

EASTFORD ELEMENTARY SCHOOL
REGISTRATION FORM

Student Last Name: _____ **First Name:** _____ **Middle:** _____

Mailing Address: Street: _____
PO Box #: _____

Town: _____ **State:** _____ **Zip Code:** _____
(optional)

Phone #: _____ **Social Security #:** _____ **Birthdate:** _____

Place of Birth: City: _____ **State:** _____ **Sex: Male Female**

Parent/Guardian or Persons with whom *RESIDING*

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

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

Name: _____ Phone: _____
Address: _____ Town: _____ State: _____ Zip: _____

Male Parent/Guardian Work:	Female Parent/Guardian Work:
Place: _____	Place: _____
Phone # _____	Phone #: _____

Emergency Contact #1	Emergency Contact #2
Name: _____	Name: _____
Phone # _____ Relationship: _____	Phone #: _____ Relationship: _____

Siblings:	Date of Birth:	Grade:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Ethnic Group: Is the child Hispanic or Latino /_ / Yes /_ / No Check all that apply American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiiin or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/>	Dominant Language: Language first learned _____ Primary language of parent/guardian _____ Primary language spoken by student at home _____	Name of school transferring from: (if applicable) Name: _____ Address: _____ Grade completed: _____ Entering Grade: _____
--	--	---

Preschool attended: _____ **Check if Home schooled:**

OFFICE USE ONLY:

Date entered Eastford Elementary School: Month: _____ Day: _____ Year: _____	Date sent for records: Month: _____ Day: _____ Year: _____
--	--

Check reciept: Birth Certificate _____ Naturalization papers _____ Adoption papers _____