

Office use only

Student ID _____ School _____ Grade _____ HR _____ Date _____

TRUMBULL SCHOOLS STUDENT REGISTRATION FORM

(Please complete both sides)

Has this student ever been enrolled in a Trumbull School? ___ No ___ Yes School _____

Student Name: _____ **Nickname:** _____

Last First Middle Name

Gender: Male ___ Female ___ **Grade:** _____

/

***Ethnic Group:** *State Requirement P.A. 77-588 (please answer both questions)*

Hispanic/Latino Yes or No (circle one)

(circle one) American Indian or Alaskan Native Asian Black Pacific Islander or Native Hawaiian White

***Dominant Language Information:** *State Requirement-CT General Statutes 10-17f*

See attached Home Language Survey Form

Date of Birth ___/___/___ *(mm/dd/yy)* **Birth Place:** _____

Birth Certificate Copy: _____ *(a copy of birth certificate must be kept on file)*

If Foreign born the date student entered the US: _____ Citizenship: _____

Student's First Formal Schooling: *(circle one)* Preschool Kindergarten First Grade

TRANSFER INFORMATION Student is transferring from:

Name of School: _____ Public: ___ Private: _____

Address: _____
Street City State/zip Country

Does your student participate in or has s/he ever participated in any related service?

Yes ___ NO ___ If **yes**, please check all that apply

___ Special Education with IEP ___ 504 Plan ___ Health Care Plan ___ ELL ___ Other

If other, please explain: _____

If any of the above information is checked, the current Special Education IEP, 504 Plan or Health Care Plan is required before registration is complete.

Pupil Services Representative Signature: _____ *Date* _____

HOUSEHOLD

Home Address: _____
No. Street City and Zip

Home Phone Number _____

For School Office Use Only:

Birth Certificate Verified: _____ Residency Verified: _____ Lease Expires: _____

****Required State Information***

RELATIONSHIPS WITHIN THE HOUSEHOLD: List all persons that live at the stated address and their relationship to the student. (mother, father, guardian, sister, brother, aunt, uncle, etc.)

Name: _____ Relationship: _____

Work Phone _____ Cell _____ **Text Y/N e-mail: _____

Name: _____ Relationship _____

Work Phone _____ Cell _____ **Text Y/N e-mail: _____

Name: _____ Relationship _____

Work Phone _____ Cell _____ **Text Y/N e-mail: _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

**Please indicate permission to receive text alert messages on cell phone. Circle Yes or No.

NON-HOUSEHOLD RELATIONSHIPS: (List persons for: Parent out of Household, Emergency Contacts, Health Contacts & Information)

Parent out of Household – If Parent out of Household – **does this parent receive mailings? Yes or No** (circle)

Name: _____ Relationship: _____

Address: _____

No. Street City State/zip

Work Phone _____ Cell Phone _____ e-mail: _____

Emergency Contacts: If a parent cannot be reached in the event of an emergency, who should we contact?

#1. Name: _____ Relationship: _____

Work Phone _____ Cell Phone _____

#2. Name: _____ Relationship _____

Work Phone _____ Cell Phone _____

Health Contacts and Information:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Other: _____ Phone: _____

Handicaps: _____

Medications: _____

Allergies: _____

Other: _____

In the absence of special medical directions, permission is granted to transfer my child to a hospital. Yes or No (circle one) I would prefer transfer to _____ Hospital.

Parent's Signature _____ **Date** _____

Counselor's Signature _____ **Date** _____

Administrator's Signature _____ **Date** _____ *Rev. 07/16*

****Required State Information***

HOME LANGUAGE SURVEY TRUMBULL PUBLIC SCHOOLS

Welcome to Trumbull Public Schools!

We have a few questions about languages spoken at home. We are required by the U.S. 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.

Student Information

Student first name:

Student last name:

Date of birth:

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?

3) What is the language the student first acquired?

Parent/guardian name (please print)

Parent/guardian signature

Date

Thank you for answering the questions. We look forward to working with your child.