

Rockland Public Schools

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WELCOME TO THE ROCKLAND PUBLIC SCHOOLS!

Attached is your student's registration packet. The first two pages explain the documentation that is needed to complete the registration process. Please reach each page carefully as we cannot accept packets that are incomplete.

هل تتحدث العربية؟ Email rkidwell@rocklandschools.org

¿Hablas español? Email rkidwell@rocklandschools.org

Bạn có nói được tiếng Việt không? Email rkidwell@rocklandschools.org

Se você precisar de ajuda em Portugues por favor entrar em contato com a Neia Callahan (781-414-9086)

**Rockland Public Schools
REGISTRATION PROCESS**

Welcome to the Rockland Public Schools! To help your child enroll as quickly as possible, we have created the following information you will need to provide before your child is officially enrolled.

REGISTRATIONS WILL NOT BE PROCESSED UNTIL ALL OF THE FOLLOWING MATERIALS HAVE BEEN RECEIVED

- Legal Birth Certificate with raised seal (hospital birth certificate is not legal)
- Proof of Residence- see form on next page for required documentation.
- Current physical examination and immunization history. If your child's immunizations are not up to date, please contact your child's doctor immediately for an appointment.

	Child Care/Preschool	Kindergarten	Grades 1-6	Grades 7-12
Hepatitis B	3 doses	3 doses	3 doses	3 doses
DTaP/DTP/DT/ Td/Tdap	≥4 doses DTaP/DTP	5 doses DTaP/DTP	5 doses	5 doses Plus 1 dose Tdap
Polio	≥3 doses	4 doses	4 doses	4 doses
Hib	1 to 4 doses	NA	NA	NA
MMR	1 dose	2 doses	2 doses	2 doses
Varicella	1 dose	2 doses	2 doses	2 doses
Meningococcal (MenACWY)	NA	NA	NA	Gr. 7-10 - 1 dose Gr. 11 & 12 – 2 doses *Must be given on or after 16th birthday, 1 dose if after 16th birthday

Please complete the enclosed forms listed below.

- Form #1- Registration Form/Student Census Enrollment Information
- Form #2- Student Emergency Information
- Form #3- Student Health Information Update
- Form #4- Student Record Release Form
- Form #5- Verification of Student Residency Form (use only if parent/guardian AND student reside with family members or sublet and do not own or rent from the owner where they live). Please have Form #5 notarized at the Rockland Town Hall Clerk's Office.

**** Please note-** if the parent/guardian and the student are residing with a family member and do not own or rent from the owner the residence where they are living, you must provide the following:

- Notarized Verification of Student Residency Form from the homeowner or lessor stating that the child and parents/guardians reside at the stated address.
- Massachusetts Driver's License/Massachusetts ID or passport for the head of that household with a current address and Massachusetts Driver's License/Massachusetts ID or passport for the parents/guardians.
- Proof of residency as stated in Column C of the Residency Guidelines (Guideline Page 2).

**Rockland Public Schools
PROCEDURES FOR
ENROLLMENT AND PROOF OF RESIDENCY**

Under MGL, Chapter 76, Section 5, every person “shall have the right to attend the public school of the town where she/he actually resides.” The following procedures will be followed to verify a student’s residency:

Before enrolling in the Rockland Public Schools, a student’s parent or legal guardian* must prove they have a legal residence in the Town of Rockland. Children whose primary residence is outside Rockland are not eligible to attend the Rockland Public Schools. Residency means where a child spends the majority of her/his time or the center of her or his domestic, social, and civic life.

All applicants must submit at least *three* proofs of residency.

The documents must be pre-printed with the name and address of the student’s parent or guardian. * When registering a student for Rockland Public Schools, the district Registrar will confirm residency. These documents also will be required for any change of address.

All applicants must submit at least one document from <u>each</u> of the following columns:		
Column A	Column B	Column C
<p>It must be showing Rockland's current address**</p> <ul style="list-style-type: none"> • Valid driver's license • Valid Massachusetts photo Identification card • Valid passport, dated within the past year <p style="font-size: small;">If the license/ID does not show the current address, you can go online to www.massdot.state.ma.us/mv and click on Change of Address. They will email you a receipt. Please submit a copy to the registrar.</p>	<ul style="list-style-type: none"> • Copy of lease • Mortgage Statement • Section 8 Agreement • Legal affidavit from the landlord affirming tenancy • Copy of deed or purchase and sales agreement <p style="font-size: small;">If you do not have any of the documents listed in column B You must use Form 5 and have it notarized.</p>	<p>A utility bill or work order dated within the past 60 days, including.</p> <ul style="list-style-type: none"> • Gas bill • Oil bill • Electric bill • Home telephone bill (no cell phone) • Cable bill • Cell phone bill <p style="font-size: small;">Please note that utility companies provide online access to download your bills/statements.</p>

