

LEDYARD PUBLIC SCHOOLS  
REGISTRATION

Date of Entry \_\_\_\_\_

\_\_\_\_ GFS    \_\_\_\_ GHS    \_\_\_\_ JWL    \_\_\_\_ LCS    \_\_\_\_ LMS    \_\_\_\_ LHS

<b>A. Student Information</b>	
Student Name	
Student Home Phone	
Grade/Gender	
Date of Birth	
Place of Birth	
Language Spoken at Home	
<b>B. Address Information</b>	
Home Address	
Home City, State, Zip	
Mailing Address (if different)	
Mailing City, State, Zip	
<b>C. Guardian Information</b>	
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 3<sup>rd</sup> 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	
<b>D. Emergency Information</b>	<b>** Local – Other than Contact Information</b>
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)	

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

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?

\_\_\_\_\_ IEP \_\_\_\_\_ 504 \_\_\_\_\_ TAG

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

List any siblings attending any Ledyard School (use additional sheets if necessary):

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)