

PLEASE READ CAREFULLY AND PRINT CLEARLY: Fill out ALL the information below, sign, and return to the main office. Student Information State Student ID (if known) ☐ KIS ☐ KHS ☐ KPS Pre-School ☐ KMS ☐ KCS Current Grade: Legal Name: _ Middle First Prior Legal Name: (if any) First Last Middle Preferred Name: _ ☐ Male Female Other Gender Middle Identification Birth Date: Birthplace: MM/DD/YYYY State/Province Country Home Address: Street (No P.O. Box) City State Zip Code Mailing Address: Street or P.O. Box State (if different) City Zip Code Student Cell Phone: Student Email: Racial and Ethnic Background Please check YES or NO for **EACH** item below American Indian or Alaska Native – A person having origins in any of the original peoples of North, ☐ Yes ☐ No 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. ☐ Yes ☐ No Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of ☐ Yes ☐ No 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. ☐ Yes ☐ No Hispanic or Latino – Of Mexican, Puerto Rican, Cuban, Central or South American origin, or a person of other ☐ Yes ☐ No Spanish cultural origin regardless of race. **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 full school years? ☐ Yes Kindergarten Registration Only Did your child attend preschool in the year prior to entering Kindergarten? ☐ Yes ☐ No Did your child receive childcare in the year prior to entering Kindergarten? ☐ Yes ☐ No If Yes, ☐ Full Day ☐ Half Day ☐ KPS Pre-School ☐ Head Start ☐ Other_ Program Preferred: ☐ AM (8:15-11:00) ☐ PM (12:30-3:15) ☐ School Day (8:15-3:15) ☐ Full Day (7:00-5:00) ☐ KCS School Day (8:00-2:45)

Updated 4/19 Page 1 of 4



Household Information

Has the family moved across state boundaries or temporary work in agriculture, dairy or fishi	in the past 36 months for a parent/guardian to obtain seasonal ing?	☐ 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?				
Please provide the name, year born, and school	ol 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.				
<u>Primary</u>	Guardian/Contact (to be contacted first)			
Name:	Employer:			
Preferred Phone:				
(First to call) Second Phone:		dline Work		
Third Phone:		_		
Email:				
Residence Address:				
Street (No P.O. Box)	City State	Zip Code		
Mailing Address: (if different) Street or P.O. Box	City State	Zip Code		
	School Pickup Allowed Receives Mail			
Second G	uardian/Contact (to be contacted second)			
Name:	Employer:			
Last	First	II:		
Preferred Phone:		_		
Second Phone:	Cell (OK to text? Yes No) Home/Lan	dline 🗌 Work		
Third Phone:	Cell (OK to text? Yes No) Home/Lan	dline 🗌 Work		
Email:	Relationship to Student:			
Residence Address:				
Street (No P.O. Box)	City	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			

Updated 4/19 Page 2 of 4



Add	ditional Guardian/Contact		
Name:	Employer:		
		□ Home/Landline □ Work	
Preferred Phone: (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) Mailing Address:	City	State Zip Code	
(if different) Street or P.O. Box	City	State Zip Code	
☐ Has Custody ☐ Emergency Contact ☐ Sch	nool Pickup Allowed 🔲 Receives Mail		
Lives With Days: All or check all that apply:	☐ M ☐ Tu ☐ W ☐ Th ☐ F		
Ado	ditional Guardian/Contact		
Name:	Employer:		
Last Fi		□ Hamadhaadhaa □ NAdadh	
Preferred Phone:			
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		
Ade	ditional Guardian/Contact		
Name: Fi	Employer:		
Preferred Phone:		☐ Home/Landline ☐ Work	
(First to call) Second Phone:			
Third Phone:	Cell (OK to text? Yes No)	☐ Home/Landline ☐ Work	
Email:	mail: Relationship to Student:		
Residence Address: Street (No P.O. Box)	City	State Zip Code	
Mailing Address:	City	sidie zip Code	
(if different) Street or P.O. Box	City	State Zip Code	
	nool Pickup Allowed 🔲 Receives Mail		
Lives With Days: All or check all that apply: M Tu W Th F			

Updated 4/19 Page 3 of 4



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 Signatu	pre Parent/Guardian Name (please print) Date	

Updated 4/19 Page 4 of 4