

WINTERGREEN INTERDISTRICT MAGNET SCHOOL  
STUDENT REGISTRATION FORM

<b>Student Information</b>	<p>Last Name _____ First Name _____ Middle Name _____</p> <p>Address _____ City _____ Zip _____ Grade Entering _____</p> <p>Telephone (____) _____ Lives with: _____</p> <p>Family Email address: _____ Gender: Male ___ Female ___ Date of Birth _____</p> <p><b>Country</b> of Birth: _____ Is student a U.S .citizen? _____ If not U.S. citizen, VISA U.S. entry date: _____ Is student an immigrant? _____ Does student have a refugee status? _____</p> <p>Is student a migrant? _____ Is student from a military family? _____</p> <p>What language did your child learn to speak first? _____</p> <p>What is the primary language spoken by the adults living in your child’s home? _____</p> <p>What is the primary language spoken by your child at home? _____</p> <p><b>Ethnicity</b> (choose one) _____ Hispanic _____ Non-Hispanic</p> <p><b>Race</b> (choose as many as apply) _____ Black or African-American, _____ American Indian or Alaskan Native          _____ White, _____ Asian, _____ Native Hawaiian or Other Pacific Islander</p> <p>Does your child have a Special Education IEP / 504 Plan _____ If yes, please provide a copy of the most recent IEP / 504 Plan.</p> <p>Last school attended _____</p> <p>Parent(s)/Guardian(s) of student _____</p>
<b>Legal Alerts</b>	<p>Are there any legal restrictions on the release of your child or his/her records to non-custodial parent?          [ ] Yes, [ ] No If yes, it will be necessary for you to <b>provide legal documentation</b> to the principal.</p> <p>Please list any legal alerts (custodial issues) that Wintergreen staff will need to be aware of.</p> <p>_____</p> <p>_____</p>
<b>Required Forms</b>	<p>All new students to Wintergreen Interdistrict Magnet School will need to attach the following to this form.</p> <p>_____ <b>Student’s Birth Certificate</b></p> <p>_____ Connecticut Health Form / Immunization Record - blue (filled out and signed by student’s doctor)</p> <p>_____ ACES Health Questionnaire (filled out by parents for kindergarten students)</p> <p>Please contact the school nurse regarding health/medical problems (203-281-9668 x 3046)</p>
<b>Parent Signature</b>	<p>This form was filled out by _____ Date _____</p> <p>Relationship to student _____</p> <p><b>Please fill out emergency contact information on reverse side of this form. OVER</b></p>

**Student Contact Information**

Please notify WIMS office in writing of any changes during the year.

<b>MOM/ DAD - Contact #1</b>	Relationship _____ Last Name _____ First Name _____ Title _____ Address (if <b>not</b> the same as student's) _____ City _____ Zip _____ Email address: _____ Home phone (if <b>not</b> the same as student's) _____ Cell Phone _(_____)_____ Alt phone 1 _(_____)_____ Alt phone 2 _(_____)_____ Employer _____ Work Hours _____ Work phone _____ Does this person have permission to pick up student? _____ Responsible for custody of student? Yes ___ No ___ Is translation of school notices needed? _____	
	<b>DAD/MOM - Contact #2</b>	Relationship _____ Last Name _____ First Name _____ Title _____ Address (if <b>not</b> the same as student's) _____ City _____ Zip _____ Email address: _____ Home phone (if <b>not</b> the same as student's) _____ Cell Phone _(_____)_____ Alt phone 1 _(_____)_____ Alt phone 2 _(_____)_____ Employer _____ Work Hours _____ Work phone _____ Does this person have permission to pick up student? _____ Responsible for custody of student? Yes ___ No ___ Is translation of school notices needed? _____
	<b>Contact #3</b>	Relationship _____ Last Name _____ First Name _____ Title _____ Address (if <b>not</b> the same as student's) _____ City _____ Zip _____ Home phone (if <b>not</b> the same as student's) _____ Cell Phone _(_____)_____ Alt phone 1 _(_____)_____ Alt phone 2 _(_____)_____ Employer _____ Work Hours _____ Work phone _____ Does this person have permission to pick up student? _____ Responsible for custody of student? Yes ___ No ___ Is translation of school notices needed? _____
	<b>Contact #4</b>	Relationship _____ Last Name _____ First Name _____ Title _____ Address (if <b>not</b> the same as student's) _____ City _____ Zip _____ Home phone (if <b>not</b> the same as student's) _____ Cell Phone _(_____)_____ Alt phone 1 _(_____)_____ Alt phone 2 _(_____)_____ Employer _____ Work Hours _____ Work phone _____ Does this person have permission to pick up student? _____ Responsible for custody of student? Yes ___ No ___ Is translation of school notices needed? _____