

REGISTRATION FORM

School \_\_\_\_\_  
Date \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_ ID # \_\_\_\_\_ Bus # \_\_\_\_\_  
For Office Use: \_\_\_\_\_

STUDENT INFORMATION: Sex: M \_\_\_\_\_ F \_\_\_\_\_ NON-BINARY \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

STREET ADDRESS: \_\_\_\_\_ P.O. Box \_\_\_\_\_  
(if any)

POST OFFICE (circle one): Uncasville Oakdale Montville Telephone No. \_\_\_\_\_

Is this considered a permanent address? Yes \_\_\_\_\_ No \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Mo. Day Year

Is the above named student Hispanic/Latino? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the above named student from one or more races? (choose all that apply)  
\_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ White

SCHOOL LAST ATTENDED: \_\_\_\_\_  
Name Address City/State

In this school was the child receiving special education? \_\_\_\_\_ Remedial Services? \_\_\_\_\_ ESL Services? \_\_\_\_\_

Has your child regularly attended a head start program, nursery school, licensed day care center or public preschool program since September of last year? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

FAMILY INFORMATION: Is one or more parent/Guardian a member of the Armed Forces/FT National Guard Duty? \_\_\_\_\_

NAME: \_\_\_\_\_  
Father/Guardian Mother/Guardian

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ cell: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_ cell: \_\_\_\_\_

PARENT E-MAIL ADDRESS: \_\_\_\_\_

Would you like school notices e-mailed to you? Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

STUDENT LIVING WITH: \_\_\_\_\_

Are there any restrictions as to whom the student may be released? \_\_\_\_\_

Other children living at home:  
Name DOB Name DOB

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

EMERGENCY DATA: Name, address, and telephone # of 2 persons the school may call if parents are not available:  
\_\_\_\_\_  
Telephone # \_\_\_\_\_  
\_\_\_\_\_  
Telephone # \_\_\_\_\_

I certify that the above information is correct. \_\_\_\_\_  
Signature Date

