

BROOKLYN ELEMENTARY SCHOOL STUDENT REGISTRATION-ENROLLMENT FORM

Students' Name _____
(LAST) (FIRST) (FULL MIDDLE)

Residential Address _____ Town _____

Mailing Address _____ Town _____

Telephone _____ Email _____

Male / Female (circle one) Date of Birth _____ Place of Birth _____

Ethnicity Hispanic or Latino: (circle one) A. Yes B. No

Choose 1 or more Race(s): A. American Indian/Alaskan Native B. Asian C. Black/African-American
D. Native Hawaiian/Other Pacific Islander E. White

What was the child's first language? _____

Transferred from (District & Name of School) _____

Previous Teacher's Name: _____ School Telephone: _____

Grade _____ (Address) _____

Did your child attend Pre-School or Daycare in the year before Kindergarten? A. Yes B. No

Where _____

Siblings	Gender	Date of Birth	School Attending/Grade
----------	--------	---------------	------------------------

Prekindergarten Registration Only:

MEDICAL INSURANCE: [] HUSKY A [] HUSKY B [] PRIVATE* [] NONE [] OTHER* _____

*INSURANCE COMPANY NAME: _____ PLAN # (INCLUDING HUSKY) _____

PEDIATRICIAN'S NAME: _____ ADDRESS: _____

PHONE: _____

DOES YOUR FAMILY RECEIVE: [] WIC [] TANF [] SSI [] Fuel Assistance [] Food Stamps [] Other DSS Subsidies

HOUSEHOLD ANNUAL INCOME RANGE: (Gross Annual Income of All Family Members) *

[] Below \$20,000 [] \$20,000 - \$30,000 [] \$30,001 - \$40,000 [] \$40,001 - \$50,000 [] \$50,001 - \$60,000 [] Over \$60,000

***INCOME VERIFICATION REQUIRED**

MOST RECENT W-2'S OR TAX RETURN TO DETERMINE GRANT PROGRAM ELIGIBILITY

--OVER--

Student Resides with: Mother Father Other _____

Parent #1 Relationship: Mother Father Other _____

Parent #1: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Parent #1 Employer: _____ Phone: _____

Parent #2 Relationship: Mother Father Other _____

Parent #2: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Parent #2 Employer: _____ Phone: _____

Emergency Contact #1: _____

Emergency Contact #1 Phone: _____

Emergency Contact #2: _____

Emergency Contact #2 Phone: _____

* * * * *

OFFICE USE ONLY

Start Date: _____ Enrollment Date: _____

Bus In: _____ Bus Out: _____

Other Transportation: _____

Grade: _____ Teacher: _____

SASID#: _____ Lunch ID# _____

School Readiness Eligible _____ yes _____ no



BROOKLYN ELEMENTARY SCHOOL

119 GORMAN ROAD, BROOKLYN, CT 06234
TELEPHONE (860) 774-7577 FAX: (860)779-1162

Shelley A. Michaud, Principal
michaud@brooklynschools.org

C. Mark Weaver, Assistant Principal
weaver@brooklynschools.org

RELEASE OF RECORDS

TO WHOM IT MAY CONCERN:

I hereby authorize The Brooklyn School to: _____ Release
_____ Request

The following records of my child: Name _____
Date of Birth _____

- | | |
|---|--|
| _____ Social Work Records | _____ Health Records |
| _____ Psychological Records | _____ Achievement Scores |
| _____ Speech Evaluations and Reports | _____ Anecdotal Information |
| _____ Education Evaluation and Reports | _____ Academic Records/Grades |
| _____ Planning and Placement Team Minutes | _____ Guidance Evaluation Check Sheets and Reports |
| _____ Individual Educational Plans | _____ Psychiatric Report(s) |
| _____ Admission Summaries | _____ Discharge Summaries |
| _____ ISSIS Information | _____ Other (please specify) |

School Now Attending: _____

I hereby authorize the release of academic, health, psychological, special education records and any other pertinent information for the above named.

