



**AVON PUBLIC SCHOOLS**  
34 Simsbury Road, Avon, Connecticut 06001  
**STUDENT REGISTRATION FORM**

**STUDENT INFORMATION**

*Note: The residence of the student determines eligibility to enroll in the Avon Public School system. If the student address is different from the parent/guardian address, the parent/guardian and the adult with whom the student is living must provide the district with a notarized affidavit and proof of the student's residency and eligibility of enrollment. The affidavit must also include the name(s) with whom the student is living, address, and phone number. Open Choice students must provide Harford residency proof and the acceptance letter from CREC.*

Name: \_\_\_\_\_  
(last name) (first name – as shown on birth certificate) (middle name – as shown on birth certificate)

Date of Birth: \_\_\_\_\_ Start Date: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Gender:  Male  Female  
(mm) (dd) (yyyy)

Residential Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
Street City State Zip Code

Secondary Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
(Parent or guardian email)

Day Phone (mother): \_\_\_\_\_ Day Phone (father): \_\_\_\_\_

Birthplace: \_\_\_\_\_ Citizenship:  U.S.  Other Date of Entry into USA: \_\_\_\_\_

**Ethnicity** (select all that apply):  American Indian or Alaskan Native  Asian  Black or African American  
 Caucasian/White  Native Hawaiian or Other Pacific Islander

**Race:** Is the child Hispanic/Latino? .....  Yes  No

Has this child ever registered at Avon Public Schools? ....  Yes  No

Does this child receive 504 Services? .....  Yes  No  Has received these services in the past

Does this child receive Special Education Services?.....  Yes  No  Has received services in the past

**Discipline:** Is the child currently under disciplinary action?  Yes  No Is child currently under an expulsion?  Yes  No

**Previous KINDERGARTEN or PRESCHOOL Education Experience (for Kindergarten or Preschool only)**

Name of licensed daycare or preschool: \_\_\_\_\_

Address: \_\_\_\_\_  
# Days per year # of hours per day Dates attended

**PARENT/GUARDIAN INFORMATION Please provide all applicable information**

*Note: Parents or guardians listed below have permission to pick up the student unless otherwise indicated. If there are any court orders restricting non-custodial parents or others from contact with the student, notify the principal immediately and provide a copy of that order.*

**Contact 1:**  Mother  Father  Guardian  Step Mother  Step Father  Other \_\_\_\_\_ Resides with:  Yes  No

\_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Last name, first name, maiden name (if applicable)

Phone Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_  
Name and address Occupation

**Contact 2:**  Mother  Father  Guardian  Step Mother  Step Father  Other \_\_\_\_\_ Resides with:  Yes  No

\_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Last name, first name, maiden name (if applicable)

Address (if different from above): \_\_\_\_\_

Phone Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_  
Name and address Occupation

...Continue on other side

**Contact 3:** Relationship to child: \_\_\_\_\_ Resides with:  Yes  
 No  
 \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Last name, first name, maiden name (if applicable)  
 Address (if different from above): \_\_\_\_\_  
**Phone:** Home: (    ) \_\_\_\_\_ Work: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
Name and address Occupation

<b>SIBLING INFORMATION</b>			
Name	Date of Birth	School	Grade

<b>EMERGENCY CONTACT INFORMATION</b>	
(Parent must provide one emergency contact, <b><u>DO NOT LIST A PARENT</u></b> )	
<i>Note: If parent/guardian is not available in an emergency, individuals listed below will be contacted and have permission to pick up the student.</i>	
<b>Emergency Contact 1:</b> _____	Relationship: _____
<b>Phone:</b> Home: (    ) _____	Work: (    ) _____ Cell: (    ) _____
<b>Emergency Contact 2:</b> _____	Relationship: _____
<b>Phone:</b> Home: (    ) _____	Work: (    ) _____ Cell: (    ) _____
<b>Childcare Provider:</b> _____	Relationship: _____
<b>Phone:</b> Home: (    ) _____	Work: (    ) _____ Cell: (    ) _____

<b>PARENT/GUARDIAN SIGNATURE</b>	
<b>Parent or Guardian Signature:</b> _____	Date: _____

**To register your child, please bring child's original birth certificate or passport (if from out of country) and proof of residency (mortgage or lease and current utility bill) showing home address to 34 Simsbury Rd. Monday-Friday between 8:30am-3:30pm**

<b>FOR SCHOOL USE ONLY</b>	
School ID #: _____	School: _____ Grade: _____
Entry Date: _____	Anticipated High School Graduation Year: _____ Withdrawal Date: _____
Proof of Residency (list documents provided): _____	
Student is: <input type="checkbox"/> New <input type="checkbox"/> Re-enrolling	Copy of Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No Copy of Passport: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Transferring from CT town of _____	Special Education Services: <input type="checkbox"/> Receives <input type="checkbox"/> Has received
<input type="checkbox"/> Transferring from State/Country of _____	504 Services: <input type="checkbox"/> Receives <input type="checkbox"/> Has received



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**Language Survey**

We are required by the US Department of Education to ask about languages spoken at home because it will help us know how we can best support your child. The language information also helps us know how we can best communicate with you. Please share with us about the language(s) spoken by your family and in your home.

Name: \_\_\_\_\_  
(last name) (first name – as shown on birth certificate) (middle name – as shown on birth certificate)

1. What is the **primary language used 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/GUARDIAN SIGNATURE**

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_