

Student Registration Form



ACCESS Programs: (Please check one)

North (Torrington)

South (Danbury)

Office Use only

Entry Date

District

SASID #

Transportation Vendor

Contact #

STUDENT INFORMATION

Student Legal Name:

Street Address:

City:

State:

Zip:

Mailing Address (if different than above):

Street Address:

City:

State:

Zip:

Student's Home Phone

Sex

Age

Grade

Birth date

With whom does the student live

Both Parents

Mother

Father

Guardian/DCF

PARENTS AND/OR GUARDIANS

Fathers name:

Mailing Address

Phone # during school

Evening

Cell

Fathers email address

Mothers name:

Mailing Address

Phone # during school

Evening

Cell

Mothers email address

Guardian/DCF name:

Mailing Address

Phone # during school

Evening

Cell

Guardian/DCF email address

Surrogate name:

Mailing Address

Phone # during school

Evening

Cell

Surrogate email address

Mail from the program should be addressed to:

Both Parents

Mother

Father

Guardian/DCF

EMERGENCY CONTACTS	Name/Relation	Phone1	Phone2
Emergency #1			
Emergency #2			
Emergency #3			

MEDICAL CONTACTS			
Local Physician		Phone	
Dentist		Phone	
Psychiatrist/APRN		Phone	
		FAX/email	
Therapist		Phone	
		FAX/email	
Current Medications			

Known ALLERGIES

CUSTODY Please indicate if the school administration should be aware of any Court Order for the protection of your child.
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<p>SIGNATURE: I have hereby declare that I have read and understood the information contained on this form and the information I have provided is correct.</p> <p>Date: _____ Parent/Guardian Signature: _____</p>
