

STUDENT REGISTRATION

Central Registration Office

New Student



Student's Name: _____

Address: _____ *Phone:* _____

Bristol Public Schools

Central Registration

CHECKLIST

It is our goal to make your child's transition to our school as smooth as possible. To help us with the registration process, please bring with you the following information:

CHILD'S DOCUMENTATION

- ONE** of the following:
- Child's FULL-SIZE birth certificate (please bring original copy – we will make copy)
- Current Passport
- Permanent Resident Alien Card
 - Record of last report card or transcripts
 - Current Individual Education Plan (IEP), 504 or 603 plan if child is a special education student
 - Most current medical physical
 - Most current immunization record

PARENT'S DOCUMENTATION

- Valid Photo ID
- ONE** of the following:
- Current Rental Agreement **AND** Release to Speak with Landlord
- Current Mortgage Statement
 - Homeowner's property tax statement
- AND CURRENT UTILITY BILL**
- If you do not have a utility bill, you may contact Eversource at (860)947-2000 or (800)989-0900 for gas service and have them email you a [Service Verification Form](#) to your personal email address. You can then forward that email to Central Registration.

IF YOU DO NOT OWN OR RENT BUT LIVE WITH A BRISTOL RESIDENT

- The **Bristol resident** must provide **ONE** of the following:
- Current Rental Agreement **AND** Release to Speak with Landlord
- Current Mortgage Statement
- Homeowner's property tax statement
 - AND CURRENT UTILITY BILL**
- If you do not have a utility bill, you may contact Eversource at (860)947-2000 or (800)989-0900 for gas service and have them email a [Service Verification Form](#) to your personal email address. You can then forward that email to Central Registration.
- The **Parent** must provide:
- Two (2) pieces of official mail with name and address of current residency
 - BOTH** - parent and Bristol resident - must provide:
- Valid Photo ID
- **Signed, notarized Residency Affidavit**

OTHER DOCUMENTATION

- Registration Form
- Special Education Information
- Release of Student Records
- Home Language Survey
- Attendance Form
- Student Dismissal Form
- Health History and Dental forms
- Emergency Card

NO STUDENT WILL BE ABLE TO START SCHOOL WITHOUT ALL NECESSARY DOCUMENTATION

BRISTOL PUBLIC SCHOOLS REGISTRATION FORM

<i>OFFICE USE ONLY:</i>
Teacher Name: _____
Homeroom Number: _____
Bus Number/Color: _____

TODAY'S DATE: _____

STUDENT INFORMATION: (ALL FIELDS MUST BE COMPLETED)

LAST NAME			
FIRST NAME			
MIDDLE NAME			
DATE OF BIRTH			
GENDER	MALE _____	FEMALE _____	NONBINARY _____
GRADE ENTERING			

ADDRESS INFORMATION

HOME ADDRESS (No PO Boxes allowed)			
APT. #/UNIT #/FLOOR			
CITY	STATE	ZIP CODE	
PHONE NUMBER			
MAILING ADDRESS (If different from home address)			

EDUCATIONAL INFORMATION

PLEASE PROVIDE INFORMATION REGARDING THE LAST SCHOOL ATTENDED

PREVIOUS SCHOOL NAME			
ADDRESS			
CITY	STATE	ZIP	
PHONE	FAX		
LAST DATE OF ATTENDANCE			
HAS THIS STUDENT EVER ATTENDED A BRISTOL PUBLIC SCHOOL?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, WHICH SCHOOL AND GRADE?			
SCHOOL: _____	GRADE: _____		
HAS THIS STUDENT ATTENDED SCHOOL OUTSIDE THE UNITED STATES (DEFINED AS THE 50 STATES, THE DISTRICT OF COLUMBIA AND THE COMMONWEALTH OF PUERTO RICO) IN THE PAST THREE (3) SCHOOL YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

SIBLINGS ENROLLED IN BRISTOL SCHOOLS

NAME			
SCHOOL WHERE ENROLLED			
NAME			
SCHOOL WHERE ENROLLED			
NAME			
SCHOOL WHERE ENROLLED			

FEDERAL ETHNICITY: (ALL FIELDS MUST BE COMPLETED)

