

Naugatuck Public Schools

497 Rubber Avenue  
Naugatuck, CT 06770

DATA COLLECTION

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**Student First Name:** \_\_\_\_\_ **Student Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Military Family:**

The State of Connecticut Department of Education is collecting information in regards to military families due to the Interstate Compact on Educational Opportunity for Military Children.

Students of military families are defined as children of:

- Active duty members of the uniformed services, National Guard and Reserve on active duty orders.
- Members or veterans who are medically discharged or retired within the last 12 months.
- Members who have died while on active duty within the last 12 months.

**Military Family:**  Yes  No

(Check yes if child is a member of a military family as defined above)

**Immigrant Status:**  Yes  No

(Check yes if child was not born in any state (defined as each of the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico) and has not attended one or more schools in any one or more states for more than 3 full academic years.)

**Grade at first US School:** \_\_\_\_\_ **Date entered first U.S. School (mm/yyyy):** \_\_\_\_\_

**Is your child Hispanic/Latino?** (Check off only one)  Yes  No

**What is your child's race?** Check all that apply, even if you checked Yes for Hispanic:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White

# STUDENT ENROLLMENT

## Student Demographic Information

**Full Legal Name:** \_\_\_\_\_  
(As Shown on Birth Certificate)      Last                                  First                                  Middle\*

\* Check here:    If student does not have a middle name     Has middle initial only

Physical Address	(P.O. boxes are not considered an address)	Mailing Address	(if different from physical address)
Street:		Street:	
Apt.:		Apt.:	
City, State:		City, State:	
Zip:		Zip:	
Home Phone:			

**Date of Birth:** \_\_\_\_\_                                  **Gender (Check One):**  Male  Female  non-binary  
(Month/Day/Year)

**Place of Birth:** \_\_\_\_\_  
(City/State/Country)

**Preschool:** Did your child regularly attend a Head Start program, family day-care center, nursery school, licensed day care center, or public preschool program during the year before Kindergarten? (Check one)  
 Yes  No

If yes, name of facility: \_\_\_\_\_

**Previous School:** \_\_\_\_\_                                  Grades Attended: \_\_\_\_\_

Address of Previous School: \_\_\_\_\_                                  City / State: \_\_\_\_\_

Has student ever been enrolled in the Naugatuck Public Schools before? (Check one)     Yes  No

If yes, which school: \_\_\_\_\_                                  Date Left: \_\_\_\_\_

**Special Education:**  Yes     No

If yes, is there a current IEP?  Yes  No                                  504 plan?  Yes     No

**Parent / Guardian Information**

**Student Lives With:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

*Mailing Label Header i.e. Mr. and Mrs. ....*

**Please check one of the following:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Two parents in the home | <input type="checkbox"/> Foster Placement | <input type="checkbox"/> Separated     |
| <input type="checkbox"/> Sole Custody            | <input type="checkbox"/> Joint Custody    | <input type="checkbox"/> Single Parent |
| <input type="checkbox"/> Custody Transfer        | <input type="checkbox"/> Emancipated      |  |

**Restrictions of Contact and Information (when applicable). For NPS to enforce “no contact” or “no release” orders, court documentation must be provided.**

- |  |  |
|--|--|
| <input type="checkbox"/> Custody papers specifying restrictions              | <input type="checkbox"/> Order of protection |
| <input type="checkbox"/> Other documentation provided. Please Specify: _____ |  |

**Name of Person Restricted:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Parent / Guardian Contact Information**

**Contact 1**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

Check all that apply:  Has Custody  Lives With

**Contact 2**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

Check all that apply:  Has Custody  Lives With  Duplicate Mailing Requested (address must be different from student)

**Contact 3**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

Check all that apply:  Has Custody  Lives With  Duplicate Mailing Requested (address must be different from student)

**Brothers and Sisters: (in order of age)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

**Additional Information**

**Daycare Provider**

Daycare Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Emergency Contacts:**

In case of emergency, parents/guardians will always be contacted first. Please list additional **local** people (**other than parents / guardians**) that are authorized to pick up your child in case you cannot be reached.

