



North Stonington Public Schools

298 Norwich-Westerly Road, North Stonington, CT 06359

Phone: (860) 535-2800

Fax: (860) 535-1470

Previous Student in North Stonington? Yes No

Grade:

Bus No:

Student Information

Name: Male Female

Last Name

First Name

Middle Name

Street Address:

City, State, Zip Code:

Mailing Address (if different):

Primary Contact Phone:

Date of birth:

City/State of birth:

Student resides with: Both Parents Mother Only Father Only Guardian
 Both Parents, two residences Mother & Stepfather Father & Stepmother

Has the student been recommended for Student Assistant Team Support? Yes No

Does the student have a current 504 Plan? Yes No

Does student have a current IEP (Individualized Education Plan)? Yes No

Ethnicity: Is the student Hispanic/Latino? Yes No

What is the student's ethnicity? American Indian/Alaskan Native Asian Black/African American
 Native Hawaiian/Other Pacific Islander White

Custody Information

In the case of a single parent family, where one parent is the custodial parent or if a foster parent is involved, please answer the following questions:

Who had legal custody of the student?

Is there is other pertinent information such as restraining orders and parental access orders which the school system should be aware of? Yes No If yes, please list and documentation is required.

Non-custodial Parent/Guardian Name:

Non-custodial Parent/Guardian Address:

Home Phone:

Work Phone:

Cell Phone:

Email address:

Types of Correspondence Requested: All Academic Only Academic and School Related Events

Is the student in foster placement? Yes No (A 603 is required for foster placement)

PLEASE SEE REVERSE

Family Information

Father's/Guardian's Name:			Living: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address (if different):		Employer:		
City, State, Zip Code:		City/State:		
Home Phone:	Work Phone:	Cell Phone:		
Email Address:				
Mother's/Guardian's Name:			Living: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address (if different):		Employer:		
City, State, Zip Code:		City/State:		
Home Phone:	Work Phone:	Cell Phone:		
Email Address:				
Other Children in the Family	School Attending	Date of Birth	Sex	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Others Living in the Home		Relationship to Student		
Parent/Guardian Active or Recently Retired Military Affiliation (Branch)		Relationship to Student		

EMERGENCY CONTACTS

Local persons who have *AGREED* to care for the student when parents / guardians cannot be reached

Contact Person	Relationship	Home Phone	Work Phone	Cell Phone

Medical Information

Family Physician:	Phone:
Please list health concerns, such as heart disease, allergies, eye/ear problems, or any chronic conditions:	
Has daily or occasional medication been prescribed by your physician? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list:	
I hereby authorize the school to call the physician indicated above, and to follow his or her instructions, if the school is unable to reach me.	

Insurance Information

Insurance Company covering your child:	Policy Number:
Name of Policyholder:	
<i>North Stonington Public Schools does not provide insurance for students, but is required under state law to collect this information. You may purchase accidental insurance through the school, contact the main office.</i>	

Parent/Guardian Signature	Date
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