

Six to Six Interdistrict Magnet School Residency Verification Form

Please Print

Student Name: _____

Address:

Street _____

Town _____

Zip Code _____

Have you registered your child in your school district of residence? ___ yes ___ not yet

Please present one document from each of the following categories (A, B, C)

A. Personal Identification with photo for parent/guardian

	Mother	Father	Guardian
1. CT Driver License			
2. If CT Driver License is not available, copy of US Passport			
3. If CT Driver License and Passport not available, other photo identification such as employee ID			

B. Property Rights

	Yes	No	
1. Home Owners: Real Estate Property Field Card (from your local town hall) or recent deed to home or escrow papers			
2. Renters: Fully executed rental lease			
3. If renting but no lease, property owner notarized letter certifying residency at above address			

C. Occupancy of Property

	Yes	No	
1. Copy of current land based utility bill (electricity, oil, gas)			
2. If land based utilities are included in lease, notarized letter certifying that land based utilities at above address are included in lease price.			

Six to Six Interdistrict Magnet School
2018-2019 FAMILY DATA FORM

Today's Date _____

Please Print

Student Name: _____

Address: Street, Town, Zip Code

Required residency documents: lease/mortgage utility bill 1 utility bill 2

Parent Data:

Parent or Guardian's Name _____

Relationship to the Child _____ Primary Email: _____

Phone: (Home) _____ Phone: (Cellular) _____

Phone: (Work) _____ ext. _____

Occupation _____ Place of Employment _____

Employment address _____

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Parent or Guardian's Name _____

Relationship to the Child _____ Email: _____

Address: (if different) _____

Phone: (Home) _____ Phone: (Cellular) _____

Phone: (Work) _____ ext. _____

Occupation _____ Place of Employment _____

Employment address _____

Emergency Contacts/Please list at least 3 adults authorized to pick up student from school (If not listed, cannot pick up):

***Must include first and last name PLEASE PRINT**

*Name _____ Relation _____ Phone _____

*Name _____ Relation _____ Phone _____

*Name _____ Relation _____ Phone _____

*Name _____ Relation _____ Phone _____

Is your child a member of a military family? _____

Does your child meet the definition of Immigrant Status? _____

Household Members and Annual/Monthly Income: Used for state reporting purposes only

<i>Name: List everyone in the household including children</i>	<i>Earnings from work before deductions</i>	<i>Welfare, child support, alimony</i>	<i>Pensions, retirement, Social Security</i>	<i>All other Income</i>	<i>Check if NO income</i>
<i>(Example): John Doe</i>	<i>\$22, 278 annually</i>	<i>\$50.00 weekly</i>	<i>\$100.59 monthly</i>		
1.					
2.					
3.					
4.					

Language Data:

What is the primary language used in the home, regardless of the language spoken by the student? _____

What is the language most often spoken by the student? _____

What is the language the students first acquired? _____

What language do you prefer for written communication from the school? _____

Will you require interpretation/translation at Parent-Teacher meetings? _____

I give permission for my child to be included in video and/or photography including but not limited to the school newsletter, webpage/brochure, CES Foundation publications, and Six to Six Facebook page during 2018-2019. YES NO

Additional Student Data:

Does your child have health insurance? _____

Student's Physician _____ Phone _____

Student's Dentist _____ Phone _____

Is your child currently receiving: (circle Y or N)

Special Education (IEP): Y/N

504 Plan/Accommodations: Y/N

Does your child have any known allergies? If yes, please explain _____

In the event my child experiences a reaction to an unknown allergen, I give permission for my child to be given an epi-pen. yes no

In the event of a medical emergency, I understand that the school will call 911 and my child will be transported by ambulance to the nearest hospital to receive medical treatment.

Signature of Parent/Guardian _____ Date _____

***Please understand that a student is not registered until this form is complete, including all sections, and required registration documents have been received.**