

**EASTFORD ELEMENTARY SCHOOL**  
REGISTRATION FORM

**Student Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Mailing Address:** Street: \_\_\_\_\_  
PO Box #: \_\_\_\_\_

**Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home** \_\_\_\_\_ (optional)

**Phone #:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Place of Birth: City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Sex: Male Female**

**Parent/Guardian or Persons with whom *RESIDING***

First/Last Name Father _____	cell phone _____	e-mail _____
First/Last Name Mother _____	cell phone _____	e-mail _____
Other/Guardian _____	cell phone _____	e-mail _____

**Check here if non-custodial parent is to receive copies of report cards, etc.**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

<b>Male Parent/Guardian Work:</b>	<b>Female Parent/Guardian Work:</b>
Place: _____	Place: _____
Phone # _____	Phone # _____

<b>Emergency Contact #1</b>	<b>Emergency Contact #2</b>
Name: _____	Name: _____
Phone # _____ Relationship: _____	Phone # _____ Relationship: _____

<b>Siblings:</b>	<b>Date of Birth:</b>	<b>Grade:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Ethnic Group:</b> Check all that apply White _____ Asian _____ Black or African American _____ American Indian & or Alaskan Native _____ Hawaiiin or other Pacific islander _____ Is the child latino <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Dominant Language:</b> Language first learned _____ Primary language spoken by student at home _____ Immigrant child? <input type="checkbox"/> Yes <input type="checkbox"/> No Active Duty Military Service Family ? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name of school transferring from:</b> (if applicable) _____
		Name: _____
		Address: _____
		Grade completed: ____ Entering Grade: ____

**Preschool attended:** \_\_\_\_\_ **Check if Home schooled:**

<b>OFFICE USE ONLY:</b>	
<b>Date entered Eastford Elementary School:</b>	<b>Date sent for records:</b>
Month: _____ Day: _____ Year: _____	Month: _____ Day: _____ Year: _____
Check receipt: Birth Certificate _____ Naturalization papers _____ Adoption papers _____	