*Legal guardianship requires additional documentation from a court or agency.
The Rockland residency policy does not apply to homeless students. (McKinney-Vento Act)

I/we understand that all applicants must reside in Rockland (Massachusetts General Laws, Chapter 76, sec 5 every person shall have a right to attend the public schools of the town where he/she actually resides, subject to the following section. No School Committee is required to enroll a person who does not actually reside in the town unless said enrollment is authorized by law or by the School Committee. Any person who violates or assists in violating this provision may be required to remit full restitution to the town of the improperly attended public schools. No person shall be excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges, and courses of study of such public school on account of race, color, sex, religion, national origin, or sexual orientation.

Amended by st.1971, c.622, c.1; st.1973, c.925, s.9A, st.1993, c.282; st.2004, c.352, s.33)

Rockland Public Schools
Registration Form- Student Census Enrollment Information

(Please Print)

Student's Full Legal Name: _____
Last First Middle Suffix

Birth Date (MM/DD/YYYY): _____ Gender: M _____ F _____ N _____ Entering Grade: _____

Town/State/Country of Birth: _____

Previous School Information

Has the student attended another Rockland School? Yes _____ No _____ If yes: School/Grade _____

Last School attended outside the Rockland Public Schools.

School: _____ Grade: _____ School Year: _____ State: _____

Race/Ethnicity (Please answer BOTH questions 1 and 2)

1. Is this student Hispanic or Latino? (choose only one)

_____ No, not Hispanic or Latino

_____ Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture of Origin regardless of race)

2. What is the student's race? (choose one or more)

_____ American Indian or Alaskan Native (A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment)

_____ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

_____ Black or African American (A person having origins in any of the black racial groups of Africa)

_____ Native Hawaiian or other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

_____ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

Please circle the best statement:

1. No, not a member of a military family.
2. Yes, the child of an active-duty member
3. Yes, child of members or veterans who is medically discharged or retired for 1 year.
4. Yes, the child of a member who died on active duty.

**Rockland Public Schools
Student Emergency Contact Information Form**

Date: _____

Student Name: _____
Last
First
Middle

Address: _____ Home Tel. _____

Emergencies such as sudden illness or accidents often occur at school. In the event of an emergency, your child will be transported to the nearest local hospital.

Please complete the following information:

(1) Parent/Guardian Name	Address if Different	City/Town/Zip	Email
Work Phone	Cell Phone		

(2) Parent/Guardian Name	Address if Different	City/Town/Zip	Email
Work Phone	Cell Phone		

The child lives with: Parent/Guardian 1 () Parent/Guardian 2 () Parent/Guardian 1 and 2 () Other ()

Please arrange for *two other* responsible adults to care for your child if you cannot be reached.

Name _____ Address _____
 City/Town _____ Relationship to student _____
 Tel. _____

Name _____ Address _____
 City/Town _____ Relationship to student _____
 Tel. _____

List other children living in the home

Name	Date of Birth	Name of School

Is there anyone your child CANNOT be dismissed to? ___ YES ___ NO If yes, please list name(s): _____

Your child's school will contact you for supporting documentation regarding this need.

Directory information is information contained in a student's education records that would not generally be considered harmful or an invasion of privacy if disclosed. Typically, "directory information" includes information such as name, address, telephone listing, date and place of birth, participation in officially recognized activities and sports, and [dates of attendance](#). A school may disclose "directory information" to third parties without consent if it has given public notice of the types of information which it has designated as "directory information," the parent's or [eligible student's](#) right to restrict the disclosure of such information, and the period of time within which a parent or eligible student has to notify the school in writing that he or she does not want any or all of those types of information designated as "directory information." [34 CFR § 99.3 and 34 CFR § 99.37](#).

Check here to agree to the definition and policy on directory information.

Parent/Guardian Signature: _____ Date: _____

Rockland Public Schools

Student Health Information Update Form (Please Print)

Parents: To ensure an accurate response to a medical issue, please complete all fields listed below.

