

Today's Date: \_\_\_\_\_

East Haddam Schools  
Student Registration Form

**Student Information**

Formal Name	Last:	<b>Office Use ONLY</b>	
	First:		Grade:
	Full Middle:		Teacher:
	Suffix (i.e. Jr., II):		Bus #:
Gender	[ ] Male [ ] Female		
Date of Birth	Month:      Day:      Year:	Locker #:	
Birth Place	City:      State:	Locker Combo:	
Is this child Hispanic/Latino?	[ ] Yes [ ] No	Student Cell Phone:	
Race (check one or more)	[ ] Am. Indian or Alaska Native [ ] Asian [ ] Black or African American [ ] Native Hawaiian or Other Pacific Islander [ ] White		
Student lives with .... Check <b>ONE</b>	[ ] Mother/Father [ ] Guardian [ ] Other	[ ] Mother Only [ ] Mother/Stepfather [ ] Mother/Mother	
		[ ] Father Only [ ] Father/Stepmother [ ] Father/Father	

**Transfer Information**

Name of Sending School:	City:	State:
Has student previously attended school in East Haddam? [ ] Yes – When? [ ] No		

**Parent-1 Information**

Name:	Relationship: [ ] Mother [ ] Father [ ] Other:
Mailing Address:	
Street Address:	
Home Phone:	Cell Phone:
Home Email:	
Employer:	Work Phone:
Work Email:	

**Parent-2 Information**

Name:	Relationship: [ ] Mother [ ] Father [ ] Other:
Mailing Address:	
Street Address:	
Home Phone:	Cell Phone:
Home Email:	
Employer:	Work Phone:
Work Email:	

**Emergency Information**

Doctor's Name:	Doctor's Phone:
Does student have medical insurance? [ ] Yes [ ] No	
Name of Emergency Contact #1:	Contact #1 Phone:
Name of Emergency Contact #2:	Contact #2 Phone:

**PLEASE COMPLETE REVERSE SIDE**

