



Student Name \_\_\_\_\_  
School \_\_\_\_\_

Student ID# \_\_\_\_\_  
Grade \_\_\_\_\_

**Wethersfield Public Schools — Student Information Enrollment Form**

**TO BE COMPLETED BY PARENT/GUARDIAN**

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Sex M   
F

Student Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Student Resides with:  Both Parents  Mother  Father  
 Guardian  Mother/Stepfather  Father/Stepmother

Ethnicity: Please check one:  01 American Indian or Alaskan Native  02 Asian or Pacific Islander  03 Black/not Hispanic Origin  04 White/not Hispanic Origin  05 Hispanic

Parent \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Email \_\_\_\_\_

Address if Different from Student: \_\_\_\_\_

Workplace \_\_\_\_\_ Phone # \_\_\_\_\_

Parent \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Email \_\_\_\_\_

Address if Different from Student: \_\_\_\_\_

Workplace \_\_\_\_\_ Phone # \_\_\_\_\_

If Parents are separated or divorced:

Name of custodial parent \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If parents do **not** have joint custody:

Is the non-custodial parent authorized to pick up or visit the child at school? YES \_\_\_\_\_ NO \_\_\_\_\_

If the answer is NO, please attach a copy of the court order stating the denial of parental rights and access. Unless there is such an order, the non-custodial parent retains all parental rights.

Date of Birth: \_\_\_\_\_ How Verified \_\_\_\_\_  
(Proof of birth is required: Long Form of Birth Certificate)

Student Place of Birth: City \_\_\_\_\_ State/Zip \_\_\_\_\_ Country \_\_\_\_\_

Evidence of Proof of Residency: \_\_\_\_\_  
(Documentation of Residency: Copy of Valid Lease, Mortgage Contract, Property Tax Bill.)

**Family Information**

List all children (birth to 21 years) residing with the family in the household:

Child's Name	Date of Birth	School Attending/Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**Health Information**

Children who are entering the public school system for the first time must meet a number of state mandated health requirements. In order for your child to start school, we will need the information requested on the enclosed BLUE State of Connecticut Department of Education Health Assessment Record.

Parents should complete Part I of the enclosed State of Connecticut Health Assessment Record (BLUE) and then bring the form to the child’s physician. The doctor will complete Part II – Medical Evaluation – including current history of the child’s immunizations.

Parents should include the Health Assessment Record completed by the physician as part of the registration packet. State regulations prohibit children from entering school until this is received. Should you have any questions, please call the registration office at 860-571-8110.

**Emergency Health Information**

In the event of an emergency, if the parent(s) cannot be contacted, I hereby authorize officials of the Wethersfield Public Schools to take whatever action is deemed necessary in their judgment for the health of the said child.

**I will not hold the school district financially responsible for the emergency care and/or transportation for said child.**

<b>School Nurse Check Off:</b>			
Health Records _____	Health Assessment _____	Signed _____	Date _____

**Connect-ED Information**

Wethersfield Public Schools uses a telephone messaging service, called Connect-ED, which allows us to send personalized voice messages to home, work, cell phones and email. All calls will go to your home phone # and any other additional phone # that you designate.

- In **column 1**, please fill in **all available phone numbers** and **email addresses** on the lines below.
- In **column 2**, please **check** only **ONE Number for Attendance calls**. This is the number we will call to notify you that your child is absent on a particular day. This can be a home, work or cell number.
- In **column 3**, if there are Parents/Guardians living in separate locations, please **check one** Additional Number that will receive **ALL** calls.
- Please note, Connect-ED cannot dial extensions so be sure that all the phone numbers are direct lines.

Column 1: Please fill in all available Phone #s and Email Addresses	Column 2: Check only ONE from this column to receive Only ATTENDANCE calls	Column 3: Check only ONE from this column as a second phone to receive ALL calls
Home Phone* _____	<input type="checkbox"/>	<input type="checkbox"/>
Other Home Phone _____	<input type="checkbox"/>	<input type="checkbox"/>
Mother’s Cell _____	<input type="checkbox"/>	<input type="checkbox"/>
Mother’s Work Phone _____	<input type="checkbox"/>	<input type="checkbox"/>
Father’s Cell _____	<input type="checkbox"/>	<input type="checkbox"/>
Father’s Work Phone _____	<input type="checkbox"/>	<input type="checkbox"/>
Mother’s Email _____	<input type="checkbox"/>	<input type="checkbox"/>
Father’s Email _____	<input type="checkbox"/>	<input type="checkbox"/>

**\*ALL CALLS WILL GO TO HOME PHONE**

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### Transportation

**Please Note:** The Wethersfield Public Schools System does not provide transportation outside of a child's district school boundaries.

Does your child require bus transportation to and from your **home address**? \_\_\_\_\_ Yes \_\_\_\_\_ No

If your child requires bus transportation to and/or from a location **other than your home address within your district school boundaries**, please complete the following:

Person/daycare providing child services \_\_\_\_\_ Phone # \_\_\_\_\_

Daycare provider address \_\_\_\_\_

Child care will occur before school \_\_\_\_\_ After school \_\_\_\_\_

If transportation arrangements need to be changed, please contact the principal's office in your child's school.

### Preliminary Dominant Language Information

*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, English Language Learner program services are 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 in your child's home? \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to be observed and/or assessed as appropriate.

### Previous School Information (Including Pre-School)

Name of Last School Attended \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Last Grade Completed \_\_\_\_\_ Date Left \_\_\_\_\_ Grades Repeated if any \_\_\_\_\_

In this school, was your child receiving any of the following services:

Special Education \_\_\_\_\_ English Language Learner \_\_\_\_\_ Additional Academic Services \_\_\_\_\_

**For Kindergarten Registrations Only:** Did your child attend: \_\_\_\_\_ Head Start Program

\_\_\_\_\_ Licensed Day Care Center \_\_\_\_\_ Public/Private Pre-School Program \_\_\_\_\_ Library Story Hour

\_\_\_\_\_ Other/Please explain \_\_\_\_\_

Name of Program \_\_\_\_\_ Location \_\_\_\_\_ Phone # \_\_\_\_\_

