

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:

- Two parents in the home Foster Placement Separated
- Sole Custody Joint Custody Single Parent
- Custody Transfer Emancipated

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

- Custody papers specifying restrictions Order of protection
- 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: _____

497 Rubber Ave.
Naugatuck, CT 06770

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: _____

497 Rubber Ave.
Naugatuck, CT 06770

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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