

Thompson Public Schools Registration Form

MRFES (860)923-9142

TMS (860) 923-9380

TMHS (860) 923-9303

This form is to be completed by either a parent or legal guardian

Date: _____ School (circle): MRFES TMS TMHS

Student Name: First _____ Middle _____ Last _____

Birth Date: _____ Place of Birth: _____

Entering Grade: _____ Sex (circle) Male Female

Name of Person to Contact in Emergency: _____

Phone Number(s): _____ Relation: _____

Race (Please Circle) 1. American Indian/Alaska 2. Asian 3. Black 4. White
5. Hispanic/Latino 6. Hawaiian/Pacific 6. Other

Parent 1 / Guardian Name: _____

(Identify if someone other than parent) _____

> Address: _____ P. O. Box: _____

> City: _____

> State: _____ Zip Code: _____

> Email Address: _____

> Phone Number(s): _____

> Employer: _____

> Phone Number(s): _____

Parent 2 / Guardian Name: _____

(Identify if someone other than parent) _____

> Address: _____ P. O. Box: _____

> City: _____

> State: _____ Zip Code: _____

> Email Address: _____

> Phone Number(s): _____

> Employer: _____

> Phone Number(s): _____

Sibling: _____ School: _____

Sibling: _____ School: _____

Sibling: _____ School: _____

Former School Attended: _____

Language Spoken at Home: _____ Language First Spoken: _____

___ Please check if your child has received prior **SPECIAL EDUCATION SERVICES**

___ Please check if your child has received prior **READING OR MATH INTERVENTION**

___ Please check if a member of your household is receiving **SNAP** or **TANF**

Signature of person completing form: _____

Relationship to Student: _____

Who has legal custody of the student: _____

Is the child in foster care? Yes No