

Pomfret Community School Registration

Entry Date _____

Last Name of Child _____ First _____ Middle _____
M F Non Binary

Birthplace _____ Birthdate _____

Location of Home _____

P.O. Box and House Number and Street

Town/City

State

Zip

Home Telephone _____ Listed _____ Unlisted _____

Father's Name _____ Living with Family Yes _____ No _____

Active Military Yes _____ No _____ Email address _____

Cell Phone _____ Employed by: _____

Address (if different from above):

Mother's Name _____ Living with Family Yes _____ No _____

Active Military Yes _____ No _____ Email address _____

Cell Phone _____ Employed by: _____

Address (if different from above):

If parents can not be reached, please call the person listed below.

Emergency Contact Person _____ Telephone _____

Is there a custody agreement? Yes _____ No _____. If yes, please explain _____

Male/Female guardian and cell # _____

If parents can't be reached can male/female guardian pick up student(s)? Yes _____ No _____

Brothers	Birth Date	Sisters	Birth Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In what language do you speak to your child at home? _____

In what language does your child respond to you at home? _____

What language did your child first learn? _____

Do you have Health Insurance? _____

Birth Certificate Enclosed: _____ Nationality: White / Black / Am. Indian / Asian Am. / Native Hawaiian

Was your child born in the United States? YES or NO Is this child Hispanic/Latino? Yes _____ No _____

Entering Grade _____

Please check services provided at last school:

Chapter I _____ Speech Therapy _____ Remedial Reading _____ Migratory Assistance _____
Remedial Math _____ Special Education: Full time _____ Part time _____ Counseling: In School _____ Out of School _____

Previous School and Address: _____

Special Medical Problems: _____

Current Medication _____ In School _____ Out of School _____