



Griswold Public Schools
Educating for Excellence

STUDENT REGISTRATION FORM

Proof of Residency: [] Birth Certificate: [] Date Entered: Homeroom:

GHS Use:

Canterbury [] Lisbon [] Norwich [] Sprague [] Voluntown [] Other:

Student Name: _____

Grade Entering: _____ Date: _____ M [] / F []

Home Address: _____

Date of Birth: _____ Place of Birth (City, State): _____

If not born in the USA; when did the student first attend school in the USA: _____

Student lives with: []Both Parents []Mother []Father []Other, please specify: _____

HOUSEHOLD:

Parent/Guardian: _____ Home Phone: _____

Relationship: _____

Address (if different from student): _____

Employer: _____ Work Phone: _____

[]Federal Employee []Member of the Armed Forces* Branch: _____

Cell Phone: _____ Messenger []

Email: _____ Messenger []

May Transport Student: Yes [] No [] If No: Court Documents on File? Yes [] No []

Parent/Guardian: _____ Home Phone: _____

Relationship: _____

Address (if different from student): _____

Employer: _____ Work Phone: _____

[]Federal Employee []Member of the Armed Forces* Branch: _____

Cell Phone: _____ Messenger []

Email: _____ Messenger []

May Transport Student: Yes [] No [] If No: Court Documents on File? Yes [] No []

Other Children Living in Household:

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Ethnicity/Race:

Is this student Hispanic/Latino Yes No

Please check one or more, even you answered "Yes" above:

- African American White Native Hawaiian or Other Pacific Islander Asian
- American Indian or Alaskan Native

Primary household language: _____ Primary student language: _____

Student's first language: _____

Name of last school: _____ Grade last attended: _____

Address of last school: _____

Does the student have a pending or existing disciplinary consequence such as suspension or expulsion?

Yes No

IS THE STUDENT IN A TYPE OF SPECIAL EDUCATION OR DO THEY RECEIVE ANY SUPPORT: Yes No

If yes, what type: IEP 504 Academic Intervention Support (Reading/Math)

Please provide any pertinent details regarding IEP, 504 or Academic Intervention Support: _____

Is this student covered by health insurance? Yes No

Primary Physician Name: _____

Address: _____

In case of accident or serious illness, I request the school to contact me. In the event the school is unable to reach me, I hereby authorize the school to contact the student's physician and follow their instructions. If it is not possible to contact the physician the school may make whatever arrangements are deemed necessary.

Emergency Contacts (Other than Household members listed above):

-Must be at least 16 years old

-Listed in Call Order

	Name	Phone	Relationship	Pick Up Permission
1.				<input type="checkbox"/>
2.				<input type="checkbox"/>
3.				<input type="checkbox"/>
4.				<input type="checkbox"/>

The State Department of Education has advised us that, due to privacy laws, the Griswold School System should seek parent/guardian permission to photograph/video students.

Photograph/Video Release: The Griswold Board of Education retains the absolute right and permission to copyright and use, reuse and publish portraits, pictures and videos 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 or video. The Griswold School System will use these photographs/videos and no fees will be collected or profits made from these photographs/videos.

Photo Permission: Yes No

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

G (GES)

PG (GMS)

PG13 (GMS)

R (GHS)

Parent/Guardian Signature

Date

Parent/Guardian Name

*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 service school by law or by the Secretary of the military department and considered active military service.