Parent/Guardian Signature _____ Date _____

Please send records to : **The Brooklyn School**
119 Gorman Road
Brooklyn, CT 06234

Special Education Records to the attention of Director of Special Education

All other records to the attention of the Elementary School Principal
(Grades PK-4) or Middle School Principal (Grades 5-8)

NOTE: When Brooklyn releases confidential information, it is on the condition that no other party will have access to it without consent of parents/guardians or the student if he/she is of majority.

BROOKLYN ELEMENTARY SCHOOL
BUS REQUEST FORM

48 HOUR NOTICE NEEDED

DATE: _____ START DATE: _____

STUDENT'S NAME _____ GRADE _____

IS STUDENT PRE-K ? (PLEASE CIRCLE) YES NO SESSION: AM PM

HOME ADDRESS _____

NEW PICK UP ADDRESS

M _____

T _____

W _____

TH _____

F _____

NEW DROP OFF ADDRESS

M _____

T _____

W _____

TH _____

F _____

PARENTS SIGNATURE: _____

.....
OFFICE USE ONLY:

PICK UP BUS # _____

DROP OFF BUS # _____

DATE DRIVER NOTIFIED: _____

Students

School Transportation – Requests for Bus Changes

With the number of requests received to accommodate child care/babysitting and bus guest needs, the board has set the following priorities and established procedures to ensure the safety of the children it transports and reasonableness of its transportation operation:

- I. If a parent/guardian wishes to request a child be picked up or dropped off at a location other than his/her home to accommodate child care/babysitting needs, such a request will be considered if submitted in writing on forms available in the school offices by August 1st of the coming school year for children in grades PK-8. After August 1st, requests will be granted, if possible:
 - a) For a long-term change only (3 or more months);
 - b) If space is available on the bus;
 - c) When the bus schedule is not unduly disrupted with respect to time or distance.
- II. The school will accept requests for a CONSISTENT LONG TERM TRANSPORTATION SCHEDULE for a student:
 - a) All parents/guardians will be informed of this policy prior to the close of the school year, with forms available in each school office. New registrants will be informed at the time of registration. All requests for changes after the opening of school will be acted upon within ten (10) working days, and any adjustments will be made within fifteen (15) working days from the time the request is received. In the event that the parents/guardians disagree with a decision to deny a bus change, the parents/guardians may request, in writing to the Superintendent, a meeting with the Board of Education's Transportation Committee. The Transportation Committee will meet with the parents/guardians within ten (10) working days of the receipt of this request. If a bus change is approved, it will go into effect within five (5) working days after a decision has been made.
 - b) BUS GUESTS REQUESTS will be granted on a space available basis. All requests must be in writing and must be received by the school principal at least two (2) school days before a guest is to ride the bus.
 - c) In an EMERGENCY SITUATION or in the case of an UNDUE HARDSHIP, the school principal may, at his/her discretion, grant a TEMPORARY exception to these conditions.
 - d) No Pre-K or K student will be dropped off at his/her regular bus stop unless a responsible adult is VISIBLE to the driver. If no adult is present, children will be returned to the school and parents/guardians contacted by telephone and asked to pick up the child.

Policy adopted: September 1989

Policy re-adopted: February 22, 2017



BROOKLYN ELEMENTARY SCHOOL

119 GORMAN ROAD, BROOKLYN, CT 06234
TELEPHONE (860) 774-7577 FAX: (860)779-1162

Shelley A. Michaud, Principal
michaud@brooklynschools.org

C. Mark Weaver, Assistant Principal
weaver@brooklynschools.org

Dear Parent or Guardian,

In order to provide your child with the best education possible, we need to know about his/her language and education background. There are no right or wrong answers to the questions below. Your honesty and thoughtfulness in answering these questions is greatly appreciated and will directly benefit your child's education.

About your child:

If there is more than one language spoken in your house, please feel free to include them all in your answers.

