

# Student Registration Form

**PLEASE READ CAREFULLY AND PRINT CLEARLY:** Fill out **ALL** the information below, sign, and return to the main office.  
This form must be completed prior to registration.

## Student Information

Grade Level: PK (Goodyear) K 1 (KCS) 2 3 4 (KMS) 5 6 7 8 (KIS) 9 10 11 12 (KHS) State Student ID (if known) \_\_\_\_\_

Legal Name: \_\_\_\_\_  
Last First Middle

Prior Legal Name: \_\_\_\_\_  
(if any) Last First Middle

Preferred Name: \_\_\_\_\_ ☐ Male ☐ Female ☐ Other Gender Identification  
First Middle

Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
MM/DD/YYYY City/Town State/Province Country

Home Address: \_\_\_\_\_  
Street (No P.O. Box) City State Zip Code

Mailing Address: \_\_\_\_\_  
(if different) Street or P.O. Box City State Zip Code

Student Cell Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

Does your child have health insurance? ☐ Yes ☐ No Policy # \_\_\_\_\_

Health Insurance Carrier ☐ Husky ☐ BC/CS ☐ Health Net ☐ Other \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Dentist's Phone # \_\_\_\_\_

## Racial and Ethnic Background

Please check YES or NO for **each** item below. **At least one item within the box must be checked Yes, or one will be selected for you.**

- American Indian or Alaska Native** – A person having origins in any of the original peoples of North, Central or South America, and who maintains tribal affiliation or community attachment.
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Hispanic or Latino** – Of Mexican, Puerto Rican, Cuban, Central or South American origin, or a person of other Spanish cultural origin regardless of race.

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

## Education History

Has the student been receiving services? (check all that apply) ☐ IEP/Special Education ☐ 504 Plan ☐ English Learner (ELL/LEP)

Has the student been identified by a school as gifted and/or talented? (check all that apply) ☐ Gifted ☐ Talented

Has the student attended school in the United States for at least 3 school years? ☐ Yes ☐ No Date Started: \_\_\_\_\_

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## Pre-School Registration Only

Program Preferred: ☐ AM (8:45-11:30) ☐ PM (12:30-3:15) ☐ School Day (8:45-3:15) ☐ Full Day (7:00-5:00)  
 Number of Adults in household? \_\_\_\_\_ Number of Children in household? \_\_\_\_\_

## Kindergarten Registration Only

Did your child attend preschool in the year prior to entering Kindergarten? ☐ Yes ☐ No  
 If Yes, ☐ Full Day ☐ Half Day ☐ KPS Pre-School ☐ Head Start ☐ Other \_\_\_\_\_  
 Did your child receive **licensed** childcare in the year prior to entering Kindergarten? ☐ Yes ☐ No

## Killingly High School Only

☐ I request that my child's, name, address, and telephone number not be released to Armed Forces, Military Recruiters, or Military Schools.

## Household Information

Has the family moved across state boundaries in the past 36 months for a parent/guardian to obtain seasonal or temporary work in agriculture, dairy or fishing? ☐ Yes ☐ No

Is a parent or guardian currently a member of the Armed Forces on active duty (Army, Navy, Air Force, Marine Corps and Coast Guard), or serving on full-time National Guard duty? ☐ Yes ☐ No

Please provide the name, year born, and school attending of any school-age siblings of this student:

\_\_\_\_\_  
 \_\_\_\_\_

Is there anything about your family arrangement that we should be aware of? (split/joint/sole custody, guardianship, foster, etc.

**Court Document Required**.) Please explain: \_\_\_\_\_

\_\_\_\_\_

Provide contact information for BOTH custodial and non-custodial parents and legal guardians; for after-school caretakers, and emergency contacts. Please include *at least one other contact* besides parents/guardians.

