



WATERFORD PUBLIC SCHOOLS

15 Rope Ferry Road ♦ Waterford, Connecticut 06385

Phone (860) 444-5801 ♦ Fax (860) 444-5870

Mr. Thomas W. Giard III
Superintendent

Mr. Craig C. Powers
Assistant Superintendent

REGISTRATION FORM

****For Office Use Only****

School: _____ State Assigned Student ID Number: _____

District Student ID Number: _____

**** PLEASE PRINT CLEARLY ****

STUDENT INFORMATION

Registration Date: _____ Anticipated Date of Entry: _____

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

Gender: ☐ Male ☐ Female ☐ Non-binary

Date of Birth: _____

RESIDENCE INFORMATION

Street: _____ Telephone: _____

Town: _____

Who does student reside with? ☐ Parent #1 ☐ Parent #2 ☐ Both Parents ☐ Guardian

Is the student homeless? ☐ Yes ☐ No

Notice Regarding Homeless Students:

The Waterford Public Schools will work with all students experiencing homelessness to make sure they are enrolled in school, even if they do not have the required documents or cannot provide the information listed herein. If you are a student, or the parent/guardian of a student, who is homeless, and have questions or concerns about enrolling for school, please speak with our enrollment staff or contact the Waterford Public Schools' Homeless Liaison, Gina M. Wygonik, at 105 Clark Lane, Waterford, CT 06385, (860) 444-5802, gwgonik@waterfordschools.org.

Student Name _____

SASID _____

District ID _____

PARENT/GUARDIAN INFORMATION

Contact #1: _____

Address: _____

Telephone: Home: _____ Cell: _____ Work: _____

Email Address: _____ Military Affiliation: ☐ Yes ☐ No

Contact #2: _____

Address: _____

Telephone: Home: _____ Cell: _____ Work: _____

Email Address: _____ Military Affiliation: ☐ Yes ☐ No

Contact #3: _____

Address: _____

Telephone: Home: _____ Cell: _____ Work: _____

Email Address: _____ Military Affiliation: ☐ Yes ☐ No

EDUCATIONAL BACKGROUND

Name and address of previous school: _____

Previous grade placement: _____ Has the student been retained? ☐ Yes In what grade? _____ ☐ No

Sending school's recommended grade placement for this school year: _____

Has the student officially withdrawn from previous school? ☐ Yes Date: _____ ☐ No

Has the student attended school in Waterford before? ☐ Yes ☐ No

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

SIBLING INFORMATION - Other siblings attending school:

Name	Male/ Female	Birth date	Grade	Name of School	Date Entered