

CANTON PUBLIC SCHOOLS NEW STUDENT REGISTRATION FORM

STUDENT INFORMATION

Note: The residence of the student determines eligibility to enroll in the Canton Public School system. If the student address is different from the parent/guardian address, the parent/guardian and the adult with whom the student is living must provide the district with a notarized affidavit and proof of the student's residency and eligibility of enrollment. The affidavit must also include the name(s) with whom the student is living, address, and phone number.

Open Choice students must provide Hartford residency proof and the acceptance letter from CREC.

Name: _____
(Last Name) (First Name – as shown on birth certificate) (Middle Name – as shown on birth certificate)

Date of Birth: _____ **Start Date:** _____ **Entering Grade:** _____
mm/dd/yyyy mm/dd/yyyy

Gender: Male Female Non-binary

Residential Address: _____ **Apt. #** _____
Street address (if applicable)

City State Zip Code

Mailing Address: _____ **Apt. #** _____
(If different from above) Street address (if applicable)

City State Zip Code

Home Phone: _____

Birthplace: _____ **Citizenship:** U.S. Other **Date of entry into USA:** _____
mm/dd/yyyy

Ethnicity: Is the child Hispanic or Latino? Yes No

Race: (Select all that apply) American Indian or Alaska Native Asian Black or African American
 White Native Hawaiian or Other Pacific Islander

Has child ever registered at Canton Public Schools? Yes No **Is your child a member of a military family?** Yes No

Does child currently have a 504 plan? Yes No **Has child had 504 plan in the in the past?** Yes No

Does child currently receive Special Education Services? Yes No **Has received these services in the past?** Yes No

Is the child currently under disciplinary action? Yes No **Is child currently under an expulsion?** Yes No

PREVIOUS SCHOOL INFORMATION

Student's Previous School: _____ **Location:** _____

If registering for preschool or Kindergarten, is the school listed above a licensed daycare, preschool or school? Yes No

LANGUAGE SURVEY

The US Department of Education requires us to ask about languages spoken at home because it will help us know how we can best support your child. The language information also helps us know how we can best communicate with you.

What is the primary language used at 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? _____

PARENT/GUARDIAN INFORMATION

Note: Parents or guardians listed below have permission to pick up the student unless otherwise indicated. If there are any court orders restricting non-custodial parents or others from contact with the student, notify the principal immediately and provide a copy of that order.

Guardian 1: Father Mother Other (Please specify) _____ Resides with: Yes No

(Last Name) (First Name) (Maiden Name - if applicable) Email: _____

Mailing Address: _____ **Apt. #** _____
(If different from child) Street address (if applicable)

City State Zip Code Mailing Required: Yes No

Phone - Home: _____ Work: _____ Cell: _____

Employer: _____ Occupation: _____

Address: _____
Street City State Zip Code

Guardian 2: Father Mother Other (Please specify) _____ Resides with: Yes No

(Last Name) (First Name) (Maiden Name - if applicable) Email: _____

Mailing Address: _____ **Apt. #** _____
(If different from child) Street address (if applicable)

City State Zip Code Mailing Required: Yes No

Phone - Home: _____ Work: _____ Cell: _____

Employer: _____ Occupation: _____

Address: _____
Street City State Zip Code

Guardian 3: Father Mother Other (Please specify) _____ Resides with: Yes No

(Last Name) (First Name) (Maiden Name - if applicable) Email: _____

Mailing Address: _____ **Apt. #** _____
(If different from child) Street address (if applicable)

City State Zip Code Mailing Required: Yes No

Phone - Home: _____ Work: _____ Cell: _____

Employer: _____ Occupation: _____

Address: _____
Street City State Zip Code

EMERGENCY CONTACT INFORMATION

Please provide at least one emergency contact that has permission to be contacted and/or pick up the student if parent/guardian is not available in an emergency. **Do not list a parent/guardian.**

Emergency Contact 1: _____ Relationship: _____

Phone: _____ Home Cell Work

Emergency Contact 2: _____ Relationship: _____

Phone: _____ Home Cell Work

Emergency Contact 3: _____ Relationship: _____

Phone: _____ Home Cell Work

CONTACT INFORMATION FOR SCHOOL MESSENGER SYSTEM

This system is used to convey urgent and/or emergency messages from the District. **Your primary contacts will be called with routine/emergency messages from the school and weather cancellations.** If only one primary number is desired, the second may be left blank. These contacts may be the same as the guardian numbers. Please provide only Direct Dialed Phone Numbers as the system can NOT accommodate extensions.

Primary Phone #1: _____ **Primary Email #1:** _____

Primary Phone #2: _____ **Primary Email #2:** _____

In addition to the primary numbers, we can store four additional phone numbers that would be called in the event of an emergency during school hours. These numbers must also be direct dialed phone numbers and may be the guardian numbers.

Emergency Phone #1: _____ **Emergency Phone #2:** _____

Emergency Phone #3: _____ **Emergency Phone #4:** _____

PARENT/GUARDIAN SIGNATURE

Parent/Guardian Signature: _____ **Date:** _____