RACE*	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pac Islander <input type="checkbox"/> White
ETHNICITY*	Is your child Hispanic / Latino? YES <input type="checkbox"/> NO <input type="checkbox"/>
NATIVE LANGUAGE	
HOME LANGUAGE	

***UNITED STATES DEPARTMENT OF EDUCATION
DEFINITION OF RACE AND ETHNIC CATEGORIES**

***RACE**

Category	Definition
American Indian or Alaska Native	A person having origins in any of the people of North and South America (including Central America) and who maintains tribal affiliation or community attachment
Asian	A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Black/African American	A person having origins in any of the black racial groups of Africa
Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

***ETHNICITY**

Category	Definition
Hispanic/Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

SPECIAL EDUCATION/ELL

Is the student receiving or has the student ever received Special Education services?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the student receiving or has the student ever received English Language Learner services?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does the student have or has the student ever had a 504 plan?	YES <input type="checkbox"/> NO <input type="checkbox"/>

MILITARY SERVICE

Is the student's parent or guardian a member of the Armed forces on active duty or serves full-time in the National Guard?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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HOW CAN WE CONTACT YOU?

PHONE NUMBER TO RECEIVE MESSAGES FROM BLACKBOARD CONNECT (AUTO DIALER)

HOME NUMBER #1:
HOME NUMBER #2:
WORK NUMBER #1:
WORK NUMBER #2:
CELL NUMBER #1:
CELL NUMBER #2:
EMAIL ADDRESS #1
EMAIL ADDRESS #2

PHONE NUMBER FOR SCHOOL STAFF TO CONTACT YOU

PRIMARY NUMBER – RECEIVES ALL PHONE CALLS:
ATTENDANCE NUMBER – RECEIVES ONLY ATTENDANCE CALLS:
ADDITIONAL NUMBER –RECEIVES ALL CALLS:



PHONE NUMBER THAT CAN RECEIVE TEXT MESSAGES FROM BLACKBOARD CONNECT (AUTO DIALER)

TEXT RECEIVING PHONE NUMBER:
TEXT RECEIVING PHONE NUMBER #2:

MEDICAL CONTACT INFORMATION

DOCTOR'S NAME	
DOCTOR'S PHONE	
DENTIST'S NAME	
DENTIST'S PHONE	

EMERGENCY CONTACT INFORMATION:

PLEASE LIST THE INFORMATION FOR ANYONE WHO WOULD BE ALLOWED TO PICK UP YOUR CHILDREN OR RECEIVE A CALL IN THE EVENT OF AN EMERGENCY:

