



# DERBY PUBLIC SCHOOLS

form RG-001

Office Use Only	
Date Registered	_____
Date Enrolled	_____
SASID #	_____

35 Fifth Street, Derby, Connecticut 06418

## Student Registration Form

*Registration form must be completed by student's parents, guardians, or person with whom the student legally resides. Please print and fill out form completely. Review the Health Record insert provided in this Student Registration Application and provide a copy of your child's Birth Certificate.*

### GENERAL DEMOGRAPHIC INFORMATION

(Full Legal Name) Last	_____	First	_____	Middle	_____
Address	_____	Street	_____	Apartment #	_____
	Number				
	_____		_____		_____
	City		State		Zip

*P.O. Boxes are not considered an address*

NOTE: To register another mailing address for student complete the Mailing Address Area

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: Male  Female

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Birth Place \_\_\_\_\_  
City State Country

If born outside the U.S.A. please complete the immigration information.

Immigrant Status:

Check One Box YES  NO

If "YES", what month/year did student start attending school in the USA?

Race Code (Check One)

American Indian

Asian

Black(not Hispanic origin)

White(not Hispanic origin)

Hispanic/Latino

Migrant Status:

Check One Box YES  NO

(Check yes if family has moved within the past 36 months across state or district boundaries to obtain temporary/seasonal employment)

Mailing Address \_\_\_\_\_  
Address or P.O. Box number \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PARENT(S) / LEGAL GUARDIANSHIP**

**Mother:**

\_\_\_\_\_  
(Full Legal Name) Last First Middle

Mother's Maiden Name \_\_\_\_\_

Address (if different from student) \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Level of Education (voluntary information) \_\_\_\_\_

Status: Married  Divorced  Single  Separated  Deceased  Other

**Father:**

\_\_\_\_\_  
(Full Legal Name) Last First Middle

Address (if different from student) \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Level of Education (voluntary information) \_\_\_\_\_

Status: Married  Divorced  Single  Separated  Deceased  Other

Custody Status (attach any relevant current court order) \_\_\_\_\_

**Legal Guardian:**

(Full Legal Name) Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Level of Education (voluntary information) \_\_\_\_\_

Status: Married [ ] Divorced [ ] Single [ ] Separated [ ] Deceased [ ] Other [ ]

**OTHER OCCUPANTS IN THE HOME**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**SIBLINGS RESIDING AT HOME**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

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**EMERGENCY CONTACTS/MEDICAL**

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1. \_\_\_\_\_  
Name Relationship

Phone: \_\_\_\_\_ Phone Type: \_\_\_\_\_

2. \_\_\_\_\_  
Name Relationship

Phone: \_\_\_\_\_ Phone Type: \_\_\_\_\_

3. \_\_\_\_\_  
Name Relationship

Phone: \_\_\_\_\_ Phone Type: \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

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**TRANSFER INFORMATION**

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In-State Transfer \_\_\_\_\_  
City/Town School Name

Open Choice Student \_\_\_\_\_  
City/Town School Name

Out-of-State Transfer \_\_\_\_\_  
City/Town/State School Name

Out-of-USA Transfer \_\_\_\_\_  
City/Town/State Country

Last Grade Completed _____
Date Left _____ Month/Day/Year

Retained _____	_____
Grade	Year
_____	_____
Grade	Year

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**LANGUAGE INFORMATION**

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Is a language other than English used in the home? YES [ ] NO [ ]

If "YES", what language? \_\_\_\_\_

Did the student have a first language other than English? YES [ ] NO [ ]

Does the student most frequently speak a language other than English? YES [ ] NO [ ]

**SPECIAL SERVICES**

Child has been identified as requiring Special Education Services YES  NO

If YES box is checked, indicate the types of services provided:

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**PRE-KINDERGARTEN EXPERIENCE**

Head Start \_\_\_\_\_  
Agency/School Name \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_

Licensed Day Care \_\_\_\_\_  
Name \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_

Nursery School \_\_\_\_\_  
Name \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_

Public Pre-School \_\_\_\_\_  
Agency/School Name \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_

Indicate number of years in attendance \_\_\_\_\_ Beginning age (years) \_\_\_\_\_

**TRANSPORTATION**

Indicate Service: Bus  Special Vehicle  Walker  Parent Transport  Student Driver

If student driver, Vehicle License Number \_\_\_\_\_

**INSURANCE INFORMATION**

Is the child covered under a medical insurance plan? YES  NO

\_\_\_\_\_  
Name of Medical Plan

\_\_\_\_\_  
Name of Policy Holder

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**OTHER INFORMATION**

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Indicate if there are any special services or issues of which we should be aware:

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**PARENT/GUARDIAN SIGNATURE**

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I am a resident of Derby and this student lives in Derby.

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Signature

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Date

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**PROOF OF RESIDENCE**

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Provide one of these documents for Proof of Residence in Derby

Rental Contract [ ]

Mortgage Statement [ ]

Utility Bill [ ]

Registration Form Reviewed for Completion by: \_\_\_\_\_

**Office Use Only**

School Assigned _____	Immigrant Code _____	Free/Reduced Lunch Eligible _____
Special Education Code _____	Migrant Code _____	Transportation Code _____
Limited English Proficient _____	Homeless Code _____	Ethnic Code _____
Student ID # _____	Student Pin # _____	Home Room # _____
Year of Graduation _____	Grade _____	Guidance Counselor _____
Open Choice _____	Pre-Kindergarten _____	Retained _____
Immunizations Records Provided _____	Birth Certificate _____	Proof of Residence _____