

STUDENT REGISTRATION/INFORMATION FOR THE COUNSELING OFFICE  
NORTH HAVEN MIDDLE SCHOOL

Today's Date: \_\_\_\_\_

Grade Entering NHMS: \_\_\_\_\_

Student's Name: \_\_\_\_\_ M F Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Full Name as on Birth Certificate, including Jr, I, II, III, IV, if applicable)

Student lives with: Both Parents \_\_\_ Mother only \_\_\_ Father only \_\_\_ Mother/Stepfather \_\_\_ Father/Stepmother \_\_\_ Other: \_\_\_\_\_

If Divorced, is there Shared Custody? \_\_\_\_\_ (If yes, we will need a court document stating such.)

Residing Address: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Home Address (if different from Student): \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Place of Business: \_\_\_\_\_ Work#: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell# \_\_\_\_\_

Mother's Home Address (if different from Student): \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Place of Business: \_\_\_\_\_ Work #: \_\_\_\_\_

Step-Parent's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Step-Parent's Place of Business: \_\_\_\_\_ Work#: \_\_\_\_\_

Ethnicity (check all that apply): White \_\_\_ Black \_\_\_ Hispanic \_\_\_ American Indian \_\_\_ Asian American \_\_\_ Asian \_\_\_

\*First language spoken by your child: \_\_\_\_\_ Language(s) spoken in your home: \_\_\_\_\_ Lang. spoken and understood by your child: \_\_\_\_\_

Siblings Names and Date of Birth: \_\_\_\_\_

Last School Attended (Name and Town): \_\_\_\_\_ Former Home Address: \_\_\_\_\_

Was Student ever enrolled in North Haven Schools? \_\_\_\_\_ If Yes, which school: \_\_\_\_\_ Grades: \_\_\_\_\_

\*Has or Does the Student receive any Speech, Language, Social Work, Special Education, ELL or Psychological services from previously attended schools? \_\_\_\_\_

If Yes, please state which services: \_\_\_\_\_ Does your child have a 504 Plan? \_\_\_\_\_

If there is Joint/Shared Custody, is there Dual Mailing for the other Parent? \_\_\_\_\_ If Yes, please fill in below Name, Address, Phone # and Email Address for the Dual Mailing Parent:

Office: School ID#: \_\_\_\_\_

Team: \_\_\_\_\_