When your child was a baby:

1. What language did you speak to your child when he/she was a baby or young child? _____
2. In what language did your child say his/her first words? _____
3. In what language did your child speak as a baby or young child? _____
4. What language did other people in your house (other caregivers, babysitters, siblings, relatives) speak to your child when he/she was a baby or young child? _____
5. What language did you use to sing and/or read to your child when he/she was a baby or young child?

At the present time:

1. What language is spoken in the child's home or residence most of the time? _____
2. What language do you mostly use to speak to your child now? _____
3. What language does your child mostly speak to you? _____
4. What language does your child prefer to speak to others (siblings, caregivers, babysitters, relatives)? _____
5. When you have to give your child directions quickly which language do you use?

Other School Experiences:

1. Did your child attend Preschool? _____ If yes, what was the language used by the teachers? _____

For students entering school in a grade other than kindergarten:

1. Does your child know how to read? _____ If yes, in what language? _____
Does your child know how to write? _____ If yes, in what language? _____
Does your child know how to read and write in his/her first language? _____
2. Is this the first time the child has attended a school in the United States? _____
3. If no, where did he/she go to school previously? _____ What language was used for instruction? _____
4. Was there any interruption in your child's education? _____ If so, for how long? _____
5. Was your child in a rural or urban setting? _____
6. What was the length of the school day? _____
7. Did your child attend school daily/consistently? _____
8. In what month did the school year begin? _____
9. In what month did the school year end? _____
10. When were school vacations? _____
11. Has your child ever had difficulties learning? _____ If yes, please explain briefly _____
12. Has your child ever received special services (teachers) to help his/her learning? _____ if yes, please explain briefly _____
13. Is there anything more you would like to tell us about your child's prior school experience? _____

Parent/Caregiver Questions

1. In what language would you like to receive written information from the school? _____
2. In what language would you prefer to communicate orally with school staff? _____

Student Name: _____

Date: _____



BROOKLYN ELEMENTARY SCHOOL

119 GORMAN ROAD, BROOKLYN, CT 06234
TELEPHONE (860) 774-7577 FAX: (860)779-1162

Shelley A. Michaud, Principal
michaud@brooklynschools.org

C. Mark Weaver, Assistant Principal
weaver@brooklynschools.org

Student Name: _____ Grade _____

Dear Parents:

During the course of the school year, we would like to have the ability to take and use photographs of the students in local publications. Occasions such as assemblies, class projects, sporting events, etc., provide wonderful opportunities to display the many achievements of our students.

_____ **I give permission** to Brooklyn Elementary School to take and use photographs and/or use the name of my child in publication.

_____ **I DO NOT** give permission to Brooklyn Elementary School to take and use photographs and/or use the name of my child in publication.

Parent/Guardian Signature

Date

BROOKLYN ELEMENTARY SCHOOL
Website and Internet Permission Form

Student Name: _____ Grade _____

During the course of your child's enrollment at Brooklyn Elementary School, we would like to show pictures and list first names of students on the school website www.brooklynschools.org. (Student's pictures will not be identified by name). Occasions such as assemblies, class projects, sporting events, websites etc., provide wonderful opportunities to display the many achievements of our students.

_____ I give permission to Brooklyn Elementary School to post pictures and/or use the first name of my child on their website.

_____ I DO NOT give permission to Brooklyn Elementary School to post pictures and/or use the first name of my child on their website.

Parent/Guardian Signature

Date

I agree to take personal responsibility for following the rules of the acceptable use policy stated in this contract and to report any problems or breaches of this agreement to a teacher.

I WILL:

- *Only log on using my name and password.
- *Use the on-line resources provided by my school ONLY for school sanctioned educational purposes.
- *Use the on-line resources provided by my school ONLY with the permission of a teacher, media specialist, or designated staff member.
- *Use language on-line which is consistent with school policy.

