

REGIONAL SCHOOL DISTRICT # 13

STUDENT INFORMATION / EMERGENCY FORM

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Name _____ Gender _____
 School Year _____ School _____ Grade _____
 Residence Address _____
 Home Telephone _____ Date of Birth _____ Place of Birth _____
 Country of Citizenship _____ Ethnicity _____
 Student Lives With: Both Parents Mother Only Father Only Other (please describe) _____
 Daycare Provider _____ Address _____ Telephone _____
 Name and Address of School Last Attended
 (include pre-school) _____ Grade Last Attended _____
 Address of Former Residence _____

PARENT / GUARDIAN INFORMATION

MOTHER / GUARDIAN 1 / OTHER _____

Last Name _____ First Name _____ Middle Initial _____
 Residence Address _____ Mailing Address (if different than Residence) _____

 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Home Telephone _____ Cell / Other Phone _____
 Employer _____ Occupation _____ Work Hours _____
 Work Telephone _____ Extension _____ Preferred Email _____
 U.S. Citizen Yes No Responsible for Student Yes No Student Resides with this Parent / Guardian Yes No

FATHER / GUARDIAN 2 / OTHER _____

Last Name _____ First Name _____ Middle Initial _____
 Residence Address _____ Mailing Address (if different than Residence) _____

 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Home Telephone _____ Cell / Other Phone _____
 Employer _____ Occupation _____ Work Hours _____
 Work Telephone _____ Extension _____ Preferred Email _____
 U.S. Citizen Yes No Responsible for Student Yes No Student Resides with this Parent / Guardian Yes No

Parental / Custody arrangements the school should be made aware of: _____

Please send extra mailings to non-custodial parent

WE REQUEST THAT **BOTH** PARENTS SIGN THIS FORM. I hereby certify the accuracy of the above information.

Signature of: Parent Legal Guardian _____ Date _____
 Parent Legal Guardian _____ Date _____

HEALTH INFORMATION

SPECIAL HEALTH PROBLEMS / ALLERGIES: _____

MEDICATIONS: _____

The care and transportation of an ill or injured child is a parent's responsibility and we will make every attempt to contact you or your emergency contacts listed below. However, in case of serious illness or an emergency we may need to contact your family physician or dentist or the school doctor for advice, unless you inform us otherwise.

Please list two persons, other than parents, who will assume responsibility in case of illness, if we are unable to reach you.

Emergency Contact #1 _____ Tel.: _____ Cell: _____

Emergency Contact #2 _____ Tel.: _____ Cell: _____

FAMILY PHYSICIAN: _____ Tel.: _____

FAMILY DENTIST: _____ Tel.: _____

In case of a serious accident or one which we feel should have immediate attention, we will call 911 to transport your child to the Emergency Room at the nearest hospital, unless you inform us otherwise.

SIBLING INFORMATION

Please List Other Children in Student's Household:

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Gender _____ Grade as of Now _____

Enrolled in District 13 Schools?

Daycare / Preschool?

Not Yet Enrolled in District 13 Schools

If enrolled in District 13 or Daycare/Preschool, School Name: _____

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Gender _____ Grade as of Now _____

Enrolled in District 13 Schools?

Daycare / Preschool?

Not Yet Enrolled in District 13 Schools

If enrolled in District 13 or Daycare/Preschool, School Name: _____

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Gender _____ Grade as of Now _____

Enrolled in District 13 Schools?

Daycare / Preschool?

Not Yet Enrolled in District 13 Schools

If enrolled in District 13 or Daycare/Preschool, School Name: _____

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Gender _____ Grade as of Now _____

Enrolled in District 13 Schools?

Daycare / Preschool?

Not Yet Enrolled in District 13 Schools

If enrolled in District 13 or Daycare/Preschool, School Name: _____

PLEASE LIST ADDITIONAL CHILDREN ON SEPARATE SHEET

PRELIMINARY ASSESSMENT OF DOMINANT LANGUAGE

Connecticut state law requires that each school district conduct a preliminary assessment of the dominant language of each student in its public schools. This assessment is made in order to ascertain English proficiency. If the assessment indicates limited proficiency, a required bilingual education program is provided.

What language did your child learn to speak first? _____

What language does your child speak at home? _____

What language is spoken to your child at home? _____

What language is spoken by adults at home? _____