

Ansonia Public Schools Registration Checklist

(For Office Use Only)



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"> • License/ID with Ansonia address on front of license • Deed to home/Mortgage statement or current Rental Agreement/HUD rental lease(all family members should be listed on lease/HUD) 		
With the required proof of residence – an additional proof is required, such as:		
<ul style="list-style-type: none"> • Current utility bill (such as ATT, Comcast or UI dated within timeframe of registration) • Medical Records/Form – compliance verification from school nurse 		
Copy of student's current immunizations if physical has not been completed for Registration. Kindergartner cannot enter school without Blue Health Form being received.		

Forms to be completed at Registration	Rec'd	Pending	N/A
Registration/Emergency Form			
Transportation Information (K-6)			
Free and Reduced Lunch Form			
Consent for Mutual Exchange of Information			
Student Residency Questionnaire			
Unexpected Dismissal Form			

Additional Information (if required by Central Office)	Receive	Pending
Legal custody documentation (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 in dwelling)		
A Copy of Permit of Occupancy(May be required from landlord)		
***Last report card & Transcript for high school students coming from another district - Required		
Special Education Student records IEP (if applicable)		
504 Plan (if applicable)		

Comments/Circumstances:

DATE _____ ENTERING 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

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

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.

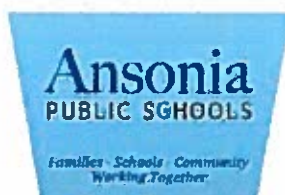
Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand and Vietnam.

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 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.

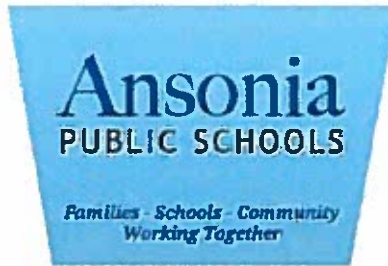
Please send records to the school indicated below. Thank you.

Ansonia High School
20 Pulaski Highway
Ansonia, CT 06401
203-736-5060 Phone
203-736-5068 FAX

Ansonia Middle School
115 Howard Avenue
Ansonia, CT 06401
203-736-5070 Phone
203-736-1044 FAX

Prendergast School
59 Finney Street
Ansonia, CT 06401
203-736-5080 Phone
203-736-1045 FAX

Mead School
75 Ford Street
Ansonia, CT 06401
203-736-5090 Phone
203-736-1042 FAX



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