



# Andover School District

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35 School Road  
Andover, Conn. 06232  
Tel. (860) 742-7339  
Fax (860) 742-8288  
www.andoverelementaryct.org

**Dr. Sally Doyen**  
*Superintendent*

**Mr. John Briody**  
*Principal/Director of Curriculum*

**Mrs. Holly Maiorano**  
*Director of Special Education*

Dear Parent(s) or Guardian(s) of Students Entering Grades 1-6:

Enclosed you will find:

**Registration Form**  
**Certification of Residence**  
**Transportation Request**  
**Records Request Form**

Please return the above forms at your earliest convenience.

**A copy of your child's birth certificate is also required.**

**Birth certificate, affidavit of residence, current physical form and immunization record are required for your child to attend school.**

If you have any questions, please do not hesitate to contact Rosemary Crandall at (860) 742-7339.

Thank you very much.

# ANDOVER SCHOOL DISTRICT

## School Registration Form - Grades PK through 6

TO BE FILLED OUT BY PARENTS, GUARDIANS OR PERSONS WITH WHOM THE STUDENT LEGALLY RESIDES. PLEASE PRINT AND FILL OUT FORM COMPLETELY.

LEGAL NAME OF STUDENT		
LAST:	FIRST:	MIDDLE:
STREET ADDRESS:		CITY:
STATE:	ZIP CODE:	P.O. BOX:
BIRTHPLACE (CITY AND STATE):		BIRTH DATE:
GENDER: M or F or N (Non-binary)		AGE:

Homeless: <input type="checkbox"/> Not Homeless <input type="checkbox"/> Shelter <input type="checkbox"/> Doubled Up <input type="checkbox"/> Unsheltered <input type="checkbox"/> Hotel/Motel
Immigrant Status: Y or N _____ (Defined as children who are ages 3 – 21; not born in any state, the District of Columbia or the Commonwealth of Puerto Rico; and have not been attending one or more schools in any one or more States for more than 3 full academic years.)
Military Family: Y or N _____ (If child's parent or guardian is a member of the Armed Forces on <b>active duty</b> or serves on <b>full-time National Guard duty</b> .)
Migrant: Y or N _____ A child whose parent is a migratory agricultural worker and has moved in the past 36 mos.

DATE OF REGISTRATION:	STARTING DATE:	GRADE ENTERING:
Transferring from (Name of School or Pre-School):		
Address of School:		Years Attended:
Is this an Accredited Pre-School? YES _____ or NO _____		
If student has repeated a grade, please indicate which grade.		

PARENT(S) / LEGAL GUARDIAN(S) WITH WHOM STUDENT LEGALLY RESIDES			
Family Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/>			
NAME:		RELATIONSHIP TO STUDENT:	
HOME PHONE:	CELL PHONE:	E-MAIL:	
EMPLOYER:	WORK PHONE:	EXT:	
NAME:		RELATIONSHIP TO STUDENT:	
HOME PHONE:	CELL PHONE:	E-MAIL:	
EMPLOYER:	WORK PHONE:	EXT:	

OTHER LEGAL GUARDIAN (TYPE)	FULL:	VISITATION:	OTHER:
NAME:		RELATIONSHIP TO STUDENT:	
HOME PHONE:	CELL PHONE:	E-MAIL:	
EMPLOYER:	WORK PHONE:		

LANGUAGE SURVEY
1. What is the primary language spoken in the home, regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

### OTHER OCCUPANTS IN THE HOME

**Names:** (Grandparents, etc.)

**Other minor children in the family:** (Names and Birth Dates)

Child's Name:	Birth Date:

(Optional) Child is: Natural  Foster  Adopted  Relative

If there is any other information you feel would be helpful to the school, please indicate below:

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Please answer both of the following sections per the Connecticut State Department of Education.

#### ETHNIC BACKGROUND

Check the Appropriate Box	YES	NO
Hispanic or Latino – see description below		

#### RACIAL BACKGROUND

Check the appropriate box for EACH category below.	YES	NO
American Indian or Alaskan Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**American Indian or Alaskan 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.

**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.

**Black or African American:** A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

The Andover board of Education prohibits harassment and discrimination in educational programs, services, or employment on the basis of race, color, religious creed, age, national origin, sexual orientation, or past or present physical or mental disability in accordance with Titles VI, VII of the Civil rights Act of 1964, Title XI of the Educational Amendments Act of 1973, Section 504 Rehabilitation Act of 1973, The Americans with Disabilities Act of 1991, and Appropriate State Laws.

