

## Suffield Public Schools Registration Form

Today's Date \_\_/\_\_/\_\_

Entry Date \_\_/\_\_/\_\_

Re-entry ☐ Yes ☐ No

- ☐ PreSchool or ☐ PreSchool Itinerant  
☐ A. Ward Spaulding Elementary School  
☐ McAlister Intermediate School  
☐ Suffield Middle School  
☐ Suffield High School

**Proof of Residency-Required** (attach copy)

- ☐ Copy of Lease  
☐ Copy of Mortgage  
☐ Contract with Closing Date (within 60 days from registration)  
☐ Paid utility bill

### Student Information

**Student's Legal Name** \_\_\_\_\_ ☐ Jr. ☐ III ☐ IV  
Last First Middle

☐ Male ☐ Female

Grade Entering \_\_\_\_\_ Present Age \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address ☐ Same Other \_\_\_\_\_ Home Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Town of Birth \_\_\_\_\_, State \_\_\_\_\_ Country of Birth (if not USA) \_\_\_\_\_

\*U.S. Citizen ☐ Yes ☐ No

If not a U.S. Citizen: Country of Citizenship \_\_\_\_\_ Month and Year of Arrival in the U.S.A. \_\_\_\_/\_\_\_\_

Has your child attended School in the U.S.A for atleast three years: ☐ Yes ☐ NoEthnicity (select one): Hispanic or Latino ☐ Yes ☐ NoRace (select one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander ☐ White

1. What is the primary language spoken in your home?? \_\_\_\_\_
2. What language did your child first learn? \_\_\_\_\_
3. What language does your child speak to you at home? \_\_\_\_\_

**Full Name of Siblings**

Name _____	M F	Year of Birth _____	Grade _____	School _____
Name _____	M F	Year of Birth _____	Grade _____	School _____
Name _____	M F	Year of Birth _____	Grade _____	School _____
Name _____	M F	Year of Birth _____	Grade _____	School _____
Name _____	M F	Year of Birth _____	Grade _____	School _____
Name _____	M F	Year of Birth _____	Grade _____	School _____

\*Continue on other side if necessary

### Parent/Guardian Information

Student resides with ☐ Both Parents ☐ Mother ☐ Father ☐ Stepfather ☐ Stepmother ☐ Legal Guardian  
☐ Grandparents ☐ Foster Parent ☐ Other \_\_\_\_\_

Name:				Relationship:		
Home Phone:			Work Phone:			
Cell Phone:						
Email:						
Street:						
City:			State:		Zip Code:	

Name:				Relationship:		
Home Phone:			Work Phone:			
Cell Phone:						
Email:						
Street:						
City:			State:		Zip Code:	

~ Continued on other side ~

### Previous Educational Information

Name of most recent School Attended: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Dates Attended: To: \_\_/\_\_/\_\_ From: \_\_/\_\_/\_\_ School's phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Has your child ever received Special Education Services? ☐ No ☐ Yes \_\_\_\_\_

Does your child have an active I.E.P.? ☐ No ☐ Yes \_\_\_\_\_

List any additional school systems and dates your child has attended:

PreSchool \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_

Kindergarten \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_

Gr. 1 \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_

Gr. 2 \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_

Gr. 3 \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_

Gr. 4 \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_

Gr. 5 \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_

Gr. 6 \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_

Gr. 7 \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_

Gr. 8 \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_

Gr. 9 \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_

Gr. 10 \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_

Gr. 11 \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_

*(If a grade was repeated, please mark it with an asterisk \*.)*

### School Bus Information (same schedule pick up or drop off)

**TO School** - address child picked up from:

\_\_\_\_\_  
☐ home ☐ daycare ☐ other

**FROM School** - address child be dropped off at:

\_\_\_\_\_  
☐ home ☐ daycare ☐ other

**OR**

☐ My child will **NOT** be riding the bus *to* school

☐ My child will **NOT** be riding the bus *from* school

### **Statement of Parent/Guardian**

I hereby declare, under penalty of perjury, that all information supplied on this form is correct to the best of my knowledge. I understand that if my child was not entitled to enrollment as a Suffield resident, he/she will be subject to a residency hearing and the prevailing tuition charge will be assessed against me for each day my child was enrolled.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date