NAME		
RELATIONSHIP		
HOME PHONE	WORK PHONE	
CELL PHONE		
STREET		
CITY	STATE	ZIP

NAME		
RELATIONSHIP		
HOME PHONE	WORK PHONE	
CELL PHONE		
STREET		
CITY	STATE	ZIP

NAME		
RELATIONSHIP		
HOME PHONE	WORK PHONE	
CELL PHONE		
STREET		
CITY	STATE	ZIP

NAME		
RELATIONSHIP		
HOME PHONE	WORK PHONE	
CELL PHONE		
STREET		
CITY	STATE	ZIP

FAMILY INFORMATION

MOTHER'S INFORMATION

LIVES WITH PRIMARY CONTACT EXTRA MAILING

NAME	
ADDRESS	
HOME PHONE	
CELL PHONE	
EMPLOYER	
DAYTIME PHONE	
E-MAIL	
WORK HOURS	

FATHER'S INFORMATION

LIVES WITH PRIMARY CONTACT EXTRA MAILING

NAME	
ADDRESS	
HOME PHONE	
CELL PHONE	
EMPLOYER	
DAYTIME PHONE	
E-MAIL	
WORK HOURS	

OTHER ADULT LIVING WITH STUDENT

PRIMARY CONTACT

NAME	
ADDRESS	
HOME PHONE	
CELL PHONE	
EMPLOYER	
DAYTIME PHONE	
E-MAIL	
WORK HOURS	
RELATIONSHIP	

OTHER ADULT LIVING WITH STUDENT

PRIMARY CONTACT

NAME	
ADDRESS	
HOME PHONE	
CELL PHONE	
EMPLOYER	
DAYTIME PHONE	
E-MAIL	
WORK HOURS	
RELATIONSHIP	

DCF CONTACT INFO

LEGAL GUARDIAN EXTRA MAILING

NAME OF DCF WORKER	
OFFICE ADDRESS	
CONTACT PHONE NUMBER(S)	
DCF SUPERVISOR NAME AND PHONE NUMBER:	

ARE THERE CONTACT/RECORD RESTRICTIONS AGAINST A PARENT?

YES NO

PRE-K EXPERIENCE

(Please complete if your child is entering Kindergarten, First or Second grade)

Has your child ever attended a preschool program? YES _____ NO _____	
If your child DID attend preschool, where did they attend? <input type="checkbox"/> Bristol Central High School Child Development <input type="checkbox"/> Bristol Eastern High School Child Development <input type="checkbox"/> Bristol Hospital Child Development Center (BHCDC) <input type="checkbox"/> Bristol Preschool & Child Care Center – 2 sites (BPCCC) <input type="checkbox"/> Daycare <input type="checkbox"/> Head Start (2 sites, Lake Avenue or South Street) <input type="checkbox"/> Preschool Learning Center at Imagination Museum (PLCIM) <u>Bristol Public Schools Preschool:</u> <input type="checkbox"/> Greene Hills..... Teacher _____ <input type="checkbox"/> Hubbell..... Teacher _____ <input type="checkbox"/> Mountain View..... Teacher _____ <input type="checkbox"/> West Bristol..... Teacher _____ <input type="checkbox"/> South Side..... Teacher _____ <input type="checkbox"/> Stafford..... Teacher _____ <input type="checkbox"/> Other Preschool _____	How many years? <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years How many hours per day? <input type="checkbox"/> Half day 2.5 hours <input type="checkbox"/> Full day 6 hours <input type="checkbox"/> Full work day (8+hours)
If your child did NOT attend preschool, what was the reason? <input type="checkbox"/> Availability – no space in preschool for my child <input type="checkbox"/> Child care arrangements <input type="checkbox"/> Cost <input type="checkbox"/> I wanted to have my child at home <input type="checkbox"/> Location <input type="checkbox"/> Transportation <input type="checkbox"/> Unaware of preschool opportunities <input type="checkbox"/> Other: _____	

Bristol Public Schools
Central Registration
SPECIAL EDUCATION INFORMATION

You **are not** required to complete this form; however, doing so will assist the school team in supporting your child.

1. Does your child **currently** have a 504 plan? YES NO
2. Does your child **currently** receive special education services? YES NO

If yes, do you recall what services? Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Academic Support | <input type="checkbox"/> Speech and Language |
| <input type="checkbox"/> Behavior Support | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Physical Therapy |

Other, Please describe _____

3. Did your child previously receive special education services? YES NO

If yes, When? _____ What town were you residing in? _____

4. What age or grade (s) were services received? _____

5. Do you have a copy of the current IEP? YES NO

6. When was the last PPT you attended? _____

7. Was your child enrolled in a special education program? YES NO

If yes, Please describe the program _____

8. Did your child attend school in the community you live (d) in or did they go somewhere else?

9. What is the name of the teacher who worked with your child? _____

Child's name: _____

Parent/Guardian Signature: _____ Date: _____

Bristol Public Schools

Central Registration

Authorization for Student Records and Release of Information

Date: _____

Student Name: _____ Grade: _____

Address: _____

Parent Full name and Phone #: _____

Previous School: _____

Phone: _____ Fax: _____

Please be advised that the above named student is requesting enrollment in the Bristol Public School system. Based upon the authorization below, we kindly request you forward required information to the school checked below.

