

# Ansonia Public Schools Registration Checklist

To be completed by Ansonia Staff  
For office use only



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

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

Documentation Required	Received	Pending
Birth Certificate		
Minimum 2 of the following proofs of residency (no substitutes)		
<ul style="list-style-type: none"> <li>• License with Ansonia address on front of license</li> <li>• Current Rental Agreement or Mortgage Statement</li> <li>• Current utility bill (such as ATT, Comcast, Yankee Gas or UI dated within timeframe of registration)</li> </ul>		
<ul style="list-style-type: none"> <li>• Medical Records/Form – compliance verification from school nurse</li> </ul>		
Copy of student's current immunizations if physical has not been completed for Registration. Kindergarten students cannot enter school without <b>Blue Health Form</b> being received.		

Forms to be completed at Registration	Rec'd	Pending	N/A
Registration/Emergency Form			
Free and Reduced Lunch Form (to follow at later date)			
Consent for Mutual Exchange of Information			
Attestation regarding residency			
Student Residency Questionnaire (if applicable)			

Additional Information (if required by Central Office)	Received	Pending
Legal custody documentation (anyone other than parent)		
Certification of Residence		
Last report card (if coming from another district)		
Special Education Student records IEP (if applicable)		
504 Plan (if applicable)		
Other		
Other		

Documents scanned to TEMS

Comments/Circumstances:

\_\_\_\_\_

\_\_\_\_\_

# 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, Yankee Gas, ATT (no cell phone bills - dated within timeframe of registration)
- Deed to home or current dated rental agreement listing student(s) name
- Escrow papers or signed mortgage commitment

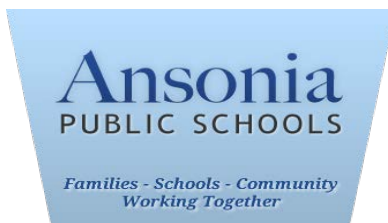
\*Check here if Parent/Guardian are living at the home of an Ansonia resident. Additional documentation will be required to complete registration from occupant of Ansonia residence with whom you reside.

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

# ANSONIA PUBLIC SCHOOLS



## CONSENT FORM FOR EXCHANGE OF INFORMATION FORM PRE-SCHOOL/CHILD CARE TO KINDERGARTEN

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I give permission for the Pre-School/Child Care listed below to release information regarding my child listed above, to the Ansonia Public School District. The purpose of this exchange of information is to assist educational planning, evaluation and/or intervention.

### Pre-School/Child Care

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

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

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

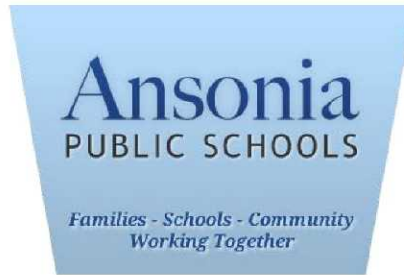
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I certify that I am the parent or legal guardian of the above named child.

**Parent Signature:** \_\_\_\_\_

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

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

Please complete and return form to Sheila Kearney, Ansonia School Readiness Program, Ansonia Middle School, 115 Howard Avenue, Ansonia, CT 06401. 203-736-5052



## **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.

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Signature of Parent/Guardian

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Date