



HARTFORD PUBLIC SCHOOLS

HARTFORD ALTERNATIVE EDUCATION

Enrollment Application

**** OFFICE USE ONLY RECORDS REQUEST FAXED _____ RECEIVED _____**

Birth Certificate	Custody Papers	Student Handbook	GRADE	DATE
Immunizations	Power of Atty.	Technology Form	Last Grade Completed	
Transcript		Lunch Form	Student #	
District Resident	Special Ed		Bus#	Notified:
S.O. Choice			UIC #	

STUDENT INFORMATION

NAME (Last, First, Middle): _____

Date of Birth: _____

Place of Birth (City, State): _____
 If not a single birth, indicate if - _____ Twin _____ Triplet _____ Quad.

Has this student ever received Special Education services? Yes _____ No _____ If yes, when? _____

Gender: _____ Male _____ Female

Ethnic: _____ Indian _____ Black _____ Asian _____ Hispanic _____ White
 ** If Multi-racial indicate primary race (1) & secondary race (2)

ADDRESS:

_____ House Number / Street _____ City _____ Zip Code
MAILING ADDRESS: *(if different from street address)* _____

Directions to home from school: _____

Home Phone: _____ Unlisted Number? _____ Yes _____ No

TRANSFER INFORMATION

SCHOOL OF CHOICE? _____ Application approved by Supt.'s office _____

Has the student ever attended Hartford Public Schools before? _____ Yes _____ No
 If yes, enter semester of attendance _____ In what building? _____

Previous School Attended – (name, city, state) _____
(if other than Hartford)
 Phone # (_____) _____ Last Grade Completed: _____

HOUSEHOLD / PARENT INFORMATION

Who does the student live with? _____ Mother _____ Father _____ Step Parent _____ Self (18 yrs) _____ Guardian
 ***If residing with guardian, Custody Papers or Power of Attorney must be provided

Father's Name _____ Work#: _____ Cell#: _____
 Place of work: _____

Mother's Name _____ Work#: _____ Cell#: _____
 Place of work: _____

Stepmother's Name: _____ Work#: _____ Cell#: _____
 Place of work: _____

Stepfather's Name: _____ Work#: _____ Cell#: _____

Place of work: _____
Guardian's Name: _____ Work#: _____ Cell#: _____
 Place of work: _____

Household Email Address: _____

Does this student have any children? _____ How many? _____ What ages? _____

EMERGENCY CONTACT INFORMATION

Person who may be called to care for the student if the parent/guardian cannot be reached:

Name: _____ Phone # during school hours: _____
 Relationship to student: _____ Can be released to? YES - NO
 Name: _____ Phone# during school hours: _____
 Relationship to student: _____ Can be released to? YES - NO

FAMILY INFORMATION Siblings at home or attending Hartford Public Schools:

NAME	D.O.B.	GRADE	SCHOOL

Primary language spoken in the home: _____ **English** _____ **Spanish** _____ **Other**

HEALTH INFORMATION

Doctor: _____ Phone: _____
 Hospital: _____ Date of Last Physical: _____

****IMMUNIZATION RECORDS
 ARE MANDATORY AT
 ENROLLMENT****

Health Conditions (✓ all that apply)

Heart: _____ Asthma: _____ ADD: _____
 Diabetes: _____ Kidney: _____ ADHD: _____
 Epilepsy/Type: _____
 Other: _____

ALLERGIES

1. _____ 2. _____
 3. _____ 4. _____

****Please supply the office in detail the procedure to be taken if student suffers an allergic reaction.**

Medications - (those taken during school hours) A "Medication Form" must be completed for each

Name	Dosage	Frequency	Form
Medication 1 _____	_____	_____	_____
Medication 2 _____	_____	_____	_____
Medication 3 _____	_____	_____	_____

PARENT OR GUARDIAN SIGNATURE / STUDENT SIGNATURE (IF 18 YRS OLD)

We are asking you to provide accurate and current information regarding residency and to notify the school district promptly upon any changes of residency. If we should receive any false or inaccurate information related to residency, your student may be immediately withdrawn and you will be obligated to pay a tuition charge.

By signing below, I certify that I am the parent or legal guardian of the enrolling student, or that I am the enrolling student and am 18 yrs. old, that I live in the Hartford Public Schools District, and/or have applied under Schools of Choice and that all the information on this enrollment application is correct.

Parent/Guardian Signature: _____ **Date:** _____

Student's Signature: _____ **Date:** _____
(if 18 years of age)

ENROLLMENT APPROVAL -- _____ **Date** _____

Director's Signature