

**BROOKFIELD PUBLIC SCHOOL DISTRICT**

100 Pocono Road, Brookfield, CT 06804

203-775-7700

www.brookfieldps.org

**Student Registration Part A**

<b>Student Legal Name</b> (as it appears on birth certificate)				
<b>First</b>	<b>Middle</b>	<b>Last</b>		
<b>Date of Birth</b> (mm/dd/yyyy)	<b>Student Home Telephone#</b>	<b>Is this student a multiple?</b> Yes___ No___		
<b>Grade Level</b>	<b>Gender</b> Male___ Female___ Non-binary (Used for students who do not identify exclusively as male or female) ___		<b>Birth Gender</b> (as it appears on birth certificate) Male___ Female___	
<b>Residence Address of Student</b>				
<b>Street</b>	<b>Apt.#</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Mailing Address</b> (If different than above)				
<b>Street</b>	<b>Apt. #</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Ethnic Group and Race Categories</b> The federal government requires that both these questions be answered and provides only the following categories for ethnic group and race. If both questions are not answered, school personnel are required to make selections for both. <b>1. Is this student Hispanic or Latino?</b> ___ No, not Hispanic or Latino ___ Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) <b>2. What is the student's race ( select all that apply)</b> ___ (I) American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.) ___ (A) Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.) ___ (B) Black or African American (A person having origins in any of the black racial groups of Africa.) ___ (W) White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa) ___ (P) Native Hawaiian / Other Pac Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)			<b>If born in the U.S.</b> <b>Birth City</b> _____ <b>Birth State</b> _____  <b>Birth Place</b> In any of the 50 US States ___ Commonwealth of Puerto Rico ___ District of Columbia ___ Other ___  <b>If OTHER :</b> List Country _____  Has the student completed 3 years of schooling in the US? Yes___ No___  Entry Date into US School _____  Entry Date in US _____	
<b>Has this student ever been retained?</b> Yes___ No___ If yes, what grade___	<b>Is this student a U.S. Citizen?</b> Yes___ No___	<b>Does this student receive any of the following services?</b> Yes___ No___ (check all that apply) Special Education___ 504 Plan___ EL___ Other___ If other, please explain _____		
<b>Has this student ever attended BPS?</b> Yes___ No___ <b>Name of School</b> _____ <b>Grade</b> _____ <b>Year</b> _____	<b>Has this student ever been suspended or expelled?</b> Yes___ No___ If yes, what grade___	<b>If ANY are checked, a copy of the current PLAN and/or IEP are required before registration is complete.</b>		
<b>LIST SCHOOLS PREVIOUSLY ATTENDED</b> Name of School: _____ Address: _____ Start Date (month/day/year): _____ End Date (month/day/year): _____ Public ___ NonPublic ___  Name of School: _____ Address: _____ Start Date (month/day/year): _____ End Date (month/day/year): _____ Public ___ NonPublic ___				

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**Student Registration Part B**

Student Legal Name \_\_\_\_\_

**SIBLING INFORMATION - Please list all of the student's siblings.**

Name _____	Grade _____	Name _____	Grade _____
Name _____	Grade _____	Name _____	Grade _____

**PARENT/GUARDIAN INFORMATION****PARENT/GUARDIAN 1**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Allowed - Yes \_\_\_ No \_\_\_

Legal Guardian - Yes \_\_\_ No \_\_\_

Lives with- Yes \_\_\_ No \_\_\_

**PARENT/GUARDIAN 2**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Allowed - Yes \_\_\_ No \_\_\_

Legal Guardian - Yes \_\_\_ No \_\_\_

Lives with- Yes \_\_\_ No \_\_\_

**Student Resides With** (check all that apply)

Mother \_\_\_ Father \_\_\_ Both Parents \_\_\_

Legal Guardian \_\_\_ Step Father \_\_\_

Step Mother \_\_\_ Other \_\_\_

**Migrant Status**

This student and family has moved within the past 36 months across state or district boundaries to obtain temporary/seasonal employment? Yes \_\_\_ No \_\_\_

**Homeless:** Not Homeless \_\_\_

Hotel/Motel \_\_\_

Shelter \_\_\_

Double Up \_\_\_

Unsheltered \_\_\_

**Military Status**

Student's parent or guardian is a member of the Armed Forces on active duty or serves on full-time National Guard duty. Yes \_\_\_ No \_\_\_

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:**

Enter any other comments or facts that might help with your student's placement. \_\_\_\_\_

**The information within this student registration packet is true and correct to the best of my knowledge and belief.**

Registering Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only:** Date of new entry \_\_\_\_\_ Proof of Residency: \_\_\_ Homeless : \_\_\_ Entry Grade Level: \_\_\_  
Birth Certificate: \_\_\_ Date records requested: \_\_\_\_\_ Health Forms \_\_\_ Language Survey \_\_\_ Transportation: \_\_\_  
Contact Restriction Yes \_\_\_ No \_\_\_ District ID #: \_\_\_\_\_ State ID #: \_\_\_\_\_  
Parent Correspondence Language \_\_\_\_\_

Today's Date: \_\_\_\_\_

BPS Staff Registrar Signature \_\_\_\_\_

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For Office Use Only

\_\_\_\_\_ Bus In #

\_\_\_\_\_ Bus Out #

\_\_\_\_\_ Student #

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**BUS INFORMATION**

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Date \_\_\_\_\_

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

Student's Address \_\_\_\_\_

Student's Grade \_\_\_\_\_ Home Phone# \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

My student should be picked up at \_\_\_\_\_  
Address

My student should be dropped off at \_\_\_\_\_  
Address

Additional Information \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**\*\*CENTER ELEMENTARY SCHOOL—ONLY\*\***

Center Elementary School children must be met by an adult at the bus stop or the student will be brought back to school for your immediate pickup.

