

STUDENT REGISTRATION/INFORMATION FOR 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, incl. Jr, I, II, III..)

Student lives with: Both Parents Mother Only Father Only Mother/Stepdad Father/Stepmom Other: _____

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

Residing Address: _____ Home Phone#: _____

Mother's Name: _____ Maiden Name: _____ Place of Birth: _____

Mother's Home Address (if different from Student): _____

Mother's Home #: _____ Cell #: _____ Work #: _____

Mother's Place of Business: _____ Email Address: _____

Father's Name: _____ Place of Birth: _____ Cell #: _____

Father's Address (if different from Student): _____

Father's Place of Business: _____ Work #: _____ Email: _____

Step-Parent's Name: _____ Cell #: _____ Email: _____

Step-Parent's Place of Business: _____ Work #: _____

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

Siblings' names and dates 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, Social Work, Special Education, ELL or Psychological services?: Yes No

If yes, please state which services: _____

Does your child have a 504 Plan?: Yes No

If there is 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 Parent: _____

Email for Dual Parent: _____

Language first spoken by child: _____

Language(s) spoken by child: _____

Language(s) spoken at home: _____