

Proof Of Residency -	Birth Certificate -	Entered -	Homeroom -
Tuition Town	CANTERBURY	LISBON	VOLUNTOWN

Griswold Public Schools Registration Form

Grade Entering _____ Date _____

Name of Student _____ Male ___ Female ___

Last First Middle

Home Address _____

Street Town/State Zip Code

Primary Phone _____ Alternate Phone for Alerts _____

Place of birth _____ Date of birth _____

Social Security # _____ - _____ - _____

Is child in any type of special education program or does the child receive any special support of any kind?

Yes _____ No _____ If yes, what type? _____

Pupil lives with: Both parents Mother Father Other _____ specify

Father (Guardian) _____ Home Phone: _____

Address if Non-Custodial _____

Employer: _____ Work Phone: _____

Cell Phone: _____ Email: _____

PLEASE place an X in the Box next to cell phone if you would like to receive School Alerts to Cell Phone.

Mother (Guardian) _____ Home Phone: _____

Address if Non-Custodial _____

Employer: _____ Work Phone: _____

Cell Phone: _____ Email: _____

PLEASE place an X in the Box next to cell phone if you would like to receive School Alerts to Cell Phone.

May both parents pick up child? _____ Yes _____ No If not, who may not _____

Court Documents on file? _____

Other Children Living in the Household:

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Ethnicity/Race:

1. Is this child Hispanic/Latino? Yes _____ No _____

2. What is the child's race? (Please check one or more, even if you answered "Yes" to the above question.)

American Indian or Alaskan Native _____ Asian _____ Black or African American _____

Native Hawaiian or Other Pacific Islander _____ White _____

Dominant Language:

What language did your child learn to speak first? _____

What is the primary language spoken by you or other persons in your home? _____

What is the primary language spoken by your child when he/she is at home? _____

Name of last school _____ Grade last attended _____

Address of school _____
Street City State Zip

Has child previously attended the Griswold School System? _____

Is this student covered by health insurance? Yes _____ No _____

Local physician's name _____

Address _____ Telephone # _____

In case of accident or other serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

Signature of parent /guardian _____ Date _____

Individuals who will be available to pick up student in case of illness or emergency

MUST BE 16 YEARS OLD (List in calling order)

- 1. _____ Phone _____
- 2. _____ Phone _____

To: All Parents and guardians of Griswold Public School Students
From: Paul Smith, Superintendent of Schools

Griswold staff has used children's photographs, videos, etc. as a means of acknowledging the child's efforts and recognizing excellent programs. The PTO has with permission videotaped the "Young Authors" as they read their finished books. The health instructors have used videotape ads a means of instruction; the schools have published children's photographs through "yearbooks". These are only some of the ways we have used photos and videos in constructive, positive ways. The state Department of Education has now advised us that, due to "privacy laws", the Griswold School System should seek parental/guardian permission to photograph/videotape children.

We would appreciate your cooperation in signing the form below in order to indicate that you have read. Thank you.

Photograph/Video Release: The Griswold Board of Education retains the absolute right and permission to copyright and use, reuse and publish portraits, pictures or videotapes of my child or in which my child may be included, in whole or part, without restrictions as to changes or alterations in composite of photograph/video.

The Griswold School System will use these photographs/videotapes and no fees will be collected or profits made from these photographs/videotapes.

Student's Name _____

Signature of Parent/Guardian _____ Date _____

My student has permission to watch age appropriate movies at school.

- G (GES)
- PG (GMS)
- PG13 (GMS)
- R (GHS)

Signature of Parent/Guardian _____ Date _____