

# Beecher Road School

40 Beecher Road, Woodbridge, CT 06525  
Phone# 203-389-2195 Fax# 203-389-2196

## REGISTRATION FORM

### **Student Information:**

Last Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Primary Phone#: \_\_\_\_\_ Gender: F \_\_\_\_\_ M \_\_\_\_\_

Street: \_\_\_\_\_

Town \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

### **Child lives with:**

Parent 1: \_\_\_\_\_ Parent2: \_\_\_\_\_

Step-parent: \_\_\_\_\_ Other \_\_\_\_\_

Judicial Orders if Applicable: Yes: \_\_\_\_\_ No: \_\_\_\_\_ (If yes, please attach a copy to registration paperwork)

### **Transferred From:**

School or Pre-K Program: \_\_\_\_\_

Street: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_

**Please attach a copy of child's most recent report card to registration paperwork.**

Regardless of child's age – Name of Pre-School attended: \_\_\_\_\_

**Other Information:** Is this the **youngest child** in your family who **is attending** Beecher Road School? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is your child a "student from a military family?" (Reference: SSB 5163) Yes \_\_\_\_\_ No \_\_\_\_\_

**Student Information Contacts:**

Parent #1: \_\_\_\_\_ Parent #2: \_\_\_\_\_

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

Town: \_\_\_\_\_ Town: \_\_\_\_\_

Home #: \_\_\_\_\_ Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work #: \_\_\_\_\_ Work #: \_\_\_\_\_

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Mothers Maiden Name: \_\_\_\_\_

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**Secondary Contacts:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please answer all questions below:**

**Doctor Information:**

Name of Doctor: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**Dental Information:**

Name of Dentist: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

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In case of an accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call my physician indicated and follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements are necessary.

Parent Signature: \_\_\_\_\_

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**Medical Alert:**

Are there any medical problems that we should be alerted to? If so please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Legal Alert:**

If there are any legal restrictions on the release of your child or his/her records to a non-custodial parent, please specify and provide legal documentation to the principal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_