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**HAMPTON ELEMENTARY SCHOOL
STUDENT REGISTRATION FORM**

380 Main Street Hampton, CT 06247

STUDENT INFORMATION					
Last name:	First:	Middle:	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary	Age _____	Date of Birth ____/____/____
Street address:			PO Box:		
City:		State:		Zip Code:	
Child resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other/Relationship _____					
Other Adults in the household _____					
Is Parent/Guardian currently in the Armed Forces? _____					
ACCEPTABLE PROOFS OF RESIDENCY – REQUIRED DOCUMENTS					
<input type="checkbox"/> Deed <input type="checkbox"/> Tax <input type="checkbox"/> Rental Agreement <input type="checkbox"/> Utility Bill <input type="checkbox"/> Other: _____					
<i>Do both parents/guardians listed below have the authority in all school and medical matters?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No					
1. Parent/Guardian Name:			2. Parent/Guardian Name:		
Cell #:			Cell #:		
Email:			Email:		
Employer:			Employer:		
work # ()			work # ()		
Sibling Name	Age	Sex	Date of Birth	Grade	
_____	_____	_____	____/____/____	_____	
_____	_____	_____	____/____/____	_____	
_____	_____	_____	____/____/____	_____	
_____	_____	_____	____/____/____	_____	
Is English the primary language spoken at home? _____ If not, please indicate other language _____					
Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other _____					
Do you have any concerns which would help us better understand your child (fears, behaviors, personality traits): _____					
Has there been any major change in the family (moving, illness, death in family, new baby, divorce)? _____					
Would you like the School Counselor to contact you to discuss the above? _____					
A COPY OF YOUR CHILD'S BIRTH CERTIFICATE AND MEDICAL FORMS MUST BE ON FILE PRIOR TO THE START OF SCHOOL					
Signature of Parent / Guardian _____ Date _____					

ALTERNATE EMERGENCY CONTACT INFORMATION
(If parents/guardians cannot be reached for transportation or illness)

Emergency #1 Name		Relationship:	
#1 Daytime Phone:	#1 Cell Phone:	#1 Work Phone:	
Emergency #2 Name		Relationship:	
#2 Daytime Phone:	#2 Cell Phone:	#2 Work Phone:	
Emergency #3 Name		Relationship:	
#3 Daytime Phone:	#3 Cell Phone:	#3 Work Phone:	

2nd MAILING INFORMATION

(If a 2nd mailing is needed, please fill in the following information)

2ND Mailing Name:	
2ND Mailing Street:	
2ND Mailing City:	2ND Mailing Zip:

VIDEO & PHOTOGRAPHY RELEASE

The **HAMPTON ELEMENTARY SCHOOL** is hereby authorized to obtain and/or release any photograph(s), video(s) or other form(s) of photography or video technology of my child for school related or informational purposes. All photography and video taping will be obtained during officially sanctioned school activities on or off school property. ☐ Yes ☐ No

Parent/Guardian Signature

Date

COMPUTER, INTERNET ACCEPTABLE USE CONTRACT and RELEASE

Hampton Elementary School Student Acceptable Use Contract: "I agree to take personal responsibility for following the rules of the Acceptable Use Policy stated in this contract. I also agree to report any Network/Internet misuse to a teacher immediately.

- I WILL only log on using my user name and password.
- I WILL use the Internet sites provided by my school ONLY with the permission of a teacher, the computer teacher, library media specialist, or designated staff member.
- I WILL use Internet sites provided by my school ONLY for school approved/educational purposes.
- I WILL use acceptable oral and written language when I am using the Internet.
- I WILL NEVER try to change any equipment or software, or the network settings, or attempt to open any data or files other than my own.
- I WILL NEVER try to access information on the Internet that is not part of educational goals.
- I WILL NEVER violate any copyright laws.
- I WILL NEVER give out my personal information or that of anyone else over the Internet including my name, telephone number, and/or address
- I WILL NEVER use the Internet inappropriately and understand that if I do, my behavior will result in the following:
 - a) losing all Internet privileges with in the school setting,
 - b) being subjected to disciplinary measures under the Board of Education Policy, and/or
 - c) being referred to the appropriate legal authorities (if warranted)."

As the Parent/Guardian of this Hampton Elementary School student, I have read the "Acceptable Use Contract" above and agree that my child may use the Internet resources provided by the school if he/she follows the rules of the contract. I understand that any conduct by my child that is in conflict with the contract will result in the termination of his/her rights as well as possible disciplinary action.

Parent/Guardian Signature

Date