



GROTON CENTRAL SCHOOL DISTRICT

STUDENT ENROLLMENT FORM

Grade _____ Age _____ Date of Birth _____ Gender: Male Female Nonbinary

Student Name Last First Middle Birthplace City State Country

Home Address Street City State Zip

Mailing Address Street or PO Box City State Zip

Same as Home Address

Student resides with: Both Parents One Parent Other: _____ New Student Re-Enrolling @ GCSD
Transferring from School/District:

If parents do not reside in the same household, please check:

Custody is: Sole Joint Court Protection/Order Last Day Attended _____ Grade _____

Parent/Guardian (residing with student)

Name _____ Employer: _____
Phone # Priority 1 _____ (Home, Cell, Work) Email: _____
Priority 2 _____ (Home, Cell, Work) Relationship to student: Mother Father Step-parent
 Legal Guardian Other _____

Parent/Guardian (residing with student)

Name _____ Employer: _____
Phone # Priority 1 _____ (Home, Cell, Work) Email: _____
Priority 2 _____ (Home, Cell, Work) Relationship to student: Mother Father Step-parent
 Legal Guardian Other _____

Legally, both parents have equal access to their children and school records. If access is to be limited, court papers must be on file with the District giving specific instructions regarding custody of student and access to records. Complete information for both parents if joint custody exists or there are no court documents.

Parent not Residing with Student

Name _____ Employer: _____
Phone # Priority 1 _____ (Home, Cell, Work) Email: _____
Priority 2 _____ (Home, Cell, Work) Relationship to student: Mother Father Step-parent
 Legal Guardian Other _____

Authorized Emergency Contacts

Please list at least ONE emergency contact in addition to student's parents/guardians already listed.

1. Name _____ Relationship to student: Step-Parent Grandparent
 Relative Family Friend Other: _____

Address Street _____ City _____ State _____ Zip _____

Phone # Priority 1 _____ (Home, Cell, Work) Email: _____
Priority 2 _____ (Home, Cell, Work)

2. Name _____ Relationship to student: Step-Parent Grandparent
 Relative Family Friend Other: _____

Address Street _____ City _____ State _____ Zip _____

Phone # Priority 1 _____ (Home, Cell, Work) Email: _____
Priority 2 _____ (Home, Cell, Work)

3. Name _____ Relationship to student: Step-Parent Grandparent
 Relative Family Friend Other: _____

Address Street _____ City _____ State _____ Zip _____

Phone # Priority 1 _____ (Home, Cell, Work) Email: _____
Priority 2 _____ (Home, Cell, Work)

Siblings Residing at the Same Address:

Grade	Name	Gender	Birth Date
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

SPECIAL SERVICES

Has your child received Special Education Services through an IEP or a 504 Plan? Yes No

Is your child currently receiving ELL Services? Yes No

If yes, please indicate the language spoken in the home: _____

INFORMATION RELEASE

1. I give permission for my child's photograph, artwork, school projects or film footage to be used in items such as the following: E-Newletters, District Bulletin, school website, school social media, yearbook, etc. Yes No

RACE & ETHNICITY:

1. **Is student Hispanic, Latino, or of Spanish origin?** A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Yes, Hispanic No, not Hispanic

2. **Select one or more races from the following five racial groups. Select all groups that apply to your child. Check at least one box.**

- American Indian or Alaska Native: *A person having origins in any of the original peoples of North and South America (including Central America), and maintain tribal affiliation or community attachment.*
- Asian: *A person having origins in any of the original peoples of Far East, Southeast Asia, or Indian subcontinent (i.e. Cambodia, china, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand or Vietnam.*
- Native Hawaiian or Other Pacific Islander: *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island*
- Black or African American: *A person having origins in any of the Black racial groups of Africa*
- White: *A person having origins in any of the original peoples of Europe, North Africa or the Middle East*

FOSTER CARE PLACEMENTS:

Does Not Apply

Please provide the DSS 2990 Form at the time of registration along with the following information:

Name of Case Worker: _____ **Phone:** _____

Is this student considered Neglected/Delinquent? Yes No

The information on this enrollment form is complete and accurate to the best of my knowledge.

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____