

Proof Of Residency -	Birth Certificate -	Entered -	Homeroom -
CANTERBURY	LISBON	SPRAGUE	VOLUNTOWN

Griswold Public Schools Registration Form

Grade Entering _____ Date _____

Name of Student _____ Male _____ Female _____

Home Address _____

Primary Phone _____ Alternative Phone for Alerts _____

Date of Birth _____ Place of Birth (city/state) _____

If not born in USA; when did student first attend School in USA? _____

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

Yes _____ No _____ If yes, what type? _____

Student lives with Both Parents Mother Father Other please specify _____

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

Father (Guardian) _____ Home Phone _____

Address if Non-Custodial _____

Employer _____ Work Phone _____

Cell Phone _____ Email _____

Mother (Guardian) _____ Home Phone _____

Address if Non-Custodial _____

Employer _____ Work Phone _____

Cell Phone _____ Email _____

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

Court Documents on File? _____

Other Children Living in Household:

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Ethnicity/Race:

Is this child Hispanic/Latino? Yes No

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

African American

Native Hawaiian or Other Pacific Islander

White

What is the primary language spoken in the home, regardless of the language spoken by the student? _____

What is the language most often spoken by the student? _____

What is the language the student first acquired? _____

Name of last school _____ Grade last attended _____

Address of school _____

Does the student have a pending or existing disciplinary consequence, such as a suspension or expulsion? Yes No

Is this student covered by health insurance? Yes No

Physician's name _____

Address _____ Phone _____

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 (other than parent) in case of illness/emergency

MUST BE 16 YEARS OLD (List in calling order)

1.	_____	_____	_____	Relationship _____
	Name	Address	Phone	
2.	_____	_____	_____	Relationship _____
	Name	Address	Phone	

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.

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.

Signature of Parent/Guardian for permission to photograph _____

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

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

If you are a Parent or Guardian of a child enrolled in Griswold Public Schools and are a member of the Armed Forces*

Please check Yes, if not, Please Check No YES NO

**Armed Forces: defined as the "Army, Navy, Air Force, Marine Corps and Coast Guard. "Active Duty" means full-time-in the active military Services of the United States, including full-time training duty, annual training duty, and attendance, while in the active military service, of a school designated as a services school by law or by the Secretary of the military department considered active military service.*

Signature of Parent/Guardian _____ Date _____