**Please check if you would like information regarding any of the following assistance programs:**

<input type="checkbox"/> Literacy / Adult Education	<input type="checkbox"/> Town Social Services	<input type="checkbox"/> Mental Health Support
Would you like a copy of the Andover Human Resources Guide?		<input type="checkbox"/> Yes <input style="margin-left: 100px;" type="checkbox"/> No

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



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## CERTIFICATION OF RESIDENCE

### NEW ENROLLEE/STUDENT TRANSFER/CHANGE OF ADDRESS

All students attending Andover Elementary School must be town residents unless specifically permitted to attend by the Board of Education. Any out-of-district student seeking admission on a tuition basis must be approved by the Board of Education and pay the actual per-pupil rate.

Students may not enroll in Andover Elementary School unless and until they are actually residing in Andover. For new housing, a Certificate of Occupancy with the residency date must be presented to the Superintendent of Schools for students to enroll. For existing housing in Andover, two of the following three items must be presented to the school office:

- \_\_\_\_\_ 1. Rental / Lease Agreement or mortgage papers with the name and address of the new resident,
- \_\_\_\_\_ 2. Driver's license with name and Andover address,
- \_\_\_\_\_ 3. A utility bill or other business correspondence with the name and Andover address.

The building administration may require additional residence verification if necessary. Students who move during the school year must withdraw from Andover Elementary School or pay the appropriate out -of-district tuition.

Non-residents whose children are enrolled in Andover Elementary School without prior permission from the Superintendent will be assessed tuition for the time children were in attendance in Andover.

### Parent/Legal Guardian Statement

I (print name) \_\_\_\_\_ the parent or legal guardian of student(s) \_\_\_\_\_ / \_\_\_\_\_ Grade(s) \_\_\_\_\_ (Andover Address) \_\_\_\_\_

certify that the above named student actually lives at the above address.

The telephone number at the same address is \_\_\_\_\_; the emergency telephone number is \_\_\_\_\_. The Owner/Landlord name is \_\_\_\_\_ and telephone number is \_\_\_\_\_.

The information and documentation provided are accurate. I authorize representatives of Andover Elementary School to verify this information, and I understand falsification of any information or documents required for this verification will result in revocation of registration for the student, and may lead to liability for tuition and to criminal penalties for fraud.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## TRANSPORTATION REQUEST

Dear Parents,

We are in the process of setting up bus routes for next year. Please complete the following form and return it to the school as soon as possible. Students must ride the same bus each morning or each afternoon. If your child goes to daycare, they must ride the same bus every day. For further clarification, please do not hesitate to contact the school. Thank you very much for your cooperation.

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

Name of Student(s): \_\_\_\_\_

Resident Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

\*\*\*\*\*

Student should be **PICKED UP** for transportation to school from:

\_\_\_\_\_ Home    \_\_\_\_\_ Daycare

Name of Daycare Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\*\*\*\*\*

Student should be **DROPPED OFF** at the end of the day at:

\_\_\_\_\_ Home    \_\_\_\_\_ Daycare

Name of Daycare Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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My child will attend **COOL**: \_\_\_\_\_ Mornings    \_\_\_\_\_ Afternoon

**ANDOVER ELEMENTARY SCHOOL  
35 SCHOOL ROAD  
ANDOVER, CT 06232  
(860) 742-7339  
(860) 742-8288 fax**

**PERMISSION TO SEND/RECEIVE STUDENT RECORDS  
AND FOR VERBAL COMMUNICATION**

I give permission for \_\_\_\_\_  
**(Name of School)**  
\_\_\_\_\_ to:  
**(School Address)**

send records     receive original records     give verbal information

As checked below:

**Student's Name** \_\_\_\_\_ **Grade/Class** \_\_\_\_\_

- Transcript of grades/courses (Academic Records)
- Standardized Test Results
- CMT / SBAC Test Results (for students entering from Connecticut schools)
- Health Record
- Psychological Evaluation(s)
- Social Work and/or Guidance Records
- Speech/Language
- Individual Education Plan(s) (from years \_\_\_\_\_)
- Planning and Placement Team (PPT)/Special Education records
- Other (Specify) \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Communication (written and/or verbal) between:**

\_\_\_\_\_ and \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_