

FAIRFIELD PUBLIC SCHOOLS REGISTRATION APPLICATION

NEW STUDENTS REGISTRATION (ONLINE):

STEVENSON	PREK <input type="checkbox"/>	K <input type="checkbox"/>	1 st <input type="checkbox"/>	2 nd <input type="checkbox"/>	CHURCHILL	3 rd <input type="checkbox"/>	4 th <input type="checkbox"/>	5 th <input type="checkbox"/>	6 th <input type="checkbox"/>
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Student's Name: _____
FIRST MIDDLE LAST

FAIRFIELD Home Address: _____

Student's Date of Birth: _____ Birth City: _____ Birth State: _____ Birth Country: _____

Gender: Male Female Gender preferred: _____

1 PRIMARY GUARDIAN/CONTACT _____

Mother Father Other (specify) _____

FAIRFIELD Mailing Address: _____

Cell Phone #: _____ Work Phone #: _____ Home #: _____

EMAIL – NEEDED FOR GENESIS PARENT PORTAL: _____

2 SECONDARY GUARDIAN/CONTACT _____

Mother Father Other (specify) _____

FAIRFIELD Mailing Address: _____

Cell Phone #: _____ Work Phone #: _____ Home #: _____

EMAIL – NEEDED FOR GENESIS PARENT PORTAL: _____

Ethnicity/Race (Select all that apply)

Hispanic White Black/African American Asian American Indian/Alaskan Hawaiian/Pacific Islander

Transferring From: _____
School City State

School Street Address: _____

What is the Primary Language of the Family? _____ What is spoken at home? _____

Date child entered the USA: _____ Date student first entered a US School (include preschool): _____

PAGE 2 Registration Application – New Students

Check all that apply: Supplemental Instruction Gifted & Talented (HEP) ESL/LEP 504 Special Education

Was child ever tested by the Child Study Team? Yes No Does the child have an IEP? Yes No

Parent/Guardian Marital Status: Single Married Divorced Separated Widow Widower

Civil Union Comment: _____

CUSTODY INFORMATION (IF APPLICABLE)

Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? (You will be asked to provide a copy.) Yes No

Does the student reside with one parent for the entire year? At which address: _____

If not, for what portion of time does the student reside with each parent and at which address:

Address #1: _____

Address #2: _____

Privacy (Military) Yes No Is this child a child of a district employee or Board Member? Yes No

SIBLING INFORMATION: INCLUDE INFANTS/TODDLERS FOR FUTURE ENROLLMENT

Please also complete the **“Future Student Enrollment Survey”** for younger children on our website under registration.

SIBLING’S NAME	BIRTHDATE	SCHOOL ATTENDING	GRADE OR NOT YET IN SCHOOL

_____ **Print name** of parent/guardian completing the form

_____ **Signature** of parent/guardian completing the form

OFFICE USE ONLY		Start Date:
LID #:	SID #:	