I WILL NEVER:

- *Tamper with equipment or software, alter the network interface, attempt to gain access to the data and files of others, attempt to access information on the internet not consistent with the educational goals of the school, or violate any copyright laws.
- *Use the internet inappropriately and understand that if I do, my behavior will result in:
 - a) losing all on-line privileges within the school setting.
 - b) being subject to disciplinary measure under Board of Education policy, and/or
 - c) being referred to appropriate legal authorities, if warranted.
- *Give out personal information over the internet including my name, phone number and/or address.

Student Signature

Date

As a parent/guardian of this student, I have read the above contract and I agree that my child may use the on-line resource 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 access rights as well as possible disciplinary action.

_____ I give permission for my child to access on-line resources as provided by the Brooklyn Elementary School.

_____ I DO NOT give permission for my child to access on-line resources as provided by the Brooklyn Elementary School.

Parent/Guardian Signature

Date

CIP PARENT INTERVIEW FORM

FORM 751

Child's Name: _____ Date: _____ year month day

Boy ___ Girl ___ Home Phone _____ Work Phone _____ Child's Birthdate: _____

Street Address: _____ Age: _____

Mailing Address: _____ Age in Months: _____

City: _____ State _____ ZIP _____ Weight at Birth: _____ lb. _____ oz.

Elementary school this child will attend: _____

Father's Name: _____ Age: _____ Occupation: _____ Education: _____

Mother's Name: _____ Age: _____ Occupation: _____ Education: _____

Number of older brothers and sisters: _____ Other people in the home: _____

Younger brothers and sisters:

Name _____	Birthdate _____	Name _____	Birthdate _____
Name _____	Birthdate _____	Name _____	Birthdate _____

Was there anything unusual about the pregnancy with this child? _____

Did this child require any special medical care or hospitalization at birth or during the first month after birth? _____

Has this child ever been in the hospital or been seriously ill at home? Yes _____ No _____

If yes, explain: _____

Has this child ever had a serious accident? _____

When was the last time this child saw a doctor? _____ Whom? _____

Briefly, what was the reason? _____

Is this child on any medication? Yes _____ No _____

If yes, explain: _____



At what age did this child begin walking (If guess, label as such) _____

Was this child toilet trained? No _____ Yes _____ At what age? _____



Place an X on the best answer. yes no

Has this child ever had any ear/hearing examination or treatment? (Mark one.)

When _____	Who _____	Results _____	yes	no
			<input type="radio"/>	<input type="checkbox"/>

Does this child:

- Seem to have difficulty hearing? yes no
- Turn up the TV louder than other members of the family? yes no
- Seem to favor one ear over the other? yes no
- Jump or appear to be more startled than others if there is a sudden noise? yes no
- Seem to hear you if you talk in a whisper? yes no
- Make you talk loudly or repeat frequently? yes no
- Have a history of ear infections? yes no

How often? _____ What treatment? _____



Has this child ever had a vision examination or treatment? (Mark one.)

When _____ Who _____ Results _____

Does this child:

- 1. Seem to have difficulty seeing small lines or pictures?
- 2. Seem to have a problem seeing things far away?
- 3. Squint?
- 4. Wear glasses?
- 5. Have eyes that turn in?
- 6. Have eyes that turn out?

P ___ R ___ E ___

At what age did this child first begin to speak? Give approximate age if you do not remember exact age:

First words _____ Two or three words together _____ Sentences _____

Does this child: (Mark one.)

Place an X on the best answer.

often sometimes rarely

- 1. Talk a lot?
- 2. Seem to speak as well as other children the same age?
- 3. Speak so you can understand him or her?
- 4. Speak so other adults understand him or her?
- 5. Speak so other children understand him or her?

If this child does not talk, does he or she: (Mark one.)

- 1. Make any sounds?
- 2. Use gestures to communicate?

