

ANSONIA PUBLIC SCHOOLS REGISTRATION/EMERGENCY FORM

Student Information

Name: _____ Telephone: _____

Address: _____

Age: _____ D.O.B. ____/____/____ Place of Birth: _____

M ____ F ____ U.S. Citizen: ____ Yes ____ No (If no, list citizenship) _____

Does this child have Health Insurance? ____ Yes ____ No

Does your child have any medical conditions such as severe reactions to insect bites, medications or food which require emergency treatment? ____ Yes ____ No Doctor & Phone # _____

Student lives with: ____ Both Parents ____ Mother ____ Father ____ Stepmother ____ Stepfather ____ Other (please specify): _____

Race: Please sign and complete attached student race and ethnicity questionnaire. Revised March 2010

Parent/Guardian Information

Mother's Name: _____ Address: _____

Home Telephone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____

Father's Name: _____ Address: _____

Home Telephone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____

Guardian's Name: _____ Address: _____

Home Telephone: _____ Cell Phone/Pager: _____

Employer: _____ Work Phone: _____

If your child becomes ill during the day and needs to leave, please list in order of importance, the names of four adults, including yourself and/or spouse, along with the day time phone numbers. It is understood that those listed have your permission to pick up your child.

#1 _____
Name Relationship Phone Number(s)

#2 _____
Name Relationship Phone Number(s)

#3 _____
Name Relationship Phone Number(s)

#4 _____
Name Relationship Phone Number(s)

Has your child been a student in the Ansonia Public Schools before? ____ Yes ____ No

If yes, which school? _____ List dates of attendance: _____

If no, list previous school: _____ Address: _____

List the names of all children in the household, including their date of birth, relationship and current school:

Name	Date of Birth	Relationship	Current School

1. What language did your child (children) learn to speak first? _____
2. What language do you (parent, guardian, or other person where your child or children live) speak as a primary language – that is, the language you most often or generally speak? _____
3. What is the language most used by your child or children when they are at home? _____

If child was NOT born in the United States:

- a. When did child enter the U.S.? _____
 - b. Has child attended school in another country since first entering the United States? _____
 - c. When? _____ For how long? _____
4. Has your child received/attended any special services/programs? Please check all that apply:
- _____ Speech and language _____ Tutoring (Title I) _____ ESL
- _____ Academically talented _____ Other (please specify) _____

[For incoming Kindergarten-Grade 3 students only; all others can move to the next section]

5. Did your child attend a Head Start program, private nursery/preschool, licensed day care center, public preschool program, or family day care? _____ Yes ___ No If yes, please give details, including the number of years: _____

Required Proof of Residency

You will be required to provide **a minimum of two** of the following:

- _____ Valid Connecticut driver's license indicating Ansonia residency (**address must be on front of license**)
- _____ Current utility bill (such as UI, Comcast, ATT dated within timeframe of registration)
- _____ Deed to home or dated rental agreement listing student(s) name
- _____ Escrow papers or signed mortgage commitment

By my signature below, I certify that all questions have been answered truthfully. I authorize representatives of the Ansonia Public Schools to verify this information, and I understand falsification of any information or documents required for this verification will result in revocation of registration for the student, and may lead to liability for tuition and to criminal penalties for fraud. In addition, the imposition of civil penalties, perjured or fraudulent statements could lead to possible criminal prosecution.

Signature of Parent/Guardian

Date