

Please call the Hamden
High School Counseling
Office with any questions
203-407-2040 x5100

Hamden High School Guidance Office 203 407-2040 x5100
Fax number 203 407-2058

HAMDEN HIGH SCHOOL

Registration Requirements

1. Completed enrollment packet.
2. Copy of student's birth certificate. (WALLET SIZE IS UNACCEPTABLE)
3. Photo ID of parent/guardian (I.e. driver's license or work identification card).

ADDRESS ON LICENSE ***MUST*** REFLECT ADDRESS ON UTILITY BILLS/MORTGAGE DEED/LEASE AGREEMENT

4. Materials in one of the following sections ***must*** be provided in order to prove residency:
 - A. **TWO** current utility bills (*Cell phone bills are not acceptable*) OR
 - B. Signed mortgage deed/note **AND** one current utility bill OR
 - C. Signed lease agreement **AND** one current utility bill (if utilities are included in the lease, signed lease and notarized letter from landlord stating that person is a resident of the leased address as of the current date.)

If the student and parent/guardian are living with a Hamden resident, the previously mentioned documentation (two current utility bills, signed mortgage deed/note or signed lease agreement) will need to be provided as well. Please contact the School Counseling Office for details on this process.

5. Health and immunization records must be presented to the school nurse's office. The nurse will determine if the student is clear to attend school. Any required forms can be obtained from the guidance office or the nurse's office.
 - Annual physical exams and immunization records are required to participate in any sports. They are to be completed on the *Sports Participation Health Record* form.
 - All students entering 10th grade are required by state law to have a physical exam and submit immunization records. This is to be completed on the State's *Health Assessment Record* form (blue form).
 - Student's entering this school from out of state must provide a physical exam and immunization records (using the State's *Health Assessment Record* form). However, a physical exam that occurred within the last year will be acceptable.
6. Academic records must be provided to the school.
7. Course selection form complete. (Not required for enrollment during the school year).

ALL ITEMS ARE NECESSARY FOR A STUDENT TO ENTER AND REGISTER FOR SCHOOL

**Hamden Public Schools
Registration Card
2018 – 2019**

Student's Name: _____ Preferred name: _____ Grade: _____

Date of Birth: _____ Gender: Male Female Non-Binary United States Citizen? Yes No

Current Address: _____
(Include Apartment/Floor)

Student Lives With: Mother Father Stepmother Stepfather Other (Please Specify): _____

Racial and Ethnic Identity: Please Check One : Hispanic/Latino Not Hispanic/ Latino

Choose one or more (regardless of ethnicity)

White, Asian, Black or African American, American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander

Does this student have an IEP? Y N

Does this student have a 504 accommodations plan? Y N

If yes to either – please attach.

Parent/Guardian Name: _____ Relationship to student: _____

Address (if different): _____ Employer: _____

Contact Information:

Home Phone: _____ Cell/Pager: _____ Work Phone: _____

Email: _____ U.S. Citizen : Yes No

Parent/Guardian Name: _____ Relationship to student: _____

Address (if different): _____ Employer: _____

Contact Information:

Home Phone: _____ Cell/Pager: _____ Work Phone: _____

Email: _____ U.S. Citizen : Yes No

Is either parent on active duty in the Armed Forces or serving full time in the National Guard? Yes No

Student's Place of Birth (City and State): _____

Former Address (If applicable): _____

School Last Attended: _____ City and State: _____

Grade(s) Attended: _____ Dates Attended: _____

Signature of Parent/Guardian

Date



**Hamden Public Schools
Emergency Information
2018 - 2019
Important Please Print**

For Office Use Only

- Legal Restrictions on the release of child to non-custodial parent
- Child has a medical condition

Student's Name: _____ Grade: _____ Primary Phone Number: _____

Date of Birth: _____ Gender: Male Female Non-binary Primary Email: _____

Current Address: _____

(Include Apartment/Floor)

Student Lives With: Mother Father Stepmother Stepfather Other (Please Specify): _____

Name of Custodial Parent(s)/Guardian(s): _____

In case of illness or accident it is vital that our office have a telephone number available where you can be contacted during the day.
PLEASE NOTIFY US OF ANY CHANGES DURING THE YEAR.