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**Naugatuck Public Schools**

203-720-5265

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Student's Doctor:**

**Doctor's Name:** \_\_\_\_\_ **Preferred Hospital:** \_\_\_\_\_

**Doctor's Phone:** \_\_\_\_\_ Does the student have medical insurance?\*  **Yes**  **No**

*\* CT Public Act 07-04 requires families in public school districts to annually report whether the student has health insurance. This act also requires that we provide parents and guardians with information regarding state-sponsored health insurance programs.*

*In the event of an emergency, if parents, physicians, or other persons named on this form cannot be reached, school officials will take whatever action is deemed necessary, in their judgement, for the health of the child. The Naugatuck Public Schools assumes no financial responsibility for any emergency service which may be provided.*

**If your child has a health condition or has had a change in their medical condition please contact the school nurse.**

**Emergency Notifications:**

Naugatuck Public Schools uses *School Messenger* to communicate with parents on routine items, such as upcoming events, as well as emergency information regarding school closings, etc. Please indicate current contact information below. Please make sure you inform your school office of any changes in contact information. **Please print clearly!** Do not add additional e-mails or phone numbers as the program only allows for the following items.

Emergency Notification: Phone #1: \_\_\_\_\_

Emergency Notification: Phone #2: \_\_\_\_\_

General Notifications: Phone #1: \_\_\_\_\_

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203-720-5265

E-Mail Address #1: \_\_\_\_\_

E-Mail Address #2: \_\_\_\_\_

**To the best of my knowledge, all of this information provided is accurate:**

\_\_\_\_\_  
*Signature of Parent/Guardia*

\_\_\_\_\_  
*Date*

**Naugatuck Public Schools**  
Naugatuck, CT 06770  
[Naugatuck Schools Website](#)

AUTHORIZATION FOR RELEASE OF RECORDS AND EXCHANGE OF INFORMATION  
*(Please select the appropriate school from the list below)*

- |  |  |   |   |  |
|--|--|---|---|--|
| <input type="checkbox"/> <b>Early Childhood Center at Central Avenue</b><br>28 Central Avenue<br>Naugatuck, CT 06770<br>Phone: 203-720-5224<br>Fax: 203-720-5547 | <input type="checkbox"/> <b>Hop Brook Elementary School</b><br>75 Crown Street<br>Naugatuck, CT 06770<br>Phone: 203-720-5232<br>Fax: 203-720-5234      | <input type="checkbox"/> <b>Salem Elementary School</b><br>124 Meadow Street<br>Naugatuck, CT 06770<br>Phone: 203-720-5242<br>Fax: 203-720-5219 | <input type="checkbox"/> <b>Cross Street Intermediate School</b><br>120 Cross Street<br>Naugatuck, CT 06770<br>Phone: 203-720-5227<br>Fax: 203-720-5215 | <input type="checkbox"/> <b>City Hill Middle School</b><br>441 City Hill Street<br>Naugatuck, CT 06770<br>Phone: 203-720-5250<br>Fax: 203-720-5256 |
| <input type="checkbox"/> <b>Andrew Avenue Elementary School</b><br>140 Andrew Avenue<br>Naugatuck, CT 06770<br>Phone: 203-720-5221<br>Fax: 203-720-5213          | <input type="checkbox"/> <b>Maple Hill Elementary School</b><br>641 Maple Hill Road<br>Naugatuck, CT 06770<br>Phone: 203-720-5236<br>Fax: 203-720-5217 | <input type="checkbox"/> <b>Western Elementary School</b><br>100 Pine Street<br>Naugatuck, CT 06770<br>Phone: 203-720-5244<br>Fax: 203-720-5209 | <input type="checkbox"/> <b>Hillside Intermediate School</b><br>51 Hillside Avenue<br>Naugatuck, CT 06770<br>Phone: 203-720-5260<br>Fax: 203-720-5209   | <input type="checkbox"/> <b>Naugatuck High School</b><br>543 Rubber Avenue<br>Naugatuck, CT 06770<br>Phone: 203-720-5400<br>Fax: 203-720-5444      |

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

**Date of Birth:** \_\_\_\_\_

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

**Grade:** \_\_\_\_\_

I hereby authorize the release of any and all records pertaining to my child (including but not limited to: cumulative school records, health records, psychological records, PPT, IEP, etc., 504 accommodation plans) between the school checked above, and the school noted below. I also authorize verbal communication to be exchanged between the sending school and the receiving school.

**Transferring from:**

School Name: \_\_\_\_\_

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

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

**Transferring to:**

School Name: \_\_\_\_\_

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

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

\_\_\_\_\_  
(Parent/Guardian Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

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**Home Language Survey**

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.

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Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

What is the primary language spoken in the 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 Name (Please Print)

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

Thank you for answering the questions. We look forward to working with your child.