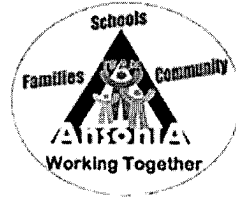


Ansonia Public Schools Registration Checklist



To be completed by Ansonia Staff
For office use only

Student Name _____ Grade _____ Date _____

Documentation Required	Received	Pending
Birth Certificate		
Minimum 2 of the following proofs of residency (no substitutes)		
<ul style="list-style-type: none"> • License with Ansonia address on front of license • Current Rental Agreement or Mortgage Statement • Current utility bill (such as ATT, Comcast, Yankee Gas or UI dated within timeframe of registration) 		
<ul style="list-style-type: none"> • Medical Records/Form - compliance verification from school nurse 		
Copy of student's current immunizations if physical has not been completed for Registration. Kindergarten students cannot enter school without <u>Blue Health Form</u> being received.		

Forms to be completed at Registration	Rec'd	Pending	N/A
Registration/Emergency Form			
Transportation Information (K-6)			
Free and Reduced Lunch Form			
Consent for Mutual Exchange of Information			
Student Residency Questionnaire			

Additional Information (if required by Central Office)	Received	Pending
Legal custody documentation (anyone other than parent)		
Certification of Residence		
Last report card (if coming from another district)		
Special Education Student records IEP (if applicable)		
504 Plan (if applicable)		
Other		
Other		

Comments/Circumstances:

DATE _____ ENTERING GRADE _____ TEACHER _____

ANSONIA PUBLIC SCHOOLS REGISTRATION/EMERGENCY FORM

Student Information

Name: _____ Telephone: _____

Address: _____

Age: _____ D.O.B. ____/____/____ Place of Birth: _____

M ____ F ____ U.S. Citizen: ____ Yes ____ No (If no, list citizenship) _____

Does this child have Health Insurance? ____ Yes ____ No

Does your child have any medical conditions such as severe reactions to insect bites, medications or food which require emergency treatment? ____ Yes ____ No Doctor & Phone # _____

Student lives with: ____ Both Parents ____ Mother ____ Father ____ Stepmother ____ Stepfather ____ Other (please specify): _____

Race: Please sign and complete attached student race and ethnicity questionnaire. Revised March 2010

Parent/Guardian Information

Mother's Name: _____ Address: _____

Home Telephone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____

Father's Name: _____ Address: _____

Home Telephone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____

Guardian's Name: _____ Address: _____

Home Telephone: _____ Cell Phone/Pager: _____

Employer: _____ Work Phone: _____

If your child becomes ill during the day and needs to leave, please list in order of importance, the names of four adults, including yourself and/or spouse, along with the day time phone numbers. It is understood that those listed have your permission to pick up your child.

#1 _____
Name Relationship Phone Number(s)

#2 _____
Name Relationship Phone Number(s)

#3 _____
Name Relationship Phone Number(s)

#4 _____
Name Relationship Phone Number(s)

Has your child been a student in the Ansonia Public Schools before? ____ Yes ____ No

If yes, which school? _____ List dates of attendance: _____

If no, list previous school: _____ Address: _____

List the names of all children in the household, including their date of birth, relationship and current school:

Name	Date of Birth	Relationship	Current School

1. What language did your child (children) learn to speak first? _____
2. What language do you (parent, guardian, or other person where your child or children live) speak as a primary language – that is, the language you most often or generally speak? _____
3. What is the language most used by your child or children when they are at home? _____

If child was NOT born in the United States:

- a. When did child enter the U.S.? _____
- b. Has child attended school in another country since first entering the United States? _____
- c. When? _____ For how long? _____

4. Has your child received/attended any special services/programs? Please check all that apply:

- Speech and language
 Tutoring (Title I)
 ESL
 Academically talented
 Other (please specify) _____

[For incoming Kindergarten-Grade 3 students only; all others can move to the next section]

5. Did your child attend a Head Start program, private nursery/preschool, licensed day care center, public preschool program, or family day care? _____ Yes ___ No If yes, please give details, including the number of years: _____

