

ADDISON RUTLAND SUPERVISORY UNION

Registration Form - This information is **confidential**.

School: _____ Date: _____

Student Name: _____
 First Middle Last

Entering Grade: _____

Date of Birth: _____ Gender M F Phone: _____

Circle one
Father/Guardian/ Stepfather: _____ Date of Birth: _____

Residence Address: _____

Mailing Address: _____

Telephone Number: _____ Cell Phone Number: _____

Work Phone Number: _____

Mother/Guardian/ Stepmother: _____ Date of Birth: _____

Residence Address: _____

Mailing Address: _____

Telephone Number: _____ Cell Phone Number: _____

Work Phone Number: _____

Are there custody issues the school should be aware of? _____

Custody Document (if any) _____

Names of anyone who is forbidden (legally) to have access to this child: (A copy of Court Papers stating this is required)

Custodial Parent: _____

Other children in family

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Did your child attend Pre-School? yes no

Does your child have any special needs?

IEP 504 157 ESL Allergies Other _____

School student is transferring from:

School Name: _____

Address: _____

Phone () _____ Fax () _____

Grade: _____ Teacher: _____

Does your child: (Please check all that apply)

- Sleep soundly at night
- Get along with other children
- Have regular playmates the same age
- Accept discipline & limits most of the time
- Speak so that other people can understand him/her
- Have frequent temper tantrums
- Become frequently irritated or moody
- Lose balance, trip or fall more often than usual
- Seem quieter than other children his/her age
- Seem more restless than other children his/her age
- Become upset by changes in routine
- Cry often
- Suck his/her thumb
- Is easily frustrated

Has your child had any accidents, allergies, or operations?

DEVELOPMENTAL HISTORY

Were there any sucking, swallowing, and/or feeding problems? _____

Does this child suck his/her thumb? _____ Bite his/her nails? _____

Was toilet training a problem? _____

Was he/she slow, average, or quick in learning to talk? _____

Age when he/she first walked. _____

Have there been any serious illnesses or accidents in the home or within the family during this child's formative years? _____ If so, please explain:

Do you have any questions or concerns about your child's behavior or development? _____

Is there anything we should know to help us better understanding your child? _____

Immunization Records: Please provide proof of immunization from your health care provider.

Birth Record: Please provide a copy of this child's birth certificate

Thank you for your patience in completing this form.