BROOKFIELD PUBLIC SCHOOL DISTRICT

100 Pocono Road, Brookfield, CT 06804
203-775-7700
brookfield.k12.ct.us

Student History – PAGE 1

Please fill out and return to school

Student's Name_____ **Date of Birth**_____

Has your student ever attended school in this district before? Yes _____ No_____
If Yes, which school_____ When _____

Does your student receive any of the following services: (check all that apply)
Special Education ___ 504 Accommodations ___ ELL____ Title 1 ___ Migrant ___

Does your student have a current IEP (Individualized Education Plan) Yes_____ No_____
If Yes, please provide the school with a copy.

Has your student ever been retained? Yes_____ No_____ If yes, in what grade_____

Has your student ever been suspended or expelled? Yes___ No____ If Yes, what grade?____

List Student's Legal Guardian(s)

Name_____ Relationship_____
Name_____ Relationship_____

Student resides with: (check one)
Both Parents _____ Mother only _____ Father only _____ Guardian _____

Should the school be aware of any Court Order for the protection of your student? Yes__ No__

If yes, please make arrangements to meet with the school administration and provide custodial documentation to your student's school.

NOTE: A current legal court document must be provided to ensure compliance with custody orders.

Please inform your student's school of changes in custodial arrangements.

Additional Comments:
If there is any other additional comments or facts that might help with your student's placement.

_____

_____

_____ _____ _____ _____
Parent/Guardian Signature **Date** **Parent/Guardian Signature** **Date**

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Student History – PAGE 2

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For Connecticut State Department of Education reporting purposes only:

Connecticut State law requires the following information regarding dominant language in order to ascertain the need to provide a required bilingual education program for students who are limited English proficient (LEP):

What was the first language your student learned to speak? _____

What is the language you use in speaking to your student at home? _____

What is the primary language your student uses when he/she speaks at home? _____

Was your student born in the U.S.A.? (Yes) __ (No)__

If no, please fill in the following fields:

Student's Birth Country_____

Date of entry into the U.S.A.: _____

Name of last school your student attended. _____

Was the last school attended (Public) __ (NonPublic)__

Ethnicity
Hispanic or Latino - (Yes) ___ (No)___

Race
___ (I) American Indian or Alaska Native
___ (A) Asian
___ (B) Black or African American
___ (P) Native Hawaiian / Other Pac Islander
___ (W) White