

REGISTRATION PACKET CHECKLIST

Please remember that the following items are needed to officially enroll your child in a Region 16 school. These items need to be returned to the respective school prior to your child being admitted to our schools.

_____ All Forms in Registration packet:

_____ Affidavit of residency (if applicable)

_____ Authorization for the release of student information

_____ Permanent Registration Form (all 4 pages)

_____ Dominant Language Home Language Survey

_____ Photo Permission

_____ Free or Reduced Lunch Form (if applicable)

_____ Copy of Birth Certificate

_____ Complete State Health Physical Form (Blue) (yellow, if Pre-K)

_____ Proof of residency: Documents for residency requirements are outlined on page 2
(see Region 16 Policy)

**** Nurse will contact you if Health Form (blue, or yellow) is not received before the first day of school or if it is incomplete. Your child will not be allowed to attend Region 16 schools until the form is in the school's files.**

Regional School District #16 does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities.

REGIONAL SCHOOL DISTRICT NO. 16
BEACON FALLS AND PROSPECT

30 COER ROAD PROSPECT, CT 06712 (203) 758-6671 FAX (203)758-5797

PROOF OF RESIDENCY FOR STUDENTS ENTERING REGION 16

The following information must be provided as proof of domicile for **all** students entering Region 16 schools:

1. Mortgage statement or copy of a deed showing ownership of property where the child is residing

or

2. Copy of signed lease or rental agreement for the property where the child is residing. If you cannot provide, please see attached affidavit.

or

3. A notarized statement from the owner of the property where the child is residing listing all of the family members who are residing on the property.

AND

1. A copy of a current utility bill from (Electric/Gas etc.) indicating the family has a current account for the address the child is residing.

or

2. If the landlord is supplying utilities, a notarized copy of the lease or rental agreement indicating that utilities are supplied by the landlord.

AND

1. A copy of a valid CT Driver's License for either parent indicating the address where the child is residing.

AND

1. Other bill confirming residency, cell phone bill, car insurance, car registration, credit card statement etc.

Copies of **each** of the above **four (4)** documents must be placed in the student's permanent folder **before** completion of the registration process.

PLEASE NOTE: THIS FORM IS FOR PEOPLE WHO RESIDE WITH A FRIEND OR RELATIVE IN BEACON FALLS OR PROSPECT AND DO NOT HAVE A LEASE OR MORTGAGE

AFFIDAVIT OF RESIDENCY FOR SCHOOL ATTENDANCE PURPOSES

STATE OF CONNECTICUT, COUNTY OF _____ TOWN/CITY _____

Personally appeared, _____, who made
(name of parent or guardian) oath to
the following:

1. _____ is a child who is permanently residing with
(student's name)

_____,
(property owner) (relationship to parent/guardian)

at _____ (address of
property owner)

- Such residence is to be permanent, is provided without pay, and is not for the sole purpose of obtaining school accommodations.
- The burden of proof in determining student residency shall be on the party claiming residency. Where it is determined that the child was not eligible for free school accommodations in Region 16, Region 16 may collect reimbursement from the parent/guardian for any assessed costs of said schooling as provided in Connecticut General Statutes, Section 10-186(b)(4).

Signed Parent or Guardian

Signed Property Owner in Region 16

Subscribed and sworn to, before
me, this _____ day of
_____, 20____.

Signed Notary Public
Commissioner of the Superior Court
Revised 5/12-Affidavit only

Notary Public (please print name)



AUTHORIZATION FOR THE RELEASE OF STUDENT INFORMATION

I HEREBY AUTHORIZE: REGIONAL SCHOOL DISTRICT #16
30 Coer Road
Prospect, CT 06712

(Other School/Provider)

(Address)

(City, State, Zip)

(Phone)

TO RELEASE AND/OR EXCHANGE ANY AND ALL SCHOOL AND HEALTH RECORDS, INCLUDING CONFIDENTIAL INFORMATION, SUCH AS PSYCHIATRIC, PSYCHOLOGICAL AND NEUROLOGICAL EVALUATIONS, AS WELL AS ANY OTHER PERTINENT INFORMATION CONCERNING MY CHILD,

CHILD: _____
(Full Name) (Date of Birth)

TO: _____
(Other School/Provider)

(Address)

(City, State, Zip)

(Phone)

REGIONAL SCHOOL DISTRICT #16
30 Coer Road
Prospect, CT 06712

IT IS UNDERSTOOD THAT THE PRIVILEGED AND CONFIDENTIAL NATURE OF SUCH RECORDS WILL BE PRESERVED WITH THE PARENTS HAVING ACCESS TO THE RECORDS IN ACCORDANCE WITH SECTION 1015B OF THE CONNECTICUT GENERAL STATUTE.

