



Student Name: _____

Grade: _____

School: _____

Date (mm/dd/yyyy): _____

Middletown Public Schools – Student Information Enrollment Form

TO BE COMPLETED BY PARENT/GUARDIAN

Student's First Name _____ Middle _____ Last Name _____ Sex: M F

Date of Birth _____ Certified Birth Certificate with Seal received: (check if received)
(Proof of birth is required: Certified Birth Certificate with Seal)

Student's Place of Birth: City _____ State/Zip _____ Country _____

Student's Street Address _____ Home Phone _____

Student Resides with: Both Parents Mother Father
 Guardian Grandparent Other _____

Parent/Guardian Information

Parent/Guardian 1

Parent Guardian Other

Parent/Guardian 2

Parent Guardian Other

Name: _____

Name: _____

Relationship to Student: _____

Relationship to Student: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-mail: _____

Place of Employment: _____

Place of Employment: _____

Work Phone: _____

Work Phone: _____

If parents are separated or divorced:

Name of custodial parent(s) _____

Address _____ City _____ State _____ Zip _____

- If parents do NOT have joint custody:
Is the non-custodial parent authorized to pick up or visit the child at school? YES NO
- If the answer is NO, certified court paperwork must be provided to school. Unless there is such an order, the non-custodial parent retains all parental rights. (Reference CGS 46b-56(g))
- ETHNICITY: Please check one: Is student Hispanic / Latino? YES NO
- RACE: Please choose one or more: American Indian or Alaskan Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander White

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Middletown Public Schools

Family Information

List all children (birth to 21 years) residing with the family in the household:

Child's First and Last Name	Date of Birth (mm/dd/yyyy)	School Attending/Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Health Information

Children who are entering the public school system for the first time must meet a number of State mandated health requirements. In order for your child to start school, we will need the information requested on the enclosed (BLUE) State of Connecticut Department of Education Health Assessment Records.

Parents should complete Part I of the enclosed State of Connecticut Health Assessment Record (BLUE) and then bring the form to the child's physician. The doctor will complete Part II—Medical Evaluation—including current history of the child's immunizations.

Parents should include the Health Assessment Record completed by the physician as part of the registration packet. State regulations prohibit children from entering school until this is received. Should you have any questions, please call the school office.

Emergency Health Information

In the event of an emergency, if the parent(s) cannot be contacted, I hereby authorize officials of the Middletown Public Schools to take whatever action is deemed necessary in their judgment for the health of the said child.

I will NOT hold the school district financially responsible for the emergency care and/or transportation for said child.

Parent signature _____ Date _____

School Nurse Check Off:

Health Records _____ Health Assessment _____ Signed _____ Date _____

Student Name: _____

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School: _____

Date (mm/dd/yyyy): _____



Middletown Public Schools

Transportation

Please indicate address from which your child will be transported to school within your school attendance zone:

If not returning to same address after school, please indicate address child is returning to within your school attendance zone:

Preliminary Dominant Language Information

Connecticut State law requires that each school district conduct a preliminary assessment of the dominant language of each student in its public schools. This assessment is made in order to ascertain English proficiency. If the assessment indicates limited proficiency, English Language Learner program services are provided.

What language did your child learn to speak first? _____

What language does your child speak at home? _____

What language is spoken to your child at home? _____

What language is spoken by adults in your child's home? _____

Previous School Information

Name of Last School Attended _____ Public _____ Private _____

Street Address _____ City _____ State _____ Zip _____

Last Grade Completed _____ Date left _____ Grades repeated (if any) _____

How long has your child lived in Middletown? _____

Please check if your child has received any of the following services:

Special Education English Language Learner Other

For Kindergarten Registrations Only:

Did your child attend a preschool, child care or nursery school program? Yes No

Name of Preschool/Childcare Program: _____ Town: _____

Dates attended: From _____ To: _____
(mm/yyyy) (mm/yyyy)

Name of second Preschool/Childcare Program (if any): _____ Town: _____

Dates attended: From _____ To: _____
(mm/yyyy) (mm/yyyy)

Student Name: _____



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Middletown Public Schools

Statement of Residence

NOTE

During registration you will need to furnish the following items:

- Certified Birth Certificate with Seal
- Proof of residency required
(copy of valid lease, mortgage contract, real estate tax bill, current utility bill or notarized letter from Landlord or Attorney)
- Picture ID of parent/guardian (e.g. license, passport)

I hereby affirm that: _____ is my _____ and
(Student Name) (son/daughter)

that he/she legally resides with _____ at _____
(Name of Parent/Guardian) (Number and Street, Middletown, CT 06457)

Please check (√) appropriate box:

This is the only residence for this child, who is living with me for purposes of permanent parenting and care.

OR

There are certain aspects or conditions of this child's residency that are explained in an attached document. (e.g. court ordered child care sharing or guardianship.) Under no circumstances, however, is this child residing with me for the sole purpose of attending school in Middletown, nor am I receiving any payment for having this child reside with me for that purpose.

I accept full responsibility for this child in all matters relative to his/her attending Middletown Public Schools.

I hereby acknowledge that if any of the above statements are proven to be false, I may be held accountable to the City of Middletown at the prevailing per diem cost for each day this child is registered in the Middletown Public Schools and that the child may be withdrawn from school immediately.

I understand that only children who are legal residents of Middletown may attend Middletown Public Schools. I further understand that a fraudulent statement may lead to my prosecution under the Criminal Statutes of the State of Connecticut, and that false statements made in order to receive educational benefits may constitute the crime of defrauding a public community, a felony under Connecticut law. I also understand that this document may be used in a court of law as evidence against me.

I also hereby affirm that all information submitted in this registration booklet is true and accurate to the best of my knowledge.

Signature of Parent/Guardian

Relationship

Date