Required Proof of Residency

You will be required to provide **a minimum of two** of the following:

- _____ Valid Connecticut driver's license indicating Ansonia residency (**address must be on front of license**)
- _____ Current utility bill (such as UI, Comcast, ATT dated within timeframe of registration)
- _____ Deed to home or dated rental agreement listing student(s) name
- _____ Escrow papers or signed mortgage commitment

By my signature below, I certify that all questions have been answered truthfully. I authorize representatives of the Ansonia Public Schools to verify this information, and I understand falsification of any information or documents required for this verification will result in revocation of registration for the student, and may lead to liability for tuition and to criminal penalties for fraud. In addition, the imposition of civil penalties, perjured or fraudulent statements could lead to possible criminal prosecution.

Signature of Parent/Guardian

Date

Student Race and Ethnicity Questionnaire

Please answer the following questions about your child/children in the table below: 1) Is your child Hispanic/Latino, yes or no? and 2) What is your child's race? Check all that apply. Please note that you may refuse to answer these questions, but in this event a school district staff member will need to make the identification for you.

Child's Name	Is this child Hispanic/Latino? (check only one)		What is the child's race? (Check one or more, even if you answered "yes" to the Hispanic/Latino question)				
	YES	NO	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White

Parent or Guardian Signature: _____

Definitions:

Hispanic/Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.



**ANSONIA PUBLIC SCHOOLS
TRANSPORTATION INFORMATION
2011-2012 School Year**

NOTE: This form should be completed ONLY if your child will not be taking his/her regular bus to and from school.

Please specify where your child needs to be picked up in the morning, and to which address your child is going after school each day. Due to safety reasons, this must be a five-day per week arrangement; we cannot accommodate daily changes in bus transportation!

Morning pick-up location: _____
[address]

Afternoon drop-off location: _____
[address]

Check the box if either of the following applies:

- I will transport my child to and from school daily all year.
- My child will take the bus to school and be a walker in afternoon.

This form must be completed each year. If any changes need to be made to your child's transportation arrangement, please notify the school as soon as possible in writing.

Please note that an adult must be present when a kindergarten child is dropped off at his/her bus stop. If an adult is not present, the child will be brought back to school and the parent/guardian will be called to pick up the child.

Child's Name _____ School _____ Grade _____

Address: _____

Parent/Guardian Name: _____

Telephone Number: _____

Parent/Guardian Signature _____ Date: _____

IMPORTANT!
PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL

- YOU MAY MAIL THIS FORM TO THE SCHOOL ADDRESS.
- YOU MAY BRING THIS FORM TO THE SCHOOL OFFICE PRIOR TO THE START OF SCHOOL.

Connecticut State Department of Education
Child Nutrition Programs' Application for Free or Reduced Price Meals or Free Milk

Parents/Guardians: Complete only one application for each household. To apply for free or reduced price meals or free milk for your children, you must list the names of all members of the household in Part 5. Return the application to the school office.

1. (Print) Student Information: (Make sure you list each child below AND in section 5a.) Is this child a foster child (legal ward of the state?) (circle) If yes, provide personal use income. Put "0" if the child has none.

2. If the child you are applying for is homeless or a runaway, check the appropriate box and contact your school's homeless liaison at: [] Homeless [] Runaway

3. The children listed above: [] May Qualify (Continue to complete the application). [] Do not Qualify (Please initial _____ and return the form).

4. If members of your household receive SNAP or TFA benefits, provide the name and case number for the person who receives benefits and skip to Part 6. If no one receives these benefits, skip to Part 5. Name: _____ Case Number: _____

5. Household Members and Monthly Income: If you are receiving only medical benefits, you must report an income and complete Part 5. If you gave a client ID number for SNAP (formerly known as Food Stamps) or TFA, skip part 5.

Table with 5 columns: a. Name, b. Gross Income and how often it was received, c. Check if NO income, and sub-columns for Earnings from work, Welfare, Pensions, and All other Income. Includes example row for Jane Smith.