SIGNED: _____
(Parent/Guardian/Surrogate) (Date)

(Address)

(City/State/Zip)

(Phone)

Registration Date: _____

REGION 16 PERMANENT STUDENT REGISTRATION FORM

Student's Name: _____
(Last) (First) (Middle)

Grade Entering: _____ Date of Birth: _____ Gender: Female Male

Previous School & Address: _____

If Entering Kindergarten, Name of Daycare/Preschool: _____

State of CT student ID # (10 digit code) _____

Mother's Maiden Name: _____

Student Birthplace: City: _____ State: _____ Country: _____

Is Student a U.S. Citizen? Yes No Immigrant? Yes No Year Immigrated _____

Verified Birth Certificate _____

Present Address: _____
(Street) (Town)

Home Telephone: _____ Student Cell: _____ Student Living with: _____

Military Family? (Parent/Guardian in active duty) Yes No

Ethnic Background: Is this child Hispanic/Latino? Yes No

What is the child's race? (check one or more even if you circled "Yes" to the Hispanic/Latino question above): _____ American Indian or Alaska Native _____ Asian _____ Black or African Amer. _____ Native Hawaiian or other Pacific Islander _____ White

Dominant Language: English or other Language? _____

What language did student learn to speak first? _____

What is the primary language spoken by parents/adults in the home? _____

What is the primary language spoken by student at home? _____

Is student identified as a student with Special Education needs under IDEA? Yes No

Is student identified as a student receiving services under section 504 and ADA?
Yes No

If yes to either question, please fill out pink page attached.

FAMILY INFORMATION

Name of Father/Stepfather/Guardian (please circle):

(Last)	(First)
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Home Address: _____

(street)	(town)	(zip)
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Cell Phone #: _____ e-mail: _____

Employer: _____ Occupation: _____

Business Address: _____

Business Telephone: _____ May be contacted at work: Yes No

Name of Mother/Stepmother/Guardian (please circle):

(Last)	(First)
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Home Address: _____

(street)	(town)	(zip)
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Cell Phone #: _____ e-mail: _____

Employer: _____ Occupation: _____

Business Address: _____

Business Telephone: _____ May be contacted at work: Yes No

Non-custodial Parent Information:

Name of Parent: _____

(Last)	(First)
--------	---------

Home Address: _____

(Street)	(Town)	(Zip)
----------	--------	-------

e-mail _____

Employer: _____ Occupation: _____

Business Address: _____

Business Telephone: _____ May be contacted at work: Yes No

All school mailings should be sent to non-custodial parent: Yes No

Siblings:

Name(s) of Siblings: (Please list in order of eldest to youngest, and include full name and date of birth)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Emergency Information:

Please list two individuals, other than a parent, to call in case of an emergency.

Name: _____ Telephone #: _____

Relationship to Student: _____

Name: _____ Telephone #: _____

Relationship to Student: _____

Per CT General Statute 10-206c, does your child have health insurance? _____

AGENCY PLACEMENT INFORMATION:

Name of person/agency placing student: _____

City and state from which student is placed: _____

Name of Social Worker: _____ Telephone #: _____

Signature of Parent/Guardian registering student:

Date: _____ School Official: _____

REGIONAL SCHOOL DISTRICT #16

PROSPECT-BEACON FALLS

PERMANENT STUDENT REGISTRATION INFORMATION STUDENT
SUPPORT SERVICES

Student Name: _____ Grade Entering: _____

1. Is the student identified Special Ed under IDEA or Americans with Disabilities Act (ADA) section 504? _____
2. What services did student receive? _____
3. Years of any prior Special Education Services: _____
4. Is there a current IEP on file at previous school? _____
5. Did student receive reading services at previous school? _____
6. Did student receive speech & language services at previous school? _____
When? _____
7. Is there a current 504 plan on file at student's previous school? _____



**PARENT QUESTIONNAIRE FOR THE PRELIMINARY ASSESSMENT OF
DOMINANT LANGUAGE HOME LANGUAGE SURVEY**

Date: _____

Dear Parent/Guardian:

Connecticut State law requires that each school district conduct a preliminary assessment of the dominant language of each student in its public schools. This assessment is made in order to ascertain the need to provide an ESL/bilingual education program for students who are limited English proficient.

Please complete the following form and return by _____

.....

Student's Name _____

Grade: _____ School: _____

Teacher: _____

What language did your child learn to speak first? _____

What is the primary language spoken by you or other persons in your home? _____

What is the primary language spoken by your child when he/she is at home? _____

Parent's Signature

Date



Region 16 wishes to give recognition to students' accomplishments during the school year. Region 16 may publish, broadcast and display copies of students' work, ceremonies and performances at school, community facilities, and other locations.

These materials can be released to news organizations (school, local, state and national), multiple mediums on the internet, etc. Region 16 may identify students by first name when their photographs and work are included in web pages from PreK-12 grades. All school events, performances and in-school assemblies (sporting, fine arts, plays, graduations, etc.) are considered public events and everyone attending and all participants will be included in the photographing/video recording/broadcasting of those events. In addition, special classroom events (i.e. speaker presentations) may be video recorded/photographed/broadcast as well.

If a parent does NOT want their child to be photographed or video recorded, or to participate in a live broadcast and have that information shared with the public, please sign below.

Please Note: If a parent does not want their child's performances, photo, or work shown to the public, they must also understand that the child will not be allowed to participate in the performances due to technical and time limitations.

I do NOT wish my child to be photographed/videotaped or their work publicized

Signature of Parent or Guardian

Date

** This will only serve for one year, please alert your school at the beginning of each school year if you want to continue to having your child NOT be photographed or videotaped.