

Proof Of Residency -		Birth Certificate -		Entered -		Homeroom -	
CANTERBURY	LISBON	NORWICH	SPRAGUE	VOLUNTOWN	OTHER		

*Griswold Public Schools Registration Form*

Grade Entering \_\_\_\_\_ Date \_\_\_\_\_

Name of Student \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternative Phone for Alerts \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (city/state) \_\_\_\_\_

If not born in USA; when did student first attend School in USA? \_\_\_\_\_

Is student in any type of special education program or does the child receive any special support of any kind?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what type? \_\_\_\_\_

Student lives with  Both Parents  Mother  Father  Other please specify \_\_\_\_\_

**PLEASE place an X in the box next to cell phone if you would like to receive School Alerts to cell phone.**

Father (Guardian) \_\_\_\_\_ Home Phone \_\_\_\_\_

Address if Non-Custodial \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother (Guardian) \_\_\_\_\_ Home Phone \_\_\_\_\_

Address if Non-Custodial \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

May both parents pick up student?  Yes  No If NO, who may not? \_\_\_\_\_

Court Documents on File? \_\_\_\_\_

Other Children Living in Household:

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

**Ethnicity/Race:**

Is this child Hispanic/Latino?  Yes  No

What is the child's race? (Please check one or more, even if you answered "Yes" to the above question.)

American Indian or Alaskan Native

Asian

African American

Native Hawaiian or Other Pacific Islander

White

What is the primary language spoken in the home, regardless of the language spoken by the student? \_\_\_\_\_

What is the language most often spoken by the student? \_\_\_\_\_

What is the language the student first acquired? \_\_\_\_\_

Name of last school \_\_\_\_\_ Grade last attended \_\_\_\_\_

Address of school \_\_\_\_\_

Does the student have a pending or existing disciplinary consequence, such as a suspension or expulsion? Yes  No

Is this student covered by health insurance? Yes  No

Physician's name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

In case of accident or other serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

Signature of parent /guardian \_\_\_\_\_ Date \_\_\_\_\_

**Individuals who will be available to pick up student (other than parent) in case of illness/emergency**

MUST BE 16 YEARS OLD (List in calling order)

1.	_____	_____	_____	Relationship _____
	Name	Address	Phone	
2.	_____	_____	_____	Relationship _____
	Name	Address	Phone	

The State Department of Education has now advised us that, due to "privacy laws", the Griswold School System should seek parental/guardian permission to photograph/videotape children.

**Photograph/Video Release:** The Griswold Board of Education retains the absolute right and permission to copyright and use, reuse and publish portraits, pictures or videotapes of my child or in which my child may be included, in whole or part, without restrictions as to changes or alterations in composite of photograph/video.

The Griswold School System will use these photographs/videotapes and no fees will be collected or profits made from these photographs/videotapes.

Signature of Parent/Guardian for permission to photograph \_\_\_\_\_

My student has permission to watch age appropriate movies at school.

G (GES)                       PG (GMS)                       PG13 (GMS)                       R (GHS)

If you are a Parent or Guardian of a child enrolled in Griswold Public Schools and are a member of the Armed Forces\*

Please check Yes, if not, Please Check No                      YES                       NO

*\*Armed Forces: defined as the "Army, Navy, Air Force, Marine Corps and Coast Guard. "Active Duty" means full-time-in the active military Services of the United States, including full-time training duty, annual training duty, and attendance, while in the active military service, of a school designated as a services school by law or by the Secretary of the military department considered active military service.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_