

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 _____

Date of Birth: _____ Place of Birth: _____

Entering Grade: _____ Gender (circle) Male Female

Pre-K Preference (Mark 1st, 2nd, 3rd) : ___PK AM ___PK PM ___PK Full Day

(You will be given PK AM or PK PM, if you don't qualify for PK Full Day)

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

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**

___ Please check if the student is part of a **MILITARY FAMILY**

Parent 1 / Guardian Name: _____

(Identify if someone other than parent) _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____ PO Box: _____

City: _____ State: _____ Zip Code: _____

Contact Info. Email: _____ Phone#: _____

Employer: _____ Phone#: _____

Parent 2 / Guardian Name: _____

(Identify if someone other than parent) _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____ PO Box: _____

City: _____ State: _____ Zip Code: _____

Contact Info. Email: _____ Phone#: _____

Employer: _____ Phone#: _____

Name of Person to Contact in Emergency: _____

Please list at least 2 people (other than primary parents/guardians) we can call for emergency:

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Sibling: _____ School: _____

Sibling: _____ School: _____

Signature of person completing form: _____

Relationship to Student: _____

Student Resides with: ___Mother ___Father ___Both ___Other/Guardian

Is the child in foster care? Yes No