Student Name: _____
Last First Middle

Birth Date (MM/DD/YYYY): _____ Town/State/Country of Birth: _____

MEDICAL INFORMATION

Physician Name: _____ Tel #: _____

Dentist Name: _____ Tel #: _____

Health Insurance Provider: _____ Policy #: _____
_____ Public Insurance _____ Private Insurance _____ Mass Health _____ No Insurance

The Commonwealth of Massachusetts has a health insurance plan to provide uninsured children with affordable health care (restrictions may apply) if they have no health insurance. Please get in touch with the school nurse if you are interested in more information about this program.

Has your child experienced any of the following? Please add details for any checked items.

- ADHD
- Depression
- Seizures
- Asthma
- Heart condition
- Allergies
- Diabetes
- Ear infections
- Vision Problems
- Anxiety
- Migraines
- Hearing Problems

Please explain any checked items from the section above (list allergies, share dates/triggers of incidents, etc.)

Current Medication: _____
Name Dose Time of Dose

Current Medication: _____
Name Dose Time of Dose

PERMISSION FOR OVER-THE-COUNTER MEDICATIONS

My child has permission to receive the following non-prescription medications at the discretion of the school nurse and the standing orders authorized by the Rockland Public Schools' physician:

	Antibiotic Ointment (Neosporin)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Ibuprofen (Advil)	Anti-itch Ointment (Hydrocortisone)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Acetaminophen (Tylenol)	Antihistamine (Benadryl)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Tums Antacid	Calamine Lotion (Caladryl)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

RELEASE OF INFORMATION

I authorize the school nurse to contact the above physician, when appropriate, for a 2-way exchange of medical information. I understand that I will be contacted before this communication. YES NO

PERMISSION FOR TREATMENT

In case of a serious illness/injury, I authorize the school to contact my child's physician and/or to seek emergency medical care, including transportation to a medical facility. I authorize the physician and emergency room staff to administer care deemed necessary. I understand that every effort will be made to contact the family and emergency contacts first. YES NO

Preferred Hospital: _____

Parent/Guardian Signature: _____ Date: _____

Print Name: _____ Relationship: _____

Rockland Public Schools
Student Record Release Form

State law requires students and/or parents/guardians to provide a complete school record upon enrollment in a new district. Please sign below to permit the release of all school records for the named student to complete enrollment in the Rockland School District.

Please release the complete school record for _____,
Name of student

Date of Birth

School last attended: _____,
Name of the prior school system or third party

Address: _____,
Address of prior school system or third party

Including:

- _____ Transfer card or discharge letter
- _____ Health records (immunizations, birth certificate)
- _____ Academic Records (objective test data)
- _____ Other Special Education/Evaluation Reports (psychological, IEP, etc.)
- _____ Discipline Record
- _____ All of the above

Please forward to:

R. Stewart Esten	Phelps Elementary School
Early Childhood Center	One Col. Brian Duffy Way
733 Summer Street	Rockland, MA 02370
Rockland, MA 02370	781-878-1367
781-878-8336	FAX 781-871-8450
FAX 781-871-8451	

John W. Rogers Middle School	Rockland High School
100 Taunton Avenue	52 MacKinlay Way
Rockland, MA 02370	Rockland, MA 02370
781-878-4341	781-871-0541
Fax 781-871-8448	FAX 781-878-0158

Signature of Parent or Guardian

Date

Rockland Public Schools does not discriminate based on race, color, sex, age, religion, disability, national origin, or sexual orientation.

Rockland Public Schools

Verification of Student Residency

(FOR STUDENT AND PARENT OR GUARDIAN LIVING AT AN ADDRESS IN ROCKLAND THAT IS NOT THEIR OWN)

I, _____, hereby attest that the following individual(s) currently reside in
(Please print legibly - Owner/Landlord/Lessor)
my home is located at the following address:

in the town of _____, MA. Telephone: _____

Parent/Guardian Name: _____

Name of student(s): _____

* I/We understand that all applicants must reside in Rockland. Every person shall have a right to attend the public schools of the town where he/she resides, subject to the following section (Massachusetts General Laws, Chapter 76, sec 5). No School Committee member is required to enroll a person who does not actually reside in the town unless said the School Committee authorizes it by law or enrollment. Any person who violates or assists in violating this provision may be required to remit full restitution to the town of the improperly attended public schools. No person shall be excluded from or discriminated against in admission to a public school or any town, or in obtaining the advantages, privileges, and courses of study of such public school on account of race, color, sex, religion, national origin, or sexual orientation.

I certify that all statements made on this form are correct to the best of my knowledge.

