

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: _____ Gender (circle) Male Female

Name of Person to Contact in Emergency: _____

Phone Number(s): _____ Relation: _____

Race 1. American Indian/Alaska 2. Asian 3. Black 4. White

(Please Circle) 5. Hispanic/Latino 6. Hawaiian/Pacific 7. Other

Former School Attended: _____

Language Spoken at Home: _____ **Language First Spoken:** _____

___ Please check if your child is currently receiving **SPECIAL EDUCATION SERVICES**

___ Please check if your child is currently receiving **READING OR MATH INTERVENTION**

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

Parent 1 / Guardian Name: _____

(Identify if someone other than parent) _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____ PO Box: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number(s): _____

Employer: _____

Phone Number(s): _____

Parent 2 / Guardian Name: _____

(Identify if someone other than parent) _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____ PO Box: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number(s): _____

Employer: _____

Phone Number(s): _____

Sibling: _____ School: _____

Sibling: _____ School: _____

Signature of person completing form: _____

Relationship to Student: _____

Who has legal custody of the student: _____

Is the child in foster care? Yes No