

# Carl Allgrove Elementary School

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Maylah Uhlinger, Principal

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## Student Registration Grades K - 2 Welcome to the East Granby Public Schools [www.eastgranby.k12.ct.us](http://www.eastgranby.k12.ct.us)

Thank you for your interest in the East Granby Public Schools. All the registration forms are available on-line. The required forms include the following:  
(\*forms are web-enabled. They can be downloaded, completed online and printed)

- Allgrove K – 2 Registration Form\*
- Student Emergency Form\*
- State of Connecticut Health Assessment Record\*
- Release of Information\*
- Public School Information System Form\*
- Dominant Language\*
- Kindergarten Developmental Information Form (Kindergarten only)

In addition, please provide **proof of residency** (see below) and an original **birth certificate** (must be the long form with a raised seal). No copies will be accepted.

Proof of Residency (Please provide one of the following):

- Copy of a recent utility bill (electric, water, oil/natural gas, cable or landline phone) in your name and showing services provided for your East Granby house/apartment.
- Copy of a valid current lease agreement for your rental home/apartment in East Granby with the signatures of the lessee and lessor.
- Copy of sales contract for your home in East Granby.
- Contract with closing date (within 60 days of registration). After the closing, parent must provide proof of residency. **\*\*Permission to enroll must be granted by the Superintendent if requesting to start school before taking occupancy of the East Granby house/apartment.**

Please bring a copy of the required registration forms listed above along with the proof of residency and birth certificate to the school office in person. The East Granby parent needs to register the child and sign the forms in person. The process is not complete until all forms and documentation are received.

Thank you!

Maylah Uhlinger  
Principal

# EAST GRANBY PUBLIC SCHOOLS



- Uses an Inhaler
- Needs EpiPen for: \_\_\_\_\_
- Daily Meds: \_\_\_\_\_

*Please note we must have all medication present on the day of Orientation.*

- Birth Certificate Received
- Proof of Residency

East Granby, Connecticut

## GRADES K - 2 REGISTRATION FORM

### Student/Parent Information:

- Male
- Female

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

Grade \_\_\_\_\_

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

Birth Place \_\_\_\_\_

Address: \_\_\_\_\_  Own  Rent **Phone #:** \_\_\_\_\_

\*If you are not currently occupying this East Granby residence, give current residence. Written permission must be obtained from the Superintendent of Schools if your current residence is not East Granby.

Child Resides with:  Mother  Father  Both Parents  
 Grandparent  Legal Guardian  Other \_\_\_\_\_

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

*Full Name of Siblings in Family:*

Name: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother's Name or Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Father's Name or Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Student Education Information:

Has your child previously attended preschool?  Yes  No

If yes: Name of School: \_\_\_\_\_ Address: \_\_\_\_\_ # of Yrs \_\_\_\_\_

Has your child ever been referred for Special Education Services?  Yes  No

Has your child ever received Special Education Services? (ie. Speech, Birth to 3, etc.)  Yes  No

Town where services were received: \_\_\_\_\_ Provider: \_\_\_\_\_

### ***Please Check:***

If there is any information about your child's health or personality which you think the teacher should know, please explain on the back of this form or arrange to have a conference with the teacher.

Signature of Parent (Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

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