Children are not allowed to change buses or bus stops. Please include the names and phone numbers below of any adult, other than parents, who may be meeting the student at the bus stop.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## **Acceptable Use Policy (AUP) for Student Google Apps Accounts STUDENT CONTRACT**

This form must be completed for students enrolling in Grades 2 – 12

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I understand that use of the school account, including email, is viewed as a privilege and, as such, access may be used for educational and research purposes only. I realize misuse may result in school disciplinary action and in loss of privileges. I will abide by the Terms of Use set forth by Google and all Brookfield School District (BSD) policies.

**With this school account, I will:**

- Use the account only for my schoolwork,
- Keep my personal information private,
- Use appropriate language,
- Participate only in what my teacher allows me to do,
- Use web sites that help me with my work,
- Follow the rules of the school district's appropriate use policy,

Students who violate Brookfield Public Schools' policies with regard to acceptable use of student accounts and email will be subject to disciplinary action as determined to be appropriate by the administration and/or teacher.

*Google Apps* may be accessed via any Internet-enabled computer or device and parents are welcome and encouraged to participate in educating their children in safe, proper, and ethical use of the account including email communications.

I understand that inappropriate behavior will lead to disciplinary action.

I , \_\_\_\_\_ have read the above guidelines and agree to abide by them.  
(Print student first and last name)

**STUDENT SIGNATURE:**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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**STUDENT RECORDS RELEASE FORM**

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I hereby give my permission for my child's school records to be released to the Brookfield Public School District.

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(Please Print) Parent/Guardian

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Date

---

Parent/Guardian's Signature

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Parent Phone Number

---

Name of Student

---

/ /  
Date of Birth

---

Sending School:  
(Name of Last School Student Attended)

---

Last Grade Level Completed

---

(Address)

City

State

Zip Code

---

( )  
Phone

---

( )  
Fax

Please include all items checked below.

<input type="checkbox"/> Academic Record (Report Card/Transcript/Withdrawal Grades)	<input type="checkbox"/> 504
<input type="checkbox"/> Individual Education Programs	<input type="checkbox"/> Health Record
<input type="checkbox"/> Speech /Hearing/Language Evaluations	<input type="checkbox"/> Educational Evaluations
<input type="checkbox"/> Other Pertinent and/or Confidential Information	<input type="checkbox"/> Psychological Evaluations
<input type="checkbox"/> Testing Scores (Standardized or Special Education)	<input type="checkbox"/> Special Education File
<input type="checkbox"/> Discipline Records	
<input type="checkbox"/> ESL placement/exit info;LAS Scores(or WIDA);ESL Screening/Proficiency Level	

Please send information to selected school.

<b>Center Elementary School</b> — 8 Obtuse Hill Road Brookfield, CT 06804 203-775-7650 (fax)203-775-7672	<b>Huckleberry Hill Elementary School</b> — 100 Candlewood Lake Road Brookfield, CT 06804 203-775-7675 (fax)203-775-7684
<b>Whisconier Middle School</b> — 17 West Whisconier Rd Brookfield, CT 06804 203-775-7710 (fax)203-775-7615	<b>Brookfield High School</b> — 45 Longmeadow Hill Road Brookfield, CT 06804 203- 775-7725 (fax)203-775-7757

Thank you for your cooperation in this regard. It is greatly appreciated.

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## WMS GUIDANCE SURVEY

This form **MUST** be completed for students enrolling in Grades 5-8

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**Student Name:** \_\_\_\_\_ **Entering Grade:** \_\_\_\_\_

The following information will assist us in placing your child into the appropriate courses:

### Math Placement:

_____ On Grade Level	_____ Completed Pre-Algebra
_____ Above Grade Level	_____ Completed Algebra
_____ Below Grade Level	_____ Other:
_____ Remedial or Self-Contained	

**World Language:** World Language begins in 5<sup>th</sup> grade at the middle school with Spanish.

Beginning in 7<sup>th</sup> grade, you can choose between French or Spanish.

Language of choice for 7<sup>th</sup>/8<sup>th</sup> grade: \_\_\_\_\_ French \_\_\_\_\_ Spanish

### Previous Study:

_____ Spanish	Years of Study: _____	Level: _____	Middle School
_____ French	Years of Study _____	_____	Advanced Level (high school)

**Other Concerns:** Please note any other concerns or needs (such as health needs, behavioral concerns, academic responsibility, family issues), which would assist us in meeting your child's needs.