

BROOKFIELD PUBLIC SCHOOL DISTRICT

100 Pocono Road, Brookfield, CT 06804

203-775-7700

www.brookfieldps.org

Student Registration Part A

Student Legal Name (as it appears on birth certificate)				
First	Middle	Last		
Date of Birth (mm/dd/yyyy)	Student Home Telephone#	Is this student a multiple? Yes___ No___		
Grade Level	Gender Male___ Female___ Non-binary (Used for students who do not identify exclusively as male or female) ___		Birth Gender (as it appears on birth certificate) Male___ Female___	
Residence Address of Student				
Street	Apt.#	City	State	Zip
Mailing Address (If different than above)				
Street	Apt. #	City	State	Zip
Ethnic Group and Race Categories The federal government requires that both these questions be answered and provides only the following categories for ethnic group and race. If both questions are not answered, school personnel are required to make selections for both. 1. Is this student Hispanic or Latino? ___ No, not Hispanic or Latino ___ Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) 2. What is the student's race (select all that apply) ___ (I) 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.) ___ (A) 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.) ___ (B) Black or African American (A person having origins in any of the black racial groups of Africa.) ___ (W) White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa) ___ (P) Native Hawaiian / Other Pac Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)			If born in the U.S. Birth City _____ Birth State _____	
			Birth Place In any of the 50 US States ___ Commonwealth of Puerto Rico ___ District of Columbia ___ Other ___	
			If OTHER : List Country _____ Has the student completed 3 years of schooling in the US? Yes___ No___ Entry Date into US School _____ Entry Date in US _____	
Has this student ever been retained? Yes___ No___ If yes, what grade ___	Is this student a U.S. Citizen? Yes___ No___		Does this student receive any of the following services? Yes___ No___ (check all that apply) Special Education___ 504 Plan___ EL___ Other___ If other, please explain _____	
Has this student ever attended BPS? Yes___ No___ Name of School _____ Grade _____ Year _____	Has this student ever been suspended or expelled? Yes___ No___ If yes, what grade ___		If ANY are checked, a copy of the current PLAN and/or IEP are required before registration is complete.	
LIST SCHOOLS PREVIOUSLY ATTENDED Name of School: _____ Address: _____ Start Date (month/day/year): _____ End Date (month/day/year): _____ Public ___ NonPublic ___ Name of School: _____ Address: _____ Start Date (month/day/year): _____ End Date (month/day/year): _____ Public ___ NonPublic ___				

BROOKFIELD PUBLIC SCHOOL DISTRICT

100 Pocono Road, Brookfield, CT 06804

203-775-7700

www.brookfieldps.org

Student Registration Part B

Student Legal Name _____

SIBLING INFORMATION - Please list all of the student's siblings.

Name _____ Grade ____ Name _____ Grade ____
Name _____ Grade ____ Name _____ Grade ____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1

Name _____ Relationship _____

Email _____ Phone# _____

Address _____

Street _____ City _____ State _____ Zip _____

Contact Allowed - Yes__ No__ Legal Guardian -Yes__ No__ Lives with- Yes__ No__

PARENT/GUARDIAN 2

Name _____ Relationship _____

Email _____ Phone# _____

Address _____

Street _____ City _____ State _____ Zip _____

Contact Allowed - Yes__ No__ Legal Guardian -Yes__ No__ Lives with- Yes__ No__

Student Resides With (check all that apply)

Mother ____ Father ____ Both Parents ____

Legal Guardian ____ Step Father ____

Step Mother ____ Other ____

Migrant Status

This student and family has moved within the past 36 months across state or district boundaries to obtain temporary/seasonal employment? Yes__ No__

Homeless: Not Homeless ____

Hotel/Motel ____

Shelter ____

Double Up ____

Unsheltered ____

Military Status

Student's parent or guardian is a member of the Armed Forces on active duty or serves on full-time National Guard duty. Yes__ No__

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:

Enter any other comments or facts that might help with your student's placement. _____

The information within this student registration packet is true and correct to the best of my knowledge and belief.

Registering Parent Signature _____

Date _____

For Office Use Only: Date of new entry _____ Proof of Residency: ____ Homeless : ____ Entry Grade Level: ____

Birth Certificate: ____ Date records requested: _____ Health Forms ____ Language Survey ____ Transportation: ____

Contact Restriction Yes__ No__ District ID #: _____ State ID #: _____

Parent Correspondence Language _____

Today's Date: _____ BPS Staff Registrar Signature _____

BROOKFIELD PUBLIC SCHOOL DISTRICT

100 Pocono Road, Brookfield, CT 06804

203-775-7700

www.brookfieldps.org

For Office Use Only

_____ Bus In #

_____ Bus Out #

_____ Student #

BUS INFORMATION

Date _____

Student's Name _____

Student's Address _____

Student's Grade _____ Home Phone# _____ M ___ F ___

My student should be picked up at _____
Address

My student should be dropped off at _____
Address

Additional Information _____

Parent's Name

Phone Number

Parent's Signature

Date

****CENTER ELEMENTARY SCHOOL—ONLY****

Center Elementary School children must be met by an adult at the bus stop or the student will be brought back to school for your immediate pickup.

