



HADDAM-KILLINGWORTH MIDDLE SCHOOL

451 ROUTE 81
KILLINGWORTH, CT 06419
Tel: (860) 663-1241
Fax: (860) 663-2071

Principal
Miriam Furey-Wagner

Interim Assistant Principal
Rebecca Amanti

Guidance Counselors
Alan Fortin
Elizabeth Young
Rebecca Degnan

ENROLLMENT AGREEMENT FORM REGIONAL SCHOOL DISTRICT # 17

DATE: _____

I, _____ hereby agree and acknowledge that my child,

(Student's name)

(Student's date of birth)

is being registered at Haddam-Killingworth Middle School.

My child legally resides with: _____
(Print name of person(s) student legally resides with)

Please list the person who has physical custody of the child: _____

I have joint custody of my child with: _____

You may either come into the Guidance Department to sign this form; or you may also fax it to 860.663.2071.

Signature

Date

Please Print Name

Relationship to Student