of School \_\_\_\_\_  
Address \_\_\_\_\_

Name	Relationship

Date of Withdrawal \_\_\_\_\_

Has student ever attended Stonington Public Schools?  
Yes  No

Date of Entry to Stonington Public Schools: \_\_\_\_\_