



## STUDENT REGISTRATION FORM

New Milford Public Schools: (Please check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Hill & Plain School             | <input type="checkbox"/> Schaghticoke Middle School |
| <input type="checkbox"/> Northville School               | <input type="checkbox"/> New Milford High School    |
| <input type="checkbox"/> Sarah Noble Intermediate School |   |

### Residency Proofs Both Sections need to be completed

#### Proofs Section 1. Include 1 of the proofs from below

- ☐ Mortgage Statement
- ☐ Current Lease or rental contract showing parent/ guardian's name and landlord's name
- ☐ Rent receipt for latest month with landlord's name, street address and telephone number
- ☐ Completed **Notarized** Affidavit of Property Owner (*landlord affidavit*)

#### Proofs Section 2. Include 2 of the proofs from below

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li><input type="checkbox"/> Current phone or cable/digital television bill/statement</li><li><input type="checkbox"/> Current gas, electric, or oil delivery bill/statement with name and address, or a start of services letter if you've just moved</li><li><input type="checkbox"/> Current water or sewage bill</li><li><input type="checkbox"/> Confirmation of account set up for gas, electric or phone service</li><li><input type="checkbox"/> Letter from state/government agencies such as HUSKY, HUD, DCF, etc. verifying street address. Letter must include the agency's contact information for verification.</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> U.S. Dept. of Immigration Verification Release Form stating name of the sponsor, street address, telephone number and relationship to the unaccompanied minor.</li><li><input type="checkbox"/> Active bank statement with name and street address imprinted</li><li><input type="checkbox"/> Valid car registration or car insurance card with New Milford street address</li><li><input type="checkbox"/> Receipt from local firm showing delivery of newly purchased appliances or furniture</li><li><input type="checkbox"/> Current pay stub verifying street address</li><li><input type="checkbox"/> Valid CT State ID or license with current New Milford street address</li></ul> |
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## STUDENT REGISTRATION FORM

### STUDENT INFORMATION

Has your child ever attended school in the New Milford School District? ☐ Yes ☐ No

If yes, year and school: \_\_\_\_\_/\_\_\_\_\_  
(Year) (School)

Student's Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (*If different from above*): P.O. Box: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Gender: ☐ Male

☐ Female

☐ Non-Binary

Age as of 9/1: \_\_\_\_\_ Grade: \_\_\_\_\_

With whom does the student live with? ☐ Both Parents ☐ Mother ☐ Father  
☐ Guardian ☐ Surrogate

Mail from the school should be addressed to: ☐ Both Parents ☐ Mother ☐ Father ☐  
Guardian ☐ Surrogate



## STUDENT REGISTRATION FORM

### ETHNICITY INFORMATION

***A copy of the Birth Certificate or Visa Immigration Documentation is required for all students***

Birth Country: \_\_\_\_\_

Entry Date: (if birth country is not the USA): \_\_\_\_\_  
(MM/DD/YYYY)

Immigrant: (if student is born outside of USA and in the country for less than 3 full school years)

\_\_\_ Yes \_\_\_ No

Has your child been identified as EL (English Learner) in a former district? \_\_\_ Y \_\_\_ N

Month and Year student first entered a U.S. School \_\_\_\_/\_\_\_\_

Native Student Language: \_\_\_\_\_

Primary Student Language: \_\_\_\_\_

Language Student First Acquired: \_\_\_\_\_

Do you need a Translator when visiting the school? \_\_\_ Yes \_\_\_ No

Is English your second language? \_\_\_ Y \_\_\_ N

Ethnicity: \_\_\_ Hispanic/Latino \_\_\_ Not Hispanic/Latino

Race: (check all that apply): \_\_\_ American Indian/Alaskan \_\_\_ Asian \_\_\_ Black \_\_\_ Hawaiian /Pacific Island \_\_\_ White

### LAST SCHOOL STUDENT ATTENDED

Name of School: \_\_\_\_\_

Grade: \_\_\_\_ School Phone: \_\_\_\_\_

School Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)



## STUDENT REGISTRATION FORM

### PARENT INFORMATION

Father's Name: \_\_\_\_\_

Father's Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Father's Home#: \_\_\_\_\_ Father's Cell#: \_\_\_\_\_

Father's Work# \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mother's Name: \_\_\_\_\_

Mother's Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mother's Home#: \_\_\_\_\_ Mother's Cell#: \_\_\_\_\_

Mother's Work# \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Is anyone in your household Active in the U.S. Military? \_\_\_\_ Y \_\_\_\_ N



## STUDENT REGISTRATION FORM

### GUARDIAN/SURROGATE INFORMATION

Guardian's Name: \_\_\_\_\_

Guardian's Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Guardian's Home#: \_\_\_\_\_ Guardian's Cell#: \_\_\_\_\_

