

# Ansonia Public Schools Registration Checklist



**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Date** \_\_\_\_\_

**School/Teacher** \_\_\_\_\_ **TEMS** \_\_\_\_\_

Documentation Required	Received	Pending
Birth Certificate		
Required for proof of residence to register your child		
<ul style="list-style-type: none"> <li>• License/ID required at all times of registration</li> <li>• Deed to home/Mortgage statement or current Rental Agreement/HUD rental lease(all family members should be listed on lease/HUD)</li> </ul>		
With the required proof of residence – an additional proof is required, such as:		
<ul style="list-style-type: none"> <li>• Current utility bill (such as ATT, Comcast or UI dated Within timeframe of registration)</li> </ul>		
<ul style="list-style-type: none"> <li>• Medical Records/Form – Physicals may be required for certain grades and/or health immunizations are always required for all grades. Compliance verification from school nurse.</li> </ul>		
Copy of student's current immunizations if physical has not been completed for Registration. Kindergarten cannot enter school without Blue Health Assessment Form being received.		

**Additional Information (if required by Central Office for registration):**

Legal custody documentation and/or guardianship (anyone other than parent) \_\_\_\_\_

A Requirement for person(s) and student living with someone:

- Certificate of Residence (Landlord lives within dwelling) \_\_\_\_\_
- Certificate of Residence (Landlord does not live within dwelling) \_\_\_\_\_
- A Copy of Permit of Occupancy(May be required from landlord) \_\_\_\_\_

**\*\*\*Required for High School Students** – Last report card & Transcript \_\_\_\_\_

For all students coming from another district.

For Special Education Students – Most current IEP required at registration \_\_\_\_\_

For students with a 504 Plan – Most current 504 Plan required at registration \_\_\_\_\_

DATE \_\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

## 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

Is your child's parent or guardian a member of the **Armed Forces** on active duty or serves on full-time **National Guard duty**? 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 \_\_\_\_\_

**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: \_\_\_\_\_

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

#2 \_\_\_\_\_  
Name Relationship Phone Number

#3 \_\_\_\_\_  
Name Relationship Phone Number

#4 \_\_\_\_\_  
Name Relationship Phone Number

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 is the primary language used in the home, regardless of the language spoke by the student? \_\_\_\_\_
2. What is the language most often spoken by the student? \_\_\_\_\_
3. What is the language the student first learned to speak? \_\_\_\_\_

Has your child been educated in the United States for 3 years or more? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child received/attended any special services/programs?

Please check all that apply:

\_\_\_\_\_ Speech and language      \_\_\_\_\_ Tutoring (Title 1)

\_\_\_\_\_ English as a Second Language/Bilingual

\_\_\_\_\_ Academically talented      \_\_\_\_\_ Other (please specify: \_\_\_\_\_)

**(For incoming Kindergarten-Grade 3 students only: all others can move to the next section)**

Did your child attend a Head Start program, private nursery/preschool, licensed day care center, public preschool program, or family day care? \_\_\_\_\_ Yes \_\_\_\_\_ No

***Required Proof of Residency***

I have provided the required documents for registration for Ansonia Public Schools. I am the Parent/Guardian and I am living in Ansonia.

By my signature below, I certify that all questions have been answered truthfully. I authorize the registration office and/or family liaison/attendance officer 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(s), 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

## Student Race and Ethnicity Questionnaire

Please answer the following questions about your child/children in the table below:

- 1) Is your child Hispanic/Latino, yes or no? and
- 2) What is your child's race?

Check all that apply. Please note that you may refuse to answer these questions, but in this event a school district staff member will need to make the identification for you.

Child's Name	Is this child Hispanic/Latino? (check only one)		What is the child's race? (Check one or more, even if you answered "yes" to the Hispanic/Latino question)				
	YES	NO	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White

**Parent or Guardian Signature:** \_\_\_\_\_

### Definitions:

**Hispanic/Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast, Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand and Vietnam.

**Black or African American:** A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

# Ansonia Public Schools

## CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION

**REGISTERED WITH ANSONIA. DATE:** \_\_\_\_\_

STUDENT NAME	DATE OF BIRTH

I hereby authorize the mutual exchange of regular and special education (if the student has been identified as a special education student, please include current IEP and evaluations) records regarding the above-named child between this school district and (list schools, physicians, psychologists, hospitals, clinics, etc., that have had significant contact with your child). The purpose of this exchange is to assist educational planning, evaluation and/or intervention.

PREVIOUS SCHOOL NAME/ADDRESS

I certify that I am the parent or legal guardian of the above-named child or that I am the student of majority age and have the authority to sign this release.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

The confidentiality of this educational record is required under P.I. 93-380. "Privacy Rights of Parents and Students" (The Buckley Amendment)

**NOTE:**

For records sent from the Ansonia Public Schools:

- a. Health and academic records are sent from the school.
- b. Records of psychological testings, PPT meetings, IEP's and other special education records are sent from the Office of Special Education.

Please send records to the office or school indicated below. Thank you

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Central Registration &amp; SPED Offices</b> 42 Grove St. Ansonia, CT 06401 203-736-5095 Ext. 1 203-736-5077 FAX</p>	<p><b>Ansonia High School</b> 20 Pulaski Highway Ansonia, CT 06401 203-736-5060 Phone 203-736-5068 FAX</p>	<p><b>Ansonia Middle School</b> 115 Howard Avenue Ansonia, CT 06401 203-736-5070 Phone 203-736-1044 FAX</p>	<p><b>Prendergast School</b> 59 Finney Street Ansonia, CT 06401 203-736-5080 Phone 203-736-1045 FAX</p>	<p><b>Mead School</b> 75 Ford St. Ansonia, CT 06401 203-736-5090 Phone 203-736-1042 FAX</p>



## Attestation Regarding Residency

In signing this document, I understand and acknowledge that I am representing that my child is entitled to free school accommodations from the City of Ansonia by virtue of their having a legal residence at the above-named address. I understand that if the information provided in connection with this questionnaire is determined to be false or misleading, resulting in the child/children named above to not be legally entitled to attendance in the Ansonia Public Schools, the school district may take legal action to recoup valid tuition charges and legal fees. I understand that if it is determined that I have defrauded the Ansonia Public Schools, I may also be subjected to the pains and penalties of perjury and false statement and such other remedies as may be available under law.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Important Please Note: If at any point in time, you move to another address within Ansonia district, you need to show proof of address to your child's school or the registration office. The proof required would be your new lease agreement or mortgage. If you are living with someone the Certificate of Residence would be required. The Certificate of Residence, you would need to get from the Registration Office at 42 Grove Street, Ansonia or if your child attends PreK AMS Readiness Program, you can get the form from the PreK AMS Office.**