



RIDGEFIELD PUBLIC SCHOOLS REGISTRATION INFORMATION

Today's Date ___/___/___ Entry Date ___/___/___ Re-entry Yes No

*Student's Full Legal Name _____ *Check One Male Female
 *Date of Birth _____ Present Age _____ Entering as Grade _____ Current Grade _____
 *Town of Birth _____ *Country of Birth (if not USA) _____ *US Citizen Yes No If not a U.S. Citizen:

1. What language did your child first learn? _____
Country of Citizenship _____
2. What is the primary language spoken in your home? _____
Month and Year of Arrival in the U.S.A. _____
3. What language does your child speak to you at home? _____

- *Ethnic Group: 1. American Indian or Alaskan Native
 2. Asian or Pacific Islander
 3. Black, not of Hispanic Origin
 4. White, not of Hispanic Origin
 5. Hispanic

***Family Information:**

Father living? Yes _____ No _____ Parents separated? Yes _____ No _____
 Mother living? Yes _____ No _____ Parents divorced? Yes _____ No _____
 Joint Custody Yes _____ No _____ Sole Custody Mother Father Other

Child lives with: One parent _____ Two parent _____ Step-parent _____ Grandparent _____ Other _____

* **PLEASE ENTER THE INFORMATION FOR MOTHER, FATHER OR GUARDIAN BELOW. INCLUDE AT LEAST TWO EMERGENCY CONTACTS. If a medical or emergency situation arises during the school day, we will contact adults in the following order:**

1	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Step-parent <input type="checkbox"/> _____	First Name: _____ <hr/> Street: _____ <hr/> E-mail Address: _____	Last Name: _____ <hr/> City, State Zip: _____ <hr/> E-mail Address: _____	Home: _____ <hr/> Work: _____ <hr/> Cell: _____
Please check for this adult: Receives Mailings: <input type="checkbox"/> Yes <input type="checkbox"/> No OK to Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No				
2	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Step-parent <input type="checkbox"/> _____	First Name: _____ <hr/> Street: _____ <hr/> E-mail Address: _____	Last Name: _____ <hr/> City, State Zip: _____ <hr/> E-mail Address: _____	Home: _____ <hr/> Work: _____ <hr/> Cell: _____
Please check for this adult: Receives Mailings: <input type="checkbox"/> Yes <input type="checkbox"/> No OK to Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No				
3	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> _____	First Name: _____ <hr/> Home Phone: _____	Last Name: _____ <hr/> Work Phone: _____	City: _____ <hr/> Cell Phone: _____
Please check for this adult: OK to Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No Lives With: <input type="checkbox"/> Yes <input type="checkbox"/> No				
4	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> _____	First Name: _____ <hr/> Home Phone: _____	Last Name: _____ <hr/> Work Phone: _____	City: _____ <hr/> Cell Phone: _____
Please check for this adult: OK to Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No Lives With: <input type="checkbox"/> Yes <input type="checkbox"/> No				