Central Registration Office

129 Church Street, Room 12

Registrar: Isabel Brady

860-584-7033 Fax 860-584-3322

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 Edgewood School

345 Mix Street

Secretary: Cindy Rogers

860-584-7828 Fax 860-584-7991

Ellen P Hubbell School

90 West Washington Street

Secretary: Karen Biernat

860-584-7842 Fax 860-584-3886

Ivy Drive School

160 Ivy Drive

Secretary: Cathy Benlock

860-584-7844 Fax 860-584-3876

Mountain View School

71 Vera Road

Secretary: Jan Stetson

860-584-7726 Fax 860-314-4629

South Side School

21 Tuttle Road

Secretary: Terri Hernandez

860-584-7812 Fax 860-584-7810

Stafford School

212 Louisiana Avenue

Secretary: Yolanda Brown

860-584-7824 Fax 860-314-4631

Greene-Hills K-8 School

718 Pine Street

Secretary: Melissa Lauretti

860-584-7822 Fax 860-314-4632

West Bristol K-8 School

500 Clark Avenue

Secretary: Penny Paradis

860-584-7815 Fax 860-584-7814

Chippens Hill Middle School

551 Peacedale Street

Secretary: Susanne Skaradosky

860-584-3881 Fax 860-584-4833

Northeast Middle School

530 Stevens Street

Secretary: Diane Wojcicki

860-584-7839 Fax 860-584-7837

Bristol Central High School

480 Wolcott Street

Secretary: Mary Jo Pastyrnak

860-584-7735 Fax 860-584-7766

Bristol Eastern High School

632 King Street

Secretary: Marie Pasqualicchio

860-584-7876 Fax 860-584-3896

.....
 I hereby authorize an exchange of information:

ALL RECORDS

Or Select:

Transcripts **Scholastic Records** **Health Records** **Discipline Records** **Attendance Records**

Confidential Records **Special Education Records** **Psychiatric Testing** **Psychological Testing**

This request is to remain in effect for one (1) year from the date of parent signature unless parent withdraws consent in writing and forwarded to Bristol Board of Education, Central Registration Office, 129 Church Street, Bristol, CT 06010.

 (Parent's Name Printed)

 (Parent's Signature)



SCHOOL: _____

HOME LANGUAGE SURVEY

Student Name _____ DOB _____

Address _____ Phone: _____

Name of Parents: _____ Recorder: _____
If different than parent

ENGLISH

Dear Parent/Guardian:

Connecticut State law requires that each student must have on file a Home Language Survey. This survey will determine language dominance and assist in the academic placement of the student. Please answer the following questions:

1. What is the primary language spoken in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language the student first acquired? _____

Parent or Student Signature _____ Date _____

ESPAÑOL

Estimados Padres:

La ley del estado de Connecticut requiere que cada estudiante debe llenar y tener en su expediente académico un cuestionario de su idioma nativo. Este cuestionario nos ayudará a determinar el idioma dominante para así poder establecer una instrucción / educación apropiada para el estudiante. Por favor conteste las siguientes preguntas:

1. ¿Cuál es el idioma principal que se utiliza para comunicarse en su hogar, sin importar el idioma que hable su hijo/a? _____
2. ¿Cuál es el idioma utilizado frecuentemente por su hijo/a? _____
3. ¿Cuál fue el primer idioma que su hijo/a adquirió y comenzó a comunicarse? _____

Firma de los padres o estudiante _____ Fecha _____

HOME LANGUAGE SURVEY – PART TWO

Student Name _____

Person completing form: ___Mother ___Father ___Student
___Other (specify)_____

Please answer the following question to the best of your ability. This information will only be used to help us provide the best programing for your child’s learning.

Was your child born outside of the United States and Puerto Rico?
If so, where _____ When did they arrive in the United States? _____

CIRCLE THE BEST ANSWER TO EACH QUESTION AND PROVIDE DETAILS:
(if possible)

1. Was English the first language your child learned? NO YES

2. Can your child speak a language other than English? NO YES

3. Is any language other than English used at home? NO YES

4. Which language does your child use most often with friends? _____

5. Which language does your child use most often with you (parents/guardians)?
English or _____

6. Which language does your child use most often with other family members?
English or _____

7. Has your child attended school **outside of the United States**? NO YES*
* If yes, where, and how long were they at that school? Which grades did they complete there?