Do you think this child has a problem:

- 1. Making sounds? No ___ Yes ___ Example _____
- 2. Putting words together? No ___ Yes ___ Example _____
- 3. With the way his or her voice sounds? No ___ Yes ___ Example _____
- 4. Repeating sounds or words too often? No ___ Yes ___ Example _____

What language(s) is spoken most frequently in the home? _____

P ___ R ___ E ___

Do you notice, or has a doctor reported, any of the following in this child:

- Asthma Frequent fevers Headaches Overtired or lacking pep
- Indigestion Sinus trouble Nightmares Heart trouble
- Constipation Nose bleeding Thumbsucking Difficulty hearing
- Diarrhea Bed wetting Nail biting Difficulty seeing
- Vomiting Allergies Epilepsy (seizures) (blinks, squints, rubs eyes)
- Other physical problems (explain): _____

P ___ R ___ E ___

in this child: (Mark one.)

Place an X on the best answer.

always sometimes
rarely don't know

1. Walk upstairs and down alone, both feet on each tread? (30-35) (5)
2. Walk upstairs using alternate feet and using rail or other support? (36-41) (5)
3. Walk upstairs using alternate feet — no support? (42-47) (5)
4. Walk downstairs one foot per tread, using rail or other support? (48-53) (5)
5. Walk up and down stairs one foot per tread, with no support? (54-59) (5)
6. Roller skate, ride a two-wheel bicycle, or jump rope? (60-65) (4)
7. Climb fences or trees? (60-65) (5)

as this child: (Mark one.)

1. Sing little songs or commercials?
2. Cry or whine?
3. Seem to be unusually quiet?
4. Repeat actions or words needlessly?
5. Pay attention to what you say or do?
6. Make up little games?
7. Seem to be restless or fidgety?
8. Seem to be happy?
9. Say "I can't" without trying?
10. Have temper tantrums?
11. Seem to be a leader?
12. Cry when not given his or her own way?
13. Move slowly?
14. Speak in long sentences?
15. Act without reason, on the spur of the moment?
16. Play well with other children?
17. Get upset easily?
18. "Rock" his or her body?
19. Use "big" words?
20. Have many unusual or different ideas?
21. Seem to have any friends?

0-1 - P
2-3 - R
4 - E

What does this child like to do best at home? _____
Does he or she have any favorite games or toys? _____
Does he or she prefer to play alone or with others? _____
How old are this child's favorite playmates? (Note any relationships) _____

How does this child usually get along with his or her brothers and sisters? _____

What kinds of things does this child do that bother you? _____

Does this child have any special fears (dogs, darkness, etc.)? _____
Are there things this child does that you think are unusual? _____

Do you have any special concerns about this child? _____

Does anyone read stories to this child? _____ Who? _____
What kind of stories does he or she like? _____
What TV shows does this child watch? _____
About how many hours a day? _____
Has this child ever been to a nursery school or day care center? _____
Where? _____ When (how long)? _____
What would you like this child to learn in nursery school? _____

Does this child display any special talents such as in music, art, performing for others, leading other children,
engaging in physical activities? _____

Is there any other information that will help us understand this child? _____

Form completed by: _____
Relationship to child: _____

Thank you for your time and patience in filling out this questionnaire.



BROOKLYN PUBLIC SCHOOLS

119 Gorman Road

Brooklyn, CT 06234

Phone: (860) 774-9153

Fax: (860) 774-6938

AFFIDAVIT FOR PURPOSES OF RESIDENCY

Brooklyn Resident

STATE OF CONNECTICUT)
COUNTY OF WINDHAM) SS:

Personally appeared _____, who made oath to the following:

- 1. I am a resident of the Town of Brooklyn, State of Connecticut. My residence is located at: _____
2. A child by the name of _____ currently resides with me at the address stated above.
3. I intend such residence to be permanent.

Local Resident

Subscribed and sworn to
Before me this ____ day
of _____, 20__.