Guardian's Work# \_\_\_\_\_

Guardian's Email Address: \_\_\_\_\_

Guardian's Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Surrogate's Name: \_\_\_\_\_

Surrogate's Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Surrogate's Home#: \_\_\_\_\_ Surrogate's Cell#: \_\_\_\_\_

Surrogate's Work# \_\_\_\_\_

Surrogate's Email Address: \_\_\_\_\_

Surrogate's Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Is anyone in your household Active in the U.S. Military? \_\_\_\_ Y \_\_\_\_ N



## STUDENT REGISTRATION FORM

### CUSTODY – *Legal Documentation is required*

Please indicate if the school administration should be aware of any Court Order for the protection of your child. \_\_\_\_ Y \_\_\_\_ N

*If yes, please make arrangements to discuss this situation with the school administration.*

Restricted Name: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

### EMERGENCY CONTACTS

*In case of emergency or school closure, please provide us with names, phone numbers and relationship to student if the school cannot contact you.*

Contacts:	Name:	Relationship:	Phone:
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Emergency 1			
Emergency 2			
Emergency 3			

### DAYCARE INFORMATION

	Name	Address	Phone
Before School Care			
After School Care			

### SPECIAL SERVICES INFORMATION

Does your child currently receive any special services and/or supports?

IEP \_\_\_\_ Y \_\_\_\_ N    ELL \_\_\_\_ Y \_\_\_\_ N    Intervention \_\_\_\_ Y \_\_\_\_ N    504 \_\_\_\_ Y \_\_\_\_ N    Tag \_\_\_\_ Y \_\_\_\_ N

Office Use Only \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> 504 – Copy provided | <input type="checkbox"/> ELL – Copy Provided |
| <input type="checkbox"/> IEP – Copy provided | <input type="checkbox"/> TAG – Copy Provided |



## STUDENT REGISTRATION FORM

### MEDICAL INFORMATION

If immediate medical treatment is necessary, which doctor would you prefer?

Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Does your child have medical insurance? \_\_\_\_ Y \_\_\_\_ N      Does your child have a dentist? \_\_\_\_ Y \_\_\_\_ N

Last Dental Visit: \_\_\_\_\_  
(MM/DD/YYYY)

*If your child does not have health insurance, call 1-877-CT-Husky*

### SIBLING INFORMATION

Name	Date of Birth	Grade	School

### TECHNOLOGY & TRANSPORTATION INFORMATION

If your child is attending school in person, will he/she be taking the bus to school? \_\_\_\_ Y \_\_\_\_ N

Will your child have daily access to a laptop, desktop or Chromebook? \_\_\_\_ Y \_\_\_\_ N

Will your child have internet access on a daily basis at home? \_\_\_\_ Y \_\_\_\_ N

Will your child need a district loaned Chromebook? \_\_\_\_ Y \_\_\_\_ N



## STUDENT REGISTRATION FORM

### ADDITIONAL INFORMATION *(required by CSDE)*

Has your child been identified as Gifted and Talented in a former district? \_\_\_ Y \_\_\_ N

Mothers' Maiden Name? \_\_\_\_\_

Town of students' birth? \_\_\_\_\_

### HOMELESS QUESTIONNAIRE

Are you currently homeless? \_\_\_ Y \_\_\_ N

***If you have answered yes to the question above please complete the following questions below:***

Is this a temporary living arrangement? \_\_\_ Y \_\_\_ N

The student lives with: \_\_\_ 1 Parent, \_\_\_ 2 Parents, \_\_\_ 1 Parent & another Adult, \_\_\_ A Relative, Friend(s), or other Adult(s), \_\_\_ Alone with no Adults

Are you a student living apart from your parents or guardians? \_\_\_ Y \_\_\_ N

Please choose which of the following situations this student currently resides in:

- ☐ Motel, car, campsite, park or other public place not suitable for human living
- ☐ Shelter or other Emergency housing
- ☐ Emergency housing or Group Home due to DCF placement
- ☐ With family due to DCF placement
- ☐ Have an open case with DCF
- ☐ Waiting foster care placement or in a new foster care placement (less than 6 months
- ☐ In a poorly habitable environment (lack of water, heat, or kitchen facilities, insect or rodent infestation or similar situation)
- ☐ Moving from place to place

If you or the student or just student are living in share housing, please check all of the following reasons that apply:

- ☐ Loss of housing due to economic situation
- ☐ Loss of employment
- ☐ Natural disaster
- ☐ Foster Care
- ☐ Other: \_\_\_\_\_





## STUDENT REGISTRATION FORM

**Signature Required:** I hereby declare that I have read and understood the information contained on this form and the information I have provided is correct.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_