**List contacts—including parents—in the order they should be called in an emergency situation.**

## Primary Guardian/Contact (to be contacted first)

Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
Last, First, Middle Initial

Preferred Phone: \_\_\_\_\_ ☐ Cell (OK to text? ☐ Yes) ☐ Home/Landline ☐ Work  
(First to call)

Second Phone: \_\_\_\_\_ ☐ Cell (OK to text? ☐ Yes) ☐ Home/Landline ☐ Work

Third Phone: \_\_\_\_\_ ☐ Cell (OK to text? ☐ Yes) ☐ Home/Landline ☐ Work

Email: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Street (No P.O. Box) City State Zip Code

Mailing Address: \_\_\_\_\_  
(if different) Street or P.O. Box City State Zip Code

☐ Has Legal Authority/Responsibility ☐ Emergency Contact ☐ School Pickup Allowed ☐ Receives Mail

☐ Lives With Days: ☐ All or check all that apply: ☐ M ☐ Tu ☐ W ☐ Th ☐ F

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Note: It is not necessary to provide address information for people serving only as emergency contacts.

## Second Guardian/Contact (to be contacted *second*)

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Last, First, Middle Initial

Preferred Phone: \_\_\_\_\_ ☐ Cell (OK to text? ☐ Yes) ☐ Home/Landline ☐ Work  
(First to call)

Second Phone: \_\_\_\_\_ ☐ Cell (OK to text? ☐ Yes) ☐ Home/Landline ☐ Work

Third Phone: \_\_\_\_\_ ☐ Cell (OK to text? ☐ Yes) ☐ Home/Landline ☐ Work

Email: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Street (No P.O. Box) City State Zip Code

Mailing Address: \_\_\_\_\_  
(if different) Street or P.O. Box City State Zip Code

☐ Has Legal Authority/Responsibility ☐ Emergency Contact ☐ School Pickup Allowed ☐ Receives Mail

☐ Lives With Days: ☐ All or check all that apply: ☐ M ☐ Tu ☐ W ☐ Th ☐ F

## Additional Contact Information

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Last, First, Middle Initial

Preferred Phone: \_\_\_\_\_ ☐ Cell (OK to text? ☐ Yes) ☐ Home/Landline ☐ Work  
(First to call)

Second Phone: \_\_\_\_\_ ☐ Cell (OK to text? ☐ Yes) ☐ Home/Landline ☐ Work

Third Phone: \_\_\_\_\_ ☐ Cell (OK to text? ☐ Yes) ☐ Home/Landline ☐ Work

Email: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
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## Additional Contact Information

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Last, First, Middle Initial

Preferred Phone: \_\_\_\_\_ ☐ Cell (OK to text? ☐ Yes) ☐ Home/Landline ☐ Work  
(First to call)

Second Phone: \_\_\_\_\_ ☐ Cell (OK to text? ☐ Yes) ☐ Home/Landline ☐ Work

Third Phone: \_\_\_\_\_ ☐ Cell (OK to text? ☐ Yes) ☐ Home/Landline ☐ Work

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## Authorizations



Parent/Guardian Initials

The **Killingly Public School District** is hereby authorized to obtain and/or release any photograph(s), video(s), or other form(s) of photography or video technology of my child for school related or informational purposes. All photography and video recording will be obtained during officially sanctioned school activities on or off school property.



Parent/Guardian Initials

I give my child \_\_\_\_\_, permission to use computers and access the internet at the **Killingly Public School District**. Pursuant to the Student/Parent Handbook.



Parent/Guardian Initials

I have reviewed or will review the Student/Parent Handbook (available online at [www.killinglyschools.org](http://www.killinglyschools.org), then select the appropriate school). If you do not have internet access in your home, please check this box ☐ to receive a copy of the Student/Parent Handbook.



Parent/Guardian Initials

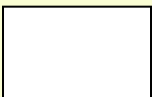
I, the undersigned, do hereby authorize officials of the **Killingly Public School District** to contact directly the medical personnel named on this form and do authorize them to render such treatments to this child as may be deemed necessary in an emergency. I will not hold the school district financially responsible for the emergency care or transportation of this child.

## Goodyear Early Childhood Center Only



Parent/Guardian Initials

I give my child \_\_\_\_\_, permission to attend and participate in any activities conducted in the general neighborhood of the Goodyear Early Childhood Center, including but not limited to, trips to the local post office, nature walks, visits to other building spaces, the garden area in the backyard, etc... I understand these "mini" excursions will be supervised, as are all the extended field trips.



Parent/Guardian Initials

I understand and accept the policies and procedures set forth in the handbook and I have thoroughly reviewed the program's discipline policy.

***I confirm that the information contained on this registration is current and accurate.***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Date