6. RACIAL AND ETHNIC IDENTITY: You are not required to complete Section 6. This section is optional.

Ethnicity: [] Hispanic/ Latino [] Not Hispanic/Latino Choose one or More (Regardless of Ethnicity): [] American Indian or Alaska Native [] Asian [] White [] Native Hawaiian or other Pacific Islander [] Black or African American

7. Signature and Social Security Number: I certify (promise) that all information is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school officials may verify (check the information. I understand that if I purposely give false information, my children may lose meals benefits, and I may be prosecuted.

X _____ X _____ (List the last four digits only) OR [] I don't have a social security number. Signature of Adult Household Member Social Security Number

Home Telephone No. _____ Work Telephone No. _____ Printed Name _____ Street/Apt. No. _____ City/State/Zip _____ Date _____

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the federal relay service at (800) 877-8339; or (800) 845-6136. USDA is an equal opportunity provider and employer."

For School Use Only - Do Not Write Below This Line

Determining Officials for the Local Education Agency MUST complete this section.

Annual Income Conversion: Weekly X 52 ♦ Every 2 weeks X 26 ♦ Twice a Month X 24 ♦ Monthly X 12

(Only convert to annual income if there are different frequencies of income listed in the columns under Section 5b.)

[] SNAP (Food Stamp)/TFA Household [] Foster Child [] Income Household: Total household income: _____ per _____ Household Size: _____

Application approved for: [] Free Meals [] Reduced-Price Meals Application denied because: [] Income over allowed amount [] Incomplete/missing [] Other

Temporary approved for: [] Free Meals, Expires: _____ [] Reduced-Price Meals, Expires: _____

Date Notice Sent: _____ Signature of Determining Official: _____ Date: _____

ANSONIA PUBLIC SCHOOLS



CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION

REGISTERED WITH ANSONIA DATE: _____

STUDENT NAME	DATE OF BIRTH

I hereby authorize the mutual exchange of regular and special education (if the student has been identified as a special education student, please include current IEP and evaluations) records regarding the above-named child between this school district and (list schools, physicians, psychologists, hospitals, clinics, etc., that have had significant contact with your child.) The purpose of this exchange is to assist educational planning, evaluation and/or intervention.

PREVIOUS SCHOOL NAME / ADDRESS

I certify that I am the parent or legal guardian of the above-named child or that I am the student of majority age and have the authority to sign this release.

Parent Signature

Date

The confidentiality of this educational record is required under P.I. 93-380, "Privacy Rights of Parents and Students" (The Buckley Amendment)

- NOTE: For records sent from the Ansonia Public Schools:
- a. Health and academic records are sent from the school.
 - b. Records of psychological testings, PPT meetings, IEP's and other special education records are sent from the Office of Special Education.

Please send records to the school indicated below. Thank you.

Ansonia High School
20 Pulaski Highway
Ansonia, CT 06401
203-736-5060 Phone
203-736-5068 FAX

Ansonia Middle School
115 Howard Avenue
Ansonia, CT 06401
203-736-5070 Phone
203-736-1044 FAX

Prendergast School
59 Finney Street
Ansonia, CT 06401
203-736-5080 Phone
203-736-1045 FAX

Mead School
75 Ford Street
Ansonia, CT 06401
203-736-5090 Phone
203-736-1042 FAX

**Ansonia Public Schools
Ansonia, Connecticut**

Student Residency Questionnaire

Student Information (Please Print)

Student's Legal Name: _____
(Last) (First) (Middle) (Nickname)

Date of Birth: _____ Sex: _____ Social Security Number: _____

Place of Birth: _____
(City) (County) (State) (Country)

Current Address: _____
(Street) (City) (Zip)

Home Phone: _____

Student's Driver's License Number: (if any) _____

Students Social Security Number: (if any) _____

Parent/Guardian #1 Information

Name: _____

Mother Female Legal Guardian Father Male Legal Guardian

Current Address: _____

Employer: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Pager: _____ Fax: _____ E-mail: _____

