

# BROOKFIELD PUBLIC SCHOOL DISTRICT

100 Pocono Road, Brookfield, CT 06804  
203-775-7700  
brookfield.k12.ct.us

## Student History – PAGE 1

Please fill out and return to school

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Has your student ever attended school in this district before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, which school \_\_\_\_\_ When \_\_\_\_\_

Does your student receive any of the following services: (check all that apply)

Special Education \_\_\_\_\_ 504 Accommodations \_\_\_\_\_ ELL \_\_\_\_\_ Title 1 \_\_\_\_\_ Migrant \_\_\_\_\_

Does your student have a current IEP (Individualized Education Plan) Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please provide the school with a copy.

Has your student ever been retained? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, in what grade \_\_\_\_\_

Has your student ever been suspended or expelled? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, what grade? \_\_\_\_\_

List Student's Legal Guardian(s)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Student resides with: (check one)

Both Parents \_\_\_\_\_ Mother only \_\_\_\_\_ Father only \_\_\_\_\_ Guardian \_\_\_\_\_

Should the school be aware of any Court Order for the protection of your student? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please make arrangements to meet with the school administration and provide custodial documentation to your student's school.

**NOTE:** A current legal court document must be provided to ensure compliance with custody orders.

**Please inform your student's school of changes in custodial arrangements.**

### Additional Comments:

If there is any other additional comments or facts that might help with your student's placement.

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

# BROOKFIELD PUBLIC SCHOOL DISTRICT

100 Pocono Road, Brookfield, CT 06804  
203-775-7700  
brookfield.k12.ct.us

## Student History – PAGE 2

Please fill out and return to school

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

### For Connecticut State Department of Education reporting purposes only:

Connecticut State law requires the following information regarding dominant language in order to ascertain the need to provide a required bilingual education program for students who are limited English proficient (LEP):

What was the first language your student learned to speak? \_\_\_\_\_

What is the language you use in speaking to your student at home? \_\_\_\_\_

What is the primary language your student uses when he/she speaks at home? \_\_\_\_\_

Was your student born in the U.S.A.? (Yes) \_\_\_\_ (No) \_\_\_\_

If no, please fill in the following fields:

Student's Birth Country \_\_\_\_\_

Date of entry into the U.S.A.: \_\_\_\_\_

Name of last school your student attended. \_\_\_\_\_

Was the last school attended (Public) \_\_\_\_ (NonPublic) \_\_\_\_

### Ethnicity

Hispanic or Latino - (Yes) \_\_\_\_ (No) \_\_\_\_

### Race

\_\_\_\_ (I) American Indian or Alaska Native

\_\_\_\_ (A) Asian

\_\_\_\_ (B) Black or African American

\_\_\_\_ (P) Native Hawaiian / Other Pac Islander

\_\_\_\_ (W) White