

Student Information

Racial and Ethnic Background

Please check YES or NO for **EACH** item below

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

Education History

Has the student attended school in the United States for at least 3 full school years? ☐ Yes ☐ No

Kindergarten Registration Only

☐ Full Day (7:00-5:00) ☐ KCS School Day (8:00-2:45)



New Student Registration Form

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.)
Please explain:

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

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

Name: _____ Employer: _____
Last First

Preferred Phone: _____ ☐ Cell (OK to text? ☐ Yes ☐ No) ☐ Home/Landline ☐ Work
(First to call)

Second Phone: _____ ☐ Cell (OK to text? ☐ Yes ☐ No) ☐ Home/Landline ☐ Work

Third Phone: _____ ☐ Cell (OK to text? ☐ Yes ☐ No) ☐ 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 Custody ☐ Emergency Contact ☐ School Pickup Allowed ☐ Receives Mail

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

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

Name: _____ Employer: _____
Last First

Preferred Phone: _____ ☐ Cell (OK to text? ☐ Yes ☐ No) ☐ Home/Landline ☐ Work
(First to call)

Second Phone: _____ ☐ Cell (OK to text? ☐ Yes ☐ No) ☐ Home/Landline ☐ Work

Third Phone: _____ ☐ Cell (OK to text? ☐ Yes ☐ No) ☐ Home/Landline ☐ Work

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Residence Address: _____
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New Student Registration Form

Additional Guardian/Contact

Name: _____ Last _____ First _____ Employer: _____

Preferred Phone: _____ (First to call) ☐ Cell (OK to text? ☐ Yes ☐ No) ☐ Home/Landline ☐ Work

Second Phone: _____ ☐ Cell (OK to text? ☐ Yes ☐ No) ☐ Home/Landline ☐ Work

Third Phone: _____ ☐ Cell (OK to text? ☐ Yes ☐ No) ☐ 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 Custody ☐ Emergency Contact ☐ School Pickup Allowed ☐ Receives Mail

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

Additional Guardian/Contact

Name: _____ Last _____ First _____ Employer: _____

Preferred Phone: _____ (First to call) ☐ Cell (OK to text? ☐ Yes ☐ No) ☐ Home/Landline ☐ Work

Second Phone: _____ ☐ Cell (OK to text? ☐ Yes ☐ No) ☐ Home/Landline ☐ Work

Third Phone: _____ ☐ Cell (OK to text? ☐ Yes ☐ No) ☐ 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 _____

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New Student Registration Form

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 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

For Goodyear Early Childhood Center Only. 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.

***I confirm that the information contained on this registration is current and accurate.
I understand and accept the policies and procedures set forth in the handbook and I
have thoroughly reviewed the program’s discipline policy.***

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date