

LEDYARD PUBLIC SCHOOLS
REGISTRATION

Date of Entry _____

____ GFS ____ GHS ____ JWL ____ LCS ____ LMS ____ LHS

A. Student Information	
Student Name	
Student Home Phone	
Grade/Gender	
Date of Birth	
Place of Birth	
Language Spoken at Home	
B. Address Information	
Home Address	
Home City, State, Zip	
Mailing Address (if different)	
Mailing City, State, Zip	
C. Household Information	
Contact 1 Name/Relationship	
Contact 1 Home Phone/Cell Phone	
Contact Email	
Employer/Work or Day Phone	
Contact 1 Address (if different)	
Contact 2 Name/Relationship	
Contact 2 Home Phone/Cell Phone	
Employer/Work or Day Phone	
Contact 2 Address (if different)	

If student currently has a 3rd contact such as Step Parent, Guardian, Foster Parent or Non-Guardian please indicate the name, relationship and phone numbers below.

Contact 3 Name/Relationship	
Day or Work Phone/Cell Phone	
Contact 4 Name/Relationship	
Day or Work Phone/Cell Phone	
D. Emergency Information	** Local – Other than Contact Information
Emg Contact 1- Name/Relationship	
Day Phone (Home, Work or Cell)	
Emg Contact 2- Name/Relationship	
Day Phone (Home, Work or Cell)	
Emg Contact 3- Name/Relationship	
Day Phone (Home, Work or Cell)	

E. Ethnicity Reporting	Please answer both questions.
<p>Is the student Hispanic/Latino? Yes No</p> <p>Is the student from one or more races using the following (choose all that apply)?</p> <p> a. American Indian or Alaskan Native b. Asian c. Black or African American</p> <p> d. Native Hawaiian or other Pacific Islander e. White</p>	

For Office Use Only:

PreS/PreK (date) _____ Teacher _____ SASID: _____ BUS #: _____

Birth Certificate _____ Immunization Complete _____ Physical Exam _____ Records Sent for _____

F. To Be Completed by the Legal Decision Maker

_____ I acknowledge receipt of the Ledyard Public Schools student/parent handbook.

_____ Ledyard High School Only: I acknowledge receipt of Ledyard Board of Education Weapons and Dangerous Instruments Policy.

(LHS) List anyone authorized to dismiss your student if you are unavailable:

(All Other Schools) List anyone authorized to pick up your student if you are unavailable:

Assessment of Dominant Language

The assessment of dominant language is required by all state school districts under the Bilingual Education Law to help determine if a need exists to establish a bilingual education program for non-English speaking Ledyard students.

1. What language did your child learn to speak first? _____
2. What is the primary language spoken by you or other persons residing in your home? _____
3. What is the primary language spoken by your child when s/he is at home? _____

Has your child participated in any gifted, remedial or special classes? _____ Yes _____ No

If yes, please list: _____

Previously attended Ledyard School? _____ Yes _____ No If yes, school name and date: _____

List any siblings attending any Ledyard School:

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Schools previously attended (previous 2 years, including preschool, licensed daycare or Head Start).

School: _____

Address: _____ State _____ Zip _____ Phone # _____

School: _____

Address: _____ State _____ Zip _____ Phone # _____

Please share any family situations that might be helpful to us in working with your child e.g., divorce, separation or death within the immediate family.

(Signature of Legal Decision Maker)

(Date)