Notary Public

My Commission Expires: _____

STATUTORY REQUIREMENTS

1) Students living with parents

If a student is living with parents or guardians, the school district must ascertain whether they are living in the district. The parents should be asked to give the address of their house or apartment, and to provide evidence of residence, such as a driver's license for that address, utility bills made out to that family at that address or other information to establish that they are actually living at the house or apartment in question. District officials can ask for a copy of the lease if the family is renting.

2) Student living with one parent

Practically speaking, a student will be eligible to attend school in the school district if either parent resides there, regardless of whether the parent residing in the district has custody. Legal custody is not required for a student to be eligible for school accommodations. Rather, the question is simply whether the child is actually residing in the district. However, if a student claims to be living with a parent in a particular school district, it may be difficult for the district to show otherwise. Spending some nights with the other parent will not change the residency of the student, and hearing officers and the courts will be sympathetic to the wishes of divorced parents to have their children spend substantial time with each parent. The facts of the case govern, however, and the actual residence of the student, not the wishes of the parents, is the dispositive factor. See *West Hartford Board of Education v. State Board of Education*, 2002 Conn. Super. LEXIS 2097 (Conn. Super. 2002)

HEALTH HISTORY

Student Name: Last: _____ First: _____ DOB: _____

Address: _____

Mother's Name _____ Father's Name _____

Siblings and their ages: _____

1. With whom does the child live? _____

2. When did your child last have a physical exam or visit to M.D? _____ Dental exam? _____

3. Has your child had any accidents or operations since birth? Yes _____ No _____

Explain if yes. _____

4. Has your child had any of the following? Please check yes or no. Give date and comment if needed.

	YES	NO		YES	NO
Frequent colds	_____	_____	Mumps	_____	_____
Frequent stomachaches	_____	_____	Measles	_____	_____
Frequent headaches	_____	_____	Polio	_____	_____
Strep Throat	_____	_____	Chicken Pox	_____	_____
Rheumatic fever	_____	_____	Epilepsy	_____	_____
Scarlet fever	_____	_____	Tuberculosis	_____	_____
Bronchitis	_____	_____	Cancer	_____	_____
Pneumonia	_____	_____	Heart Disease	_____	_____
Seizures	_____	_____	ADHD	_____	_____
Anemia	_____	_____	Whooping cough	_____	_____
Elevated lead level	_____	_____	Diabetes	_____	_____

Comments: _____

5. Does your child have Asthma? Yes _____ No _____

If yes, briefly describe frequency, symptoms and medications prescribed. _____

6. Does your child have an allergy to bee stings? Yes _____ No _____ Never stung _____

Please check the type of reaction if yes:

Local swelling _____ Generalized swelling _____ Hives _____

Please describe treatment and medication to be given at school in case of bee sting reaction. _____

7. Does your child have any environmental, food or medication allergies?

Yes _____ No _____ Specify: _____

8. Does your child take any medication on a daily basis? Yes _____ No _____

Specify medication and reason prescribed: _____

9. Does your child have any restrictions or any limitations for activity? Yes _____ No _____

Explain: _____

10. Does your child have frequent ear infections? Yes _____ No _____

Has your child had a hearing test? Yes _____ No _____ Date _____

Name of MD _____ Results: _____

Does your child have tubes in his/her ears? Yes _____ No _____

Date of insertion: _____

11. Does your child wear eyeglasses? Yes _____ No _____ Date of last exam _____

Results of exam: _____

12. Is bedwetting a problem? Yes _____ No _____

Does your child have wetting accidents during the day? Yes _____ No _____

Does your child have occasional accidents with bowel movements? Yes _____ No _____

15. Are there any concerns within the child's living situation which might affect learning? _____

16. Is there anything more about this child's health that you think is important for us to know (eating, sleeping, weight concerns)?

17. May we share this information with appropriate staff? Yes _____ No _____

18. Does your child have health insurance? Yes _____ No _____

Private Insurance _____ HUSKY _____ Other _____

Parent Signature: _____

Date: _____