

**EAST HAMPTON PUBLIC SCHOOLS**Registration Information  
Pre-Kindergarten through Grade 12\_\_\_\_\_  
**Student's Last Name**\_\_\_\_\_  
**Student's First Name**\_\_\_\_\_  
**Student's Middle Name****Student's Resident Address:**\_\_\_\_\_  
Street #\_\_\_\_\_  
Street Name\_\_\_\_\_  
Apt.

Post Office:

☐

East Hampton, 06424

☐

Cobalt, 06414

☐

Middle Haddam, 06456

Other (*specify*): \_\_\_\_\_

Is Resident Address same as Mailing Address?

☐ Yes☐ No

(If no, please complete box below)

**Mailing Address** (only if different from Resident Address):\_\_\_\_\_  
Street #\_\_\_\_\_  
Street Name\_\_\_\_\_  
P.O. Box\_\_\_\_\_  
Apt.

Post Office:

☐

East Hampton, 06424

☐

Cobalt, 06414

☐

Middle Haddam, 06456

Other (*specify*): \_\_\_\_\_**Home Telephone:**

( ) -

**Student Gender:**☐ Male☐ Female**Student's Date of Birth:**\_\_\_\_\_  
Month/Day/Year**Is this student a U.S. citizen?**☐ Yes☐ No**Grade level** \_\_\_\_\_ **for school year** \_\_\_\_\_**Student resides with** (*check all that apply*):☐ Father☐ Mother☐ Stepmother☐ Stepfather☐ Other

If other, specify relationship: \_\_\_\_\_

**Parent/Guardian Salutation:**☐ Mr. & Mrs.☐ Mr. & Ms.☐ Mrs.☐ Mr.☐ Ms.☐ Miss☐ Dr.**Marital Status:**☐ Married☐ Divorced☐ Separated☐ Single☐ Widow/Widower**Parent/Guardian:**\_\_\_\_\_  
Last Name\_\_\_\_\_  
First Name

Relationship to Student: \_\_\_\_\_

Same Address as student: ☐ Yes ☐ No

If no, please specify: \_\_\_\_\_

Work Phone:

( ) -

Cell Phone:

( ) -

Other Phone:

( ) -

E-Mail Address: \_\_\_\_\_

**Spouse/Other Name:**\_\_\_\_\_  
Last Name\_\_\_\_\_  
First Name

Relationship to Student: \_\_\_\_\_

Same Address as student: ☐ Yes ☐ No

If no, please specify: \_\_\_\_\_

Work Phone:

( ) -

Cell Phone:

( ) -

Other Phone:

( ) -

E-Mail Address: \_\_\_\_\_

**- OVER -**

If parents are not living together, indicate name and address of the non-custodial parent:

Should written communication be sent to the non-custodial parent? ☐ No ☐ Yes (If Yes, please complete address below)

**Name:**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

Relationship to Student: \_\_\_\_\_

Address (if known) \_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone: (     ) - \_\_\_\_\_

Work Phone: (     ) - \_\_\_\_\_

Cell Phone: (     ) - \_\_\_\_\_

Other Phone: (     ) - \_\_\_\_\_

Do the people listed above have the authority in all school and medical matters? ☐ Yes ☐ No

***If no, a copy of the court order must be provided.***

Is there anything about your family arrangement that we should be aware of (*split/joint custody, guardianship, live-in au pair, grandparent, etc.*)? Please explain: \_\_\_\_\_  
\_\_\_\_\_

**Alternate Contacts (if parents/guardians cannot be reached for transportation or illness):**

#1 Contact Name: \_\_\_\_\_

Phone #1: (     ) - \_\_\_\_\_

Phone #2: (     ) - \_\_\_\_\_

#2 Contact Name: \_\_\_\_\_

Phone #1: (     ) - \_\_\_\_\_

Phone #2: (     ) - \_\_\_\_\_

**Daycare Arrangements (if applicable):**

Name of person or facility for a.m.: \_\_\_\_\_ Phone #: (     ) - \_\_\_\_\_

Days applicable, check all that apply: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Name of person or facility for p.m.: \_\_\_\_\_ Phone #: (     ) - \_\_\_\_\_

Days applicable, check all that apply: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

**What language did your child first learn?** \_\_\_\_\_

**What language do you speak to your child in the home?** \_\_\_\_\_

**What language does your child respond to you in the home?** \_\_\_\_\_

**Is the student Hispanic/Latino?** ☐ Yes ☐ No

**Is the student from one or more races (choose all that apply):**

☐ White ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ American Indian or Alaskan Native

**Signatures of:**

\_\_\_\_\_  
Father

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Guardian

\_\_\_\_\_  
Date