8. Has your child attended another school **in the United States or in Connecticut**? NO YES*
* If yes, when, and how long were they at that school? Which grades did they complete there?

9. In which language would you like to receive parent notifications? _____

10. Would you need a translator during parent conferences and if so in which language?

Please provide any related information that would help the school better service your child (for example, referral to or participation in gifted or special education programs in prior schools, etc):

Bristol Public Schools

Central Registration

It's the law! CONNECTICUT GENERAL STATUE 10-184

Public Act 11-136, 10-184 and CT Statute 10-210 are available at:

<http://www.cga.ct.gov/2011/act/pa/2011PA-00136-R00HB-06499-PA.htm>

Connecticut State Department of Education Policy Summary

Absences one through nine are excused under the following circumstances:

1. The student's parent/guardian approves the absence and submits appropriate written documentation within ten school days of the student's return to school. Such documentation must be submitted for each incidence of absenteeism and include either a signed note from a student's parent or guardian explaining the nature of and reason for the absence and the length of the absence; or
2. A signed note from a school official that spoke **in person** with a parent or guardian about the absence.
3. A note confirming the absence by the school nurse or by a licensed medical professional.

For a student's tenth absence and all absences over ten in a given school year, an absence will be excused for the following reasons:

1. For illness (only with documentation from licensed medical professional for **each day of absence, dates must be specific**).
2. For observance of a religious holiday.
3. Death in a student's family or other emergency beyond the control of the student's family.
4. Mandated court appearance (with written documentation).
5. Extraordinary educational opportunity (with pre-approval by school administration).
6. Lack of transportation that is normally provided by a district.

An unexcused absence is any absence that does not fit within the definition of an excused absence or meets the definition, but fails to meet the documentation requirements.



PLEASE SIGN THIS FORM INDICATING YOUR AWARENESS OF THE CONNECTICUT STATE LAW REGARDING THE ATTENDANCE POLICY.

Child's name: _____

Parent/Guardian Signature: _____ Date: _____

*****IMPORTANT*****

PLEASE INDICATE HOW YOUR CHILD WILL LEAVE SCHOOL AT THE END OF THE SCHOOL DAY

STUDENT'S NAME: _____

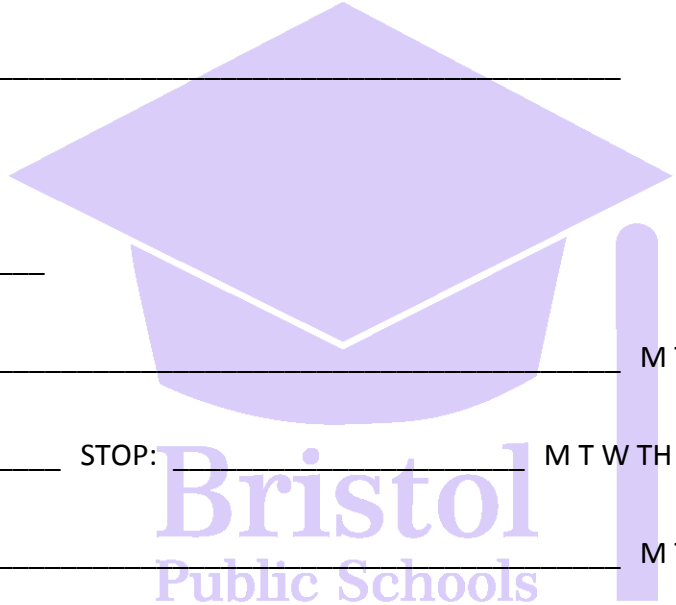
GRADE: _____

TEACHER: _____

PARENT PICK UP: _____ M T W T H F

BUS: Y / N COLOR: _____ STOP: _____ M T W T H F

OTHER TRANSPORTATION: _____ M T W T H F



*****PLEASE NOTE IF TRANSPORTATION WILL BE DIFFERENT FOR THE FIRST DAY ONLY:**