

KILLINGLY PUBLIC SCHOOLS

NEW STUDENT
Rev. 7/2016

KPS PreSchool KMS KCS KIS KHS Current Grade: _____ SASID: _____

PLEASE READ CAREFULLY AND PRINT CLEARLY: Fill out ALL the information on your student below, sign, return to the main office.

STUDENT INFORMATION

Student Name: _____
Last First Middle

Birth Date (DOB): _____ Male Female State/Country of Student's Birth: _____

Home Address: _____
Street (No PO Box) City ST Zip

1. Is the current address for this student a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

Mailing Address: _____
Street or PO Box City ST Zip

Primary Phone: _____ Siblings Full Name/YOB: _____

Student Cell Phone: _____ Student Email: _____

Student Resides with (Check all that apply) Both Parents Mother Father Stepmother Stepfather
 Foster Parent Other (please specify) _____

Do both parents/guardians listed below have the authority in all school and medical matters? Yes ___ No ___

Is there anything about your family arrangement that we should be aware of (split/joint/sole custody, guardianship, grandparent, etc) Please explain: _____

MOTHER INFORMATION

Mother Name: _____
(Last, First)

Mother Home Phone: _____

Mother Cell Phone: _____

Mother Employer Name: _____

Mother Employer Phone: _____

Mother Email Address: _____

FATHER INFORMATION

Father Name: _____
(Last, First)

Father Home Phone: _____

Father Cell Phone: _____

Father Employer Name: _____

Father Employer Phone: _____

Father Email Address: _____

GUARDIANSHIP INFORMATION

Name: _____ Relationship: _____
(Last, First)

Mailing Address: _____
Street City ST Zip

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Employer: _____ Work Phone: _____

AFTER SCHOOL/DAY CARE INFORMATION

After School Contact: _____ Relationship: _____
(Last, First)

Home phone: _____ Cell Phone: _____

2ND MAILING INFORMATION
(If a 2nd mailing is needed, please fill in the following information)

2ND Mailing Name: _____

2ND Mailing Address: _____
Street City ST Zip

ALTERNATE EMERGENCY CONTACT INFORMATION
(If parents/guardians cannot be reached for transportation or illness)

Emergency #1 Name _____ Relationship: _____

#1 Daytime Phone: _____ #1 Cell Phone: _____ #1 Work Phone: _____

Emergency #2 Name _____ Relationship: _____

#2 Daytime Phone: _____ #2 Cell Phone: _____ #2 Work Phone: _____

Emergency #3 Name _____ Relationship: _____

#3 Daytime Phone: _____ #3 Cell Phone: _____ #3 Work Phone: _____

AUTHORIZATIONS

The Killingly Board of Education requires parents to acknowledge the use of the internet as well as allowing their child to be photographed. Do you give permission for your child to:

Be interviewed by military personnel? YES NO
Use the internet? YES NO
Have their photograph taken? YES NO

RACIAL/ETHNIC BACKGROUND

Please circle YES or NO to EACH of the following questions:

- | | | | |
|------------|---|-----|----|
| Question 1 | Is your child Hispanic or Latino? | YES | NO |
| Question 2 | Is your child American Indian / Alaska Native? | YES | NO |
| Question 3 | Is your child Asian? | YES | NO |
| Question 4 | Is your child Black / African American? | YES | NO |
| Question 5 | Is your child Native Hawaiian / Pacific Islander? | YES | NO |
| Question 6 | Is your child White? | YES | NO |

HEALTH INFORMATION & AUTHORIZATION

Primary Care Physician Name: _____ Physician Phone Number: _____

Dentist Name: _____ Dentist Phone: _____

Significant Medical History: (Medical Diagnosis, Allergies, Medications, Restrictions, etc.) _____

My child has Health Insurance: YES NO

Name of Insurance Company: _____

I, the undersigned, do hereby authorize officials of the Killingly School District to contact directly the persons named on this registration and do authorize the named physicians to render such treatments as may be deemed necessary in an emergency, of this child. I will not hold the school district financially responsible for the emergency care or transportation of this child. _____(parent/guardian initials)

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 PreSchool Headstart Other_____

PRIOR SCHOOL ATTENDED

Prior School Name City/State Phone Date(s) Last Attended

STUDENT/PARENT HANDBOOK INFORMATION

[]

Please initial the box to indicate you will review the Student/Parent Handbook online at www.killinglyschools.org Select the appropriate school.

[]

If you do not have internet access in your home, please check the box to the left to receive a copy of the Student/Parent Handbook.

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

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

Killingly Public Schools

Home Language Survey

Welcome to our school!

We have a few questions about language spoken at home. We are required by the US Department of Education to ask for this information because it will help us know how we can best support your child. The language information also helps us know how we can best communicate with you. Please share with us about the language(s) spoken by your family and in your home.

Grade: _____ **Teacher:** _____

Student Information

Student first name: _____ Student last name: _____

Country of birth: _____

Date of birth: _____

Date first enrolled in any US school: _____

1) What is the primary language used in the home, regardless of the language spoken by the student?

2) What is the language most often spoken by the student?

1) What is the language the student first acquired?

1.) What language do you prefer for written communication from the school? _____

2.) Will you require interpretation/translation at Parent-Teacher meetings? [] Yes [] No

Parent/Guardian name (please print)

Parent/guardian signature

Date