Make and Year of Car of Parent/Legal Guardian's Vehicle: _____

License Plate Number: _____

Municipality/State Where Car is Registered: _____

Vehicle Registration Number: _____

Parent/Guardian # 2 Information

Name: _____

___ Mother ___ Female Legal Guardian ___ Father ___ Male Legal Guardian

Current Address: (if different from above) _____

Employer: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Pager: _____ Fax: _____ Email: _____

Make and Year of Car of Parent/Legal Guardian's Vehicle: _____

License Plate Number: _____

Municipality/State Where Car is Registered: _____

Vehicle Registration Number: _____

Who is/are the custodial parent(s)? (If the student does not reside with his or her biological or adoptive parent(s), state the name of the adult guardian(s) or custodian(s) with whom the student resides.)

Are parents divorced? Yes No

If yes, what are the arrangements regarding custody? (Please provide copies of any supporting documentation from the court.) _____

Sibling Information

Name: _____ Relationship to Student: _____ Date of Birth: _____

Address: _____ School: _____

Name: _____ Relationship to Student: _____ Date of Birth: _____

Address: _____ School: _____

Name: _____ Relationship to Student: _____ Date of Birth: _____

Address: _____ School: _____

Name: _____ Relationship to Student: _____ Date of Birth: _____

Address: _____ School: _____

Residency Questionnaire (To be completed by parent(s)/guardian(s) of the student)

1. Student Living Separately from Parent/Guardian

1. Is the student residing with you? Yes No

If yes, please go to Section II below.

If no, who is the student living with?

What is the relationship of this person to the student?

Why is the student residing with this person?

2. Does this person have custody of the student?

Yes No

If yes, what was the reason for the transfer of custody to this person?

For how long is it anticipated that this arrangement is intended to last?

3. Are you providing financial or other compensation to this person? Yes No

If yes: What form of compensation? _____

In what amount? _____

For what purpose(s)? _____

4. Who will be responsible for the discipline and control of the student?

5. Who will be financially responsible for the student's health, welfare and educational needs?

6. Will the student spend time at a residence outside of the City of Ansonia? Yes No

Please provide the address(es):

7. How much time will the student be spending at the above address(es)?

Weekends

School vacations

Weeknights

Other:

8. Is there anything else the school needs to know about this living arrangement?

II. Parent/Guardian and Student Living Together at the Home of an Ansonia Resident

1. Do you own the residence in Ansonia at which you and the student are living?

Yes No

If no, do you rent at the address where you are living?

Yes No

If no, are you and the student residing with an individual or individuals who are residents of Ansonia?

Yes No

If yes, please provide the name(s) of the Ansonia resident(s) with whom you are residing:

Please provide the address of the Ansonia resident(s) with whom you are residing:

2. Why are you and the student residing with the Ansonia resident(s)?

3. For how long is it anticipated that this arrangement is intended to last?

4. Are you providing financial or other compensation to this person? Yes No

If yes: What form of compensation? _____

In what amount? _____

For what purpose(s)? _____

5. Will the student spend time at a residence outside of the City of Ansonia? Yes No

Please provide the address(es): _____

6. How much time will the student be spending at the above address(es)?

Weekends

School vacations

Weeknights

Other:

7. Is there anything else the school needs to know about this living arrangement?

III. Attestation Regarding Residency (to be signed by the Parent/Guardian completing this form)

In signing this document, I understand and acknowledge that I am representing that my child is entitled to free school accommodations from the City of Ansonia by virtue of their having a legal residence at the above-named address. I understand that if the information provided in connection with this questionnaire is determined to be false or misleading, resulting in the child/children named above to not be legally entitled to attendance in the Ansonia public Schools, the school district may take legal action to recoup valid tuition charges and legal fees. I understand that if it is determined that I have defrauded the Ansonia Public Schools, I may also be subjected to the pains and penalties of perjury and false statement and such other remedies as may be available under law.

Signature of Parent/Guardian

Date

Signature of Witness