

BROOKLYN ELEMENTARY SCHOOL

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

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

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.

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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
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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