

**DARIEN PUBLIC SCHOOLS**

**Registration Form**

<b>Student Name:</b> _____	<b>Date of Entry:</b> _____
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Student I.D.: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_  
(school assigns) (mm/dd/yy)

Gender: Female \_\_\_\_\_ Male \_\_\_\_\_ Non Binary \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_  
House # \_\_\_\_\_ Street \_\_\_\_\_ Apt. # \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

(Marital Status: Married, Separated, Divorced, Widowed, Guardian) Legal Custody\* \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

(Marital status: Married, Separated, Divorced, Widowed, Guardian) Legal Custody\* \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\*If separated or divorced, who has legal custody of this child? It is our policy to share information with both parents unless we are advised otherwise.

Name of Previous School: \_\_\_\_\_

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

Public: \_\_\_\_\_ Private: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Student Name: \_\_\_\_\_

**NAME AND BIRTH DATE OF BROTHERS AND SISTERS UNDER 21 YEARS OF AGE**

NAME _____	(mm/dd/yy) _____	NAME _____	(mm/dd/yy) _____
NAME _____	(mm/dd/yy) _____	NAME _____	(mm/dd/yy) _____
NAME _____	(mm/dd/yy) _____	NAME _____	(mm/dd/yy) _____

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**Emergency local contacts if neither parent can be reached:**

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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**Military Status:**

Parent or guardian a member of the Armed Forces or serves on full-time National Guard duty: Yes \_\_\_ No \_\_\_

**Immigrant Status:**

Children who are ages 3 through 21 and not born in any state, the District of Columbia or Puerto Rico and have not been attending one or more schools in any State for more than 3 full academic years: Yes \_\_\_ No \_\_\_

If Yes: Date entered in any U.S. School \_\_\_\_\_

**Migrant Status:**

A child who is or whose parent or spouse is a migratory agricultural worker who has moved within the past 36 months across state or district boundaries to obtain temporary or seasonal employment in agricultural or fishing work: Yes \_\_\_ No \_\_\_

**Student Name:** \_\_\_\_\_

**STUDENT RACE AND ETHNICITY QUESTIONNAIRE**

In accordance with U.S. Department of Education regulations, please answer the following two questions about your child. Everyone should answer both questions, even when the answer is Yes to Question 1.

1. Is the student Hispanic/Latino?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Answer Question 2, even when the answer is Yes to Question 1.

2. What is the student's race? Check at least one – you may check more.

- \_\_\_\_\_ American Indian or Alaskan Native
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Black or African American
- \_\_\_\_\_ Native Hawaiian or Other Pacific Islander
- \_\_\_\_\_ White

**DEFINITIONS**

Hispanic/Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
American Indian or Alaskan native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnam.
Black or African American	A person having origins in any of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
White	A person having origins in any of the original people of Europe, the Middle East, or North Africa.

\_\_\_\_\_  
Parent's/Guardian's Signature

**THE FOLLOWING IS FOR SCHOOL USE ONLY:**

Birth Certificate verified: Y \_\_\_\_\_ N \_\_\_\_\_

Residency verified & documentation presented: \_\_\_\_\_

All of the above witnessed by: \_\_\_\_\_

**DARIEN PUBLIC SCHOOLS**  
**Home Language Survey Form**

*Welcome to our School!*

*We have a few questions about languages spoken at home. We are required by the US Department of Education to ask for this information 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. Please share with us about the language(s) spoken by your family and in your home.*

Student first name: \_\_\_\_\_ Student last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Was the student born in any state within the U.S.?      Yes \_\_\_\_\_ No \_\_\_\_\_

Entering Grade \_\_\_\_\_

School:	Hindley	Holmes	Ox Ridge	Royle	Tokeneke	MMS	DHS
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Was the student previously enrolled in a school within the U.S.?    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, name of school, district and state: \_\_\_\_\_

1. What is the primary language used in the home, regardless of the language spoken by the student?

\_\_\_\_\_

2. What is the language most often spoken by the student? \_\_\_\_\_

3. What is the language the student spoke first? \_\_\_\_\_

4. What language do you prefer for written communication from the school? \_\_\_\_\_

5. Will you require interpretation/translation at Parent-Teacher meetings? \_\_\_\_\_

Parent/guardian name \_\_\_\_\_ (PLEASE PRINT)

Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_

8/28/18

**DIRECTORY INFORMATION**

**Please complete as you would like the listing to read in the school directory, and return to school at the time of registration**

**SCHOOL:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Mother's Cell:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Father's Cell:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**If you choose NOT to include this information in the school directory,**

**check here** \_\_\_\_\_

## PHOTO PERMISSION

Child's Name: \_\_\_\_\_

\*This form will be considered accurate and current for the entire time your child is enrolled in ELP. If at any time, you wish to change the information, please contact your child's teacher.

<u>Yes</u>	<u>No</u>	<u>Activities</u>
<input type="checkbox"/>	<input type="checkbox"/>	Social Stories (Social Stories including your child's photograph will be shared with other classmates)
<input type="checkbox"/>	<input type="checkbox"/>	Publicity Photographs
<input type="checkbox"/>	<input type="checkbox"/>	Group photo for school website (Students will not be identified by name)
<input type="checkbox"/>	<input type="checkbox"/>	School Bulletin Boards
<input type="checkbox"/>	<input type="checkbox"/>	Teacher Blog
<input type="checkbox"/>	<input type="checkbox"/>	To be included in yearbook
<input type="checkbox"/>	<input type="checkbox"/>	Share parent contact information with other ELP families. (emails and phone numbers)
<input type="checkbox"/>	<input type="checkbox"/>	Photo on an assistive technology device.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_