Mother/Guardian Name: _____ Employer: _____

Address (if different): _____

Home Phone: _____ Cell: _____ Work Phone: _____

Father/Guardian Name: _____ Employer: _____

Address _____ (if _____ different):

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

List two people that we may contact during the school day and to whom your child may be released to if you cannot be reached. The two people listed below will be authorized to pick-up your child. You may add more names to the reverse side of the page.

Name: _____	Relationship to Student: _____
Address: _____	
Home Phone: _____	Cell: _____
Phone: _____	Work _____

Name: _____	Relationship to Student: _____
Address: _____	
Home Phone: _____	Cell: _____
Phone: _____	Work Phone: _____

Are there any legal restrictions on the release of your child or his/her records to non-custodial parent?
 Yes No **If yes, please specify and provide documentation to the principal.**

In case of accident or illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements necessary.

Hospital of Preference: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Is there any medical problem that we should be alerted to? _____

Parent/Guardian Signature: _____ Date: _____

HAMDEN HIGH SCHOOL

2040 Dixwell Avenue
Hamden, CT 06514
Telephone 203-407-2040
Fax 203-407-2058

RECORD RELEASE FORM

Date: _____ Entry Date: _____

Student's Name: _____

Address: _____

Phone: _____

Parent/Guardian's Name: _____

Name: _____	
(Name of former school)	
Street Address: _____	
City/State: _____	
Phone: _____	Fax: _____

If you are entering from another state, have you ever attended a school in Connecticut?

Yes: _____ No: _____ If yes: _____
(Name and City of School)

_____ General Education (including state proficiency testing results i.e. CAPT
SASID# _____ New York State Regency Exam

_____ Medical/Health Records _____ Psychological Evaluation

_____ Individual Education Plan (IEP) _____ Social Development History

I understand all information will be used to determine an appropriate educational program for my child and will be reviewed with me, if requested.

Signature of Parent/Guardian

Date

AFFIDAVIT IN SUPPORT OF STUDENT RESIDENCY

STATE OF CONNECTICUT)
) ss: New Haven
 COUNTY OF NEW HAVEN)

I, _____, hereby depose and state that:

1. I am over the age of eighteen and believe in the obligations of an oath.
2. I currently reside in the Town of Hamden. My residence address is _____, Hamden, Connecticut. I have resided at this address since _____.
3. The following children (hereinafter, the "Student(s)") attend the Hamden Public Schools and reside with me at my resident address identified in the above paragraph:

Student's name	School attending
Student's name	School attending
Student's name	School attending
Students' name	School attending
Student's name	School attending

If more space is needed, please use back of page.

4. The Student(s) has/have resided at this address since _____.
5. I submit this affidavit in order to attest that the Student(s) is/are residing with me at my residence address in Hamden, Connecticut and, therefore, the Student(s)

is/are legally entitled to attend the Hamden public schools. I further attest that I am providing the Student(s) with residence at my address in Hamden without payment or compensation to me or any other member of my family (directly or indirectly) and that such residence at my address is not being provided for the sole purpose of attending Hamden Public Schools.

6. If I move outside of Hamden, or the Student(s) no longer reside(s) with me at my Hamden residence, I agree to so inform the Hamden Public Schools immediately.
7. I understand and hereby acknowledge that the statements herein are true and that I may be subject to civil and criminal penalties if I have knowingly provided inaccurate information.
8. If it is determined that the Student(s) is/are not legally residing in Hamden and/or is/are not legally entitled to school accommodation in Hamden, I acknowledge and understand that the Hamden Board of Education may assess me tuition for the period of time that the Student(s) was/were not legally entitled to attend Hamden Public Schools. I hereby agree to waive any defenses or claims I may have in any administrative, legal or other proceeding brought by the Hamden Public Schools to collect tuition for the period of time that the Student(s) illegally attended Hamden Public Schools.

Dated: _____, Connecticut

_____201_____

By: _____

This document must be witnessed and signed by another person over the age of 18:

Witness