

EAST HAMPTON PUBLIC SCHOOLS

Registration Information Pre-Kindergarten through Grade 12

Student's Name (use student's full legal name as it appears on the birth certificate)

last name

first name

middle name

suffix

Street #

Street Name

Apt.

Post Office:

East Hampton, 06424

Cobalt, 06414

Middle Haddam, 06456

Other (specify): _____

Is Resident Address same as Mailing Address?

 Yes No

(If no, please complete box below)

Mailing Address (only if different from Resident Address):

Street #

Street Name

P.O. Box

Apt.

Post Office:

East Hampton, 06424

Cobalt, 06414

Middle Haddam, 06456

Other (specify): _____

Home Telephone: _____

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Student Gender:

 Male Female

Student's Date of Birth: _____

Month/Day/Year

Is this student a U.S. citizen?

 Yes No

Grade level _____ **for school year** _____

Student resides with (check all that apply):

 Father Mother Stepmother Stepfather Other

If other, specify relationship: _____

Marital Status:

 Married Divorced Separated Single Widow/Widower

Parent/Guardian: _____

Last Name

First Name

Relationship to Student: _____

Same Address as student: Yes No

If no, please specify: _____

Work Phone: _____

() -

Cell Phone: _____

() -

Other Phone: _____

() -

E-Mail Address: _____

Parent/Guardian: _____

Last Name

First Name

Relationship to Student: _____

Same Address as student: Yes No

If no, please specify: _____

Work Phone: _____

() -

Cell Phone: _____

() -

Other Phone: _____

() -

E-Mail Address: _____

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If birth parents are not living together, indicate name, and contact information below.

Should communications be sent to the below parent? No Yes (If Yes, please complete address below)

Name: _____
Last Name First Name

Relationship to Student: _____
Address (if known) _____

E-Mail Address: _____

Home Phone: () - _____ Work Phone: () - _____

Cell Phone: () - _____ Other Phone: () - _____

Do the people listed above have the authority in all school and medical matters? Yes No

If no, a copy of the court order must be provided.

Is there anything about your family arrangement that we should be aware of (*split/joint custody, guardianship, live-in au pair, grandparent, etc.*)? Please explain: _____

Alternate Contacts (if parents/guardians cannot be reached for transportation or illness):

#1 Contact Name: _____ relationship _____

Phone #1: () - _____ Phone #2: () - _____

#2 Contact Name: _____ relationship _____

Phone #1: () - _____ Phone #2: () - _____

Daycare Arrangements (if applicable):

Name of person or facility for a.m.: _____ Phone #: () - _____

Days applicable, check all that apply: Monday Tuesday Wednesday Thursday Friday

Name of person or facility for p.m.: _____ Phone #: () - _____

Days applicable, check all that apply: Monday Tuesday Wednesday Thursday Friday

Are any of the student's parents or guardians a member of the Armed Forces on active duty or currently serving fulltime National Guard duty?

Yes / No (Please circle one)

Is the student Hispanic/Latino? Yes No

Is the student from one or more races (choose all that apply):

White Black or African American Asian Native Hawaiian or Other Pacific Islander American Indian or Alaskan Native

Signatures of:

Parent/Guardian

Parent/Guardian

Parent/Guardian

Date