

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.

Name	Relationship	Phone Number(s)
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_____	_____	_____
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_____	_____	_____
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Has your child been a student in the Ansonia Public Schools before? \_\_\_\_ Yes \_\_\_\_ No

If yes, which school? \_\_\_\_\_ List dates of attendance: \_\_\_\_\_

List previous school: \_\_\_\_\_