

East Haddam Public Schools Registration Form

Section II - Transfer Information

Name of Sending School:	City:	State:
Last Grade Completed:	Exit Date:	
Has student previously attended school in East Haddam? <input type="checkbox"/> Yes – When?		<input type="checkbox"/> No
Has student previously attended a Pre-School or Headstart Program? <input type="checkbox"/> Yes – Where?		<input type="checkbox"/> No

EVERBRIDGE INFORMATION

The school district employs an automatic phone dialing and email sending service called *Everbridge*. The system will be used in the event of an emergency and to notify families of important school information including school closings or delayed openings.

Forms of Communication	
TEXT Phone 1	
TEXT Phone 2	
Primary Email	
Primary Phone	
Alt. Phone 1	
Alt. Phone 2	
Alt. Email 1	
Alt. Email 2	
Work Phone 1	Extension:
Work Phone 2	Extension:
Everbridge has the ability to contact a secondary parent/guardian in the case of Joint Custody. Please indicate numbers below for Secondary Alerts only if needed.	
TEXT Phone 1	
TEXT Phone 2	
Email	
Phone	

PROOF OF RESIDENCY

An affidavit of Residency may be required

In order for student registration to be complete, documents showing the street address where the student resides **must be** submitted with this form.

Either: Mortgage Statement or Lease Agreement or Real Estate Bill

And (1): Utility Bill Phone Bill Driver's License Personal Property Tax Bill

Staff Initials:

School use only:	STUDENT PS ID #:	LOCKER#/COMBO	TEACHER/HOMEROOM:
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Section III – Parent/Guardian Information- ****Living with Student**

NAME: _____
Legal Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____
Phone Numbers: Home: (____) _____ Cell: (____) _____ Work/Other: (____) _____
Email #1: _____
Email #2: _____
Employer: _____ Is this parent/guardian active Military? <input type="checkbox"/> yes <input type="checkbox"/> no What Branch? _____

NAME: _____
Legal Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____
Phone Numbers: Home: (____) _____ Cell: (____) _____ Work/Other: (____) _____
Email #1: _____
Email #2: _____
Employer: _____ Is this parent/guardian active Military? <input type="checkbox"/> yes <input type="checkbox"/> no What Branch? _____

Section IV – Parent/Guardian-2 Information –**NOT Living with Student OR Joint Custody**

NAME: _____
Legal Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____
Address: _____ _____
Phone Numbers: Home: (____) _____ Cell: (____) _____ Work/Other: (____) _____
Email #1: _____
Email #2: _____
Employer: _____ Is this parent/guardian active Military? <input type="checkbox"/> yes <input type="checkbox"/> no What Branch? _____
Check All Appropriate: <input type="checkbox"/> Custody <input type="checkbox"/> Lives With Student <input type="checkbox"/> Authorized for school pick-up? <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Receives Additional Mailings

NAME: _____
Legal Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____
Address: _____ _____
Phone Numbers: Home: (____) _____ Cell: (____) _____ Work/Other: (____) _____
Email #1: _____
Email #2: _____
Employer: _____ Is this parent/guardian active Military? <input type="checkbox"/> yes <input type="checkbox"/> no What Branch? _____
Check All Appropriate: <input type="checkbox"/> Custody <input type="checkbox"/> Lives With Student <input type="checkbox"/> Authorized for school pick-up? <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Receives Additional Mailings

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Section V - Emergency Information (*List alternate contacts, other than parents/guardians)

NAME: _____

Relationship to Student: _____

Address:

Phone Numbers:
Home: (____) _____
Cell: (____) _____
Work/Other: (____) _____

Check All Appropriate:
 Authorized for school pick-up?
 Emergency Contact

NAME: _____

Relationship to Student: _____

Address:

Phone Numbers:
Home: (____) _____
Cell: (____) _____
Work/Other: (____) _____

Check All Appropriate:
 Authorized for school pick-up?
 Emergency Contact

NAME: _____

Relationship to Student: _____

Address:

Phone Numbers:
Home: (____) _____
Cell: (____) _____
Work/Other: (____) _____

Check All Appropriate:
 Authorized for school pick-up?
 Emergency Contact

NAME: _____

Relationship to Student: _____

Address:

Phone Numbers:
Home: (____) _____
Cell: (____) _____
Work/Other: (____) _____

Check All Appropriate:
 Authorized for school pick-up?
 Emergency Contact