Children are not allowed to change buses or bus stops. Please include the names and phone numbers below of any adult, other than parents, who may be meeting the student at the bus stop.

BROOKFIELD PUBLIC SCHOOL DISTRICT

100 Pocono Road, Brookfield, CT 06804

203-775-7700

www.brookfieldps.org

Acceptable Use Policy (AUP) for Student Google Apps Accounts
STUDENT CONTRACT

This form must be completed for students enrolling in Grades 2 – 12

I understand that use of the school account, including email, is viewed as a privilege and, as such, access may be used for educational and research purposes only. I realize misuse may result in school disciplinary action and in loss of privileges. I will abide by the Terms of Use set forth by Google and all Brookfield School District (BSD) policies.

With this school account, I will:

- Use the account only for my schoolwork,
- Keep my personal information private,
- Use appropriate language,
- Participate only in what my teacher allows me to do,
- Use web sites that help me with my work,
- Follow the rules of the school district's appropriate use policy,

Students who violate Brookfield Public Schools' policies with regard to acceptable use of student accounts and email will be subject to disciplinary action as determined to be appropriate by the administration and/or teacher.

Google Apps may be accessed via any Internet-enabled computer or device and parents are welcome and encouraged to participate in educating their children in safe, proper, and ethical use of the account including email communications.

I understand that inappropriate behavior will lead to disciplinary action.

I , _____ have read the above guidelines and agree to abide by them.
(Print student first and last name)

STUDENT SIGNATURE:

Signed: _____

Date: _____

BROOKFIELD PUBLIC SCHOOL DISTRICT

100 Pocono Road, Brookfield, CT 06804

203-775-7700

www.brookfieldps.org

STUDENT RECORDS RELEASE FORM

I hereby give my permission for my child's school records to be released to the Brookfield Public School District.

(Please Print) Parent/Guardian

Date

Parent/Guardian's Signature

Parent Phone Number

Name of Student

____/____/____
Date of Birth

Sending School:
(Name of Last School Student Attended)

Last Grade Level Completed

(Address) City State Zip Code

(_____) _____
Phone

(_____) _____
Fax

Please include all items checked below.

<input type="checkbox"/> Academic Record (Report Card/Transcript/Withdrawal Grades)	<input type="checkbox"/> 504
<input type="checkbox"/> Individual Education Programs	<input type="checkbox"/> Health Record
<input type="checkbox"/> Speech /Hearing/Language Evaluations	<input type="checkbox"/> Educational Evaluations
<input type="checkbox"/> Other Pertinent and/or Confidential Information	<input type="checkbox"/> Psychological Evaluations
<input type="checkbox"/> Testing Scores (Standardized or Special Education)	<input type="checkbox"/> Special Education File
<input type="checkbox"/> Discipline Records	
<input type="checkbox"/> ESL placement/exit info;LAS Scores(or WIDA);ESL Screening/Proficiency Level	

Please send information to selected school.

<input type="checkbox"/> Center Elementary School 8 Obtuse Hill Road Brookfield, CT 06804 203-775-7650 (fax)203-775-7672	<input type="checkbox"/> Huckleberry Hill Elementary School 100 Candlewood Lake Road Brookfield, CT 06804 203-775-7675 (fax)203-775-7684
<input type="checkbox"/> Whisconier Middle School 17 West Whisconier Rd Brookfield, CT 06804 203-775-7710 (fax)203-775-7615	<input type="checkbox"/> Brookfield High School 45 Longmeadow Hill Road Brookfield, CT 06804 203- 775-7725 (fax)203-775-7757

Thank you for your cooperation in this regard. It is greatly appreciated.

BROOKFIELD PUBLIC SCHOOL DISTRICT

100 Pocono Road, Brookfield, CT 06804

203-775-7700

www.brookfieldps.org

WMS GUIDANCE SURVEY

This form **MUST** be completed for students enrolling in Grades 5-8

Student Name: _____ **Entering Grade:** _____

The following information will assist us in placing your child into the appropriate courses:

Math Placement:

- | | |
|----------------------------------|-----------------------------|
| _____ On Grade Level | _____ Completed Pre-Algebra |
| _____ Above Grade Level | _____ Completed Algebra |
| _____ Below Grade Level | _____ Other: |
| _____ Remedial or Self-Contained | |

World Language: World Language begins in 5th grade at the middle school with Spanish. Beginning in 7th grade, you can choose between French or Spanish.

Language of choice for 7th/8th grade: _____ French _____ Spanish

Previous Study:

- | | | | |
|---------------|-----------------------|--------------|------------------------------|
| _____ Spanish | Years of Study: _____ | Level: _____ | Middle School |
| _____ French | Years of Study _____ | _____ | Advanced Level (high school) |

Other Concerns: Please note any other concerns or needs (such as health needs, behavioral concerns, academic responsibility, family issues), which would assist us in meeting your child's needs.