



WATERFORD PUBLIC SCHOOLS

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Mr. Thomas W. Giard III
Superintendent

Mr. Craig C. Powers
Assistant Superintendent

REQUIRED STUDENT INFORMATION SURVEY

For Office Use Only

School: _____ State Assigned Student ID Number: _____
District Student ID Number: _____

Thank you for providing registration information to enroll your child in the Waterford Public School District. Since your child has been approved for enrollment, our district is required by the U.S. Department of Education to gather additional information that will help us to best serve your child. The information collected in the Supplemental Student Information Survey will assist us in meeting the individual learning needs of your child and help in providing appropriate services and instruction for your child throughout the school year.

**** PLEASE PRINT CLEARLY ****

STUDENT INFORMATION

Student's Name: _____
Last First Middle Suffix (Jr., III, etc.)

Date of Birth: _____ Place of Birth: _____

RACE/ETHNICITY

Please answer both questions. See addendum for definitions.

Is the child Hispanic/Latino? Yes No

Is the child from one or more races using the following (choose all that apply):

American Indian or Alaskan Native Asian White

Black or African American Native Hawaiian or Pacific Islander

EDUCATIONAL BACKGROUND

Has the student been identified as Talented and Gifted in a previous district? Yes No

If yes, what district? _____

Has the student attended school in Waterford before? Yes No

If yes, when did the student attend? _____ Which school? _____

Did the student attend Waterford Public Schools' Early Childhood screening process? Yes No

If no, was the Early Childhood screening done in another district? Yes, District: _____ No

Did the student attend *nursery school* or *preschool*? (does not include daycare) Yes No

If yes, name of school: _____

Student Name: _____

Addendum

WATERFORD PUBLIC SCHOOLS
Supplemental Student Information Survey
Race/Ethnicity Codes

According to the Federal No Child Left Behind Act of 2001, all students must be assigned to a racial/ethnic subgroup for analysis purposes. The collection of this data utilizes a two-part question.

If a parent or student does not select at least one race/ethnicity category, appropriate school personnel will select the category for the student, and initial it in the presence of the parent.

If a student is identified as Hispanic/Latino, they must also select a race. The Federal Government would like to afford Hispanic/Latino populations the opportunity to better describe themselves according to their culture and heritage. If a parent or student does not select a race, appropriate school personnel will select the category for the student, and initial it in the presence of the parent.

Definition of Race and Ethnic Categories

Category	Definition
Hispanic/Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Black/African American	A person having origins in any of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student Name: _____

FOR SCHOOL USE ONLY

To be completed by School Nurse:

Immunization requirements met: Yes No

Potassium Iodine: Yes No

Physical assessments requirements met: Yes No

Temporary registration recommended until: _____ N/A

Health requirements issues pending: _____

Board of Education and State Health requirements reviewed and verified by:

Signature

Title

Date

To be completed by School Administration:

Proof of Residency provided: Lease Mortgage Other: _____

Date school records request form signed: _____

Cumulative Health Confidential

Temporary admission approved until: _____

Admission approved on: _____

School Administrator

Title

Date