

CANTON PUBLIC SCHOOLS

Canton, CT 06019

Student Registration Form

Registration form must be completed by student's parents, guardians, or persons with whom the student legally resides. Please print and fill out form completely. Review the Health Record insert provided in this Student Registration Application and provide a copy of your child's Birth Certificate.

DEMOGRAPHIC INFORMATION

Full Legal Name _____
Last First Middle (full name)

Primary Address _____
Street Town

State Zip Code

Home Phone _____ Social Security Number _____ - _____ - _____

Date of Birth _____ Gender M F
Month/Day/Year Circle One

Birth Place _____
City State Country
(If other than U.S.A. complete immigration information)

Immigrant Status (Check yes if child has not attended one or more schools in any U.S. state for more than 3 full academic years.)

Check One Box YES NO

Race Codes (Check One)

American Indian Asian Black (Not Hispanic Origin)
White (Not Hispanic Origin) Hispanic/Latino

Migrant (Check yes if family has moved within the past 36 months across state or district boundaries to obtain temporary/seasonal employment)

Check One Box YES NO

Homeless (Check yes if child lacks a fixed regular and adequate nighttime residence)

Check One Box YES NO

Date Registered _____ Date Enrolled _____

PARENT(S) OR LEGAL GUARDIANSHIP INFORMATION

Full Legal Name _____
Last First Middle

Relationship _____

Occupation _____

Level of Education (voluntary information) _____

Full Legal Name _____
Last First Middle

Relationship _____

Occupation _____

Level of Education (voluntary information) _____

Family Status Married _____ Divorced _____ Single _____ Separated _____ Other _____

Custody Status _____
(Attach any relevant current court order)

Mother Deceased Father Deceased

Language Spoken at Home by Parents/Guardian _____

Child's First Language _____ Is the Child Limited English Proficient? YES NO
(Circle One)

OTHER OCCUPANTS OF HOME

Name _____ Relationship _____

Name _____ Relationship _____

SIBLINGS RESIDING AT HOME

Full Legal Name _____ Birth Date _____
Last First Middle

Full Legal Name _____ Birth Date _____
Last First Middle

Full Legal Name _____ Birth Date _____
Last First Middle

Full Legal Name _____ Birth Date _____
Last First Middle

Full Legal Name _____ Birth Date _____
Last First Middle

EMERGENCY CONTACT

Full Name _____ Phone Number _____
Relationship _____ Cell Phone _____
Parent/Guardian _____ Cell Phone _____
Employer _____ Business Phone _____
E-mail _____ Fax _____
Student's Doctor _____ Phone _____
Hospital Preference _____

TRANSFER INFORMATION

In-State Transfer _____
City/Town _____ School Name _____
Open Choice Student _____
City/Town _____ School Name _____
Out-of-State Transfer _____
City/Town/State _____ School Name _____
Out-of-USA Transfer _____
City/Town/State _____ Country _____

Last Grade Completed _____
Date Left _____ Month/Dav/Year

Retained _____	_____
Grade _____	Year _____
_____	_____
Grade _____	Year _____

PRE-KINDERGARTEN EXPERIENCE

Head Start _____
Town/City _____ Agency/School Name _____
Licensed Day Care _____
Name _____ City/Town _____ State _____
Nursery School _____
Name _____ City/Town _____ State _____
Public Pre-School _____
Town/City _____ Agency/School Name _____
Indicate Number of Years in Attendance _____ Beginning Age _____
Years _____ Year _____

SPECIAL SERVICES

Child has been identified as requiring Special Education Services YES NO

If YES box checked, indicate the types of services provided:

TRANSPORTATION

Indicate Service Bus Special Vehicle Walker Parent Transport

High School Student Driver: YES NO If Yes: Vehicle License Number _____
(Circle One)

OTHER INFORMATION

Indicate any special services, 504 accommodation plans or issues of which we should be aware:

Other Issues _____

PARENT/GUARDIAN SIGNATURE

I am a resident of Canton and this student lives in Canton.

Signature _____ Date _____

Signature Principal _____ Date _____

PROOF OF RESIDENCE

Rental Contract _____ Mortgage Statement _____ Utility Bill _____
(Provide one of these documents for Proof of Residence in Canton)

Office Use Only:		
School Assigned _____	Immigrant Code _____	Free/Reduced Lunch Eligible _____
Special Education Code _____	Migrant Code _____	Transportation Code _____
Limited English Proficient _____	Homeless Code _____	Ethnic Code _____
Student ID # _____	Student Pin # _____	Home Room # _____
Year of Graduation _____	Grade _____	Guidance Counselor _____
Open Choice _____	Pre-Kindergarten _____	Retained _____
Immunization Records Provided _____	Birth Certificate _____	Proof of Residence _____