Owner/Landlord/Lessor signature Date

The term "residence" or "residency" refers to your legal residence as determined by government issued documents-primarily, your driver's license, or state ID card. Supporting documentation may be required in addition to your license. Review the list of residency documents.

Acknowledgment of signature

On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding or an attached document and acknowledged to me that (he/she) signed it voluntarily for its stated purpose.

Massachusetts Notary Public

Notary Print Signature Here

Rockland Public Schools
HOME LANGUAGE SURVEY

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information		
_____	_____	_____
First Name	Middle Name	Last Name
_____	____/____/____	____/____/____
Country of Birth	Date of Birth (mm/dd/yyyy)	Date first enrolled in any U.S. school (mm/dd/yyyy)
School Information		
____/____/____	_____	_____
Start Date in New School (mm/dd/yyyy)	Name and Town of Former School	Current Grade
Questions for Parents/Guardians		
What is the primary language used in the home, regardless of the language spoken by the student? _____ _____	Which language(s) are spoken with your child? (include relatives like grandparents, uncles, aunts, etc. and caregivers) _____ seldom/sometimes/often/always _____ seldom/sometimes/often/always	
What language did your child first understand and speak? _____	Which language do you use most often with your child? _____	
How many years has the student been in U.S. schools? (not including preschool or pre-kindergarten) _____	Which language(s) does your child use? _____ seldom/sometimes/often/always _____ seldom/sometimes/often/always	
Will you require written information from school in a language other than English? ___YES ___NO If yes, what language? _____	Will you require an interpreter at parent-teacher meetings? ___YES ___NO If yes, what language? _____	
Parent/Guardian Signature: X _____	Today's Date: (mm/dd/yyyy) ____/____/____	

Please check next to the option that best describes your child's preschool experience in the school year prior to entering Kindergarten. Select one option only, and indicate hours where applicable. Thank you!

- My child did not have any formal early childhood program experience.
- My child did not have formal early childhood program experience but participated in Coordinated Family & Community Engagement (CFCE) Services (like structured parent-child playgroups or parent-child activities through a community organization).
- My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) Services (a home visiting model funded through the state's Department of Early Education & Care).
- My child did not have formal early childhood program experience but participated in both CFCE and PCHP services (described above).
- My child attended a licensed Family Child Care Provider (licensed, in-home daycare) for LESS than 20 hours per week.
- My child attended a licensed Family Child Care Provider (licensed, in-home daycare) for 20 or MORE hours per week.
- My child attended a Center-Based Program (including public and private preschools, HeadStart, day care centers, or integrated public preschool, like the Rockland Public Schools program for LESS than 20 hours per week.
- My child attended a Center-Based Program (including public and private preschools, HeadStart, day care centers, or integrated public preschool, like the Rockland Public Schools program for 20 or MORE hours per week.
- My child attended BOTH a licensed Family Child Care Provider AND a Center-Based Program for a total of LESS than 20 hours per week.
- My child attended BOTH a licensed Family Child Care Provider AND a Center-Based Program for a total of 20 or MORE hours per week.

Definitions:

Coordinated Family and Community Engagement (CFCE) Services: locally based programs serving families with children birth through school age (e.g., parent/child playgroups, parent-child activities).

Parent Child Home Program (PCHP): home visiting model program funded through the Department of Early Education and Care.

Licensed Family Childcare: refers to EEC licensed childcare in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed childcare provider providing care to children from multiple families.

Center-Based Care: refers to care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools.

ROCKLAND PUBLIC SCHOOLS

ROCKLAND, MASSACHUSETTS

School Bus Transportation

Kindergarten 2023-2024

If you are interested in receiving information on School Bus Transportation, please fill out the form below and return this with your Kindergarten Registration Packet by March 24, 2023.

Student Name: _____

Student's Address: _____

Parent/Guardian Email Address: _____

Parent/Guardian Name: _____ Phone #: _____

Signature: _____ Date: _____

Massachusetts Parental Notice for One Time Consent to Allow the School District To Access MassHealth (Medicaid) Benefits

School District Name and Code: **Rockland Public Schools, 02510000**

School/District Contact: **Dr. Linda Maniglia, Director of Pupil Personnel Services**

Dear Parent/Guardian:

The purpose of this letter is to ask for your permission (also known as consent) to share information about your child with MassHealth. Local communities in Massachusetts have been approved to receive partial reimbursement from MassHealth for the costs of certain health-related services provided by the district to your child (or children). In order for your community to get back some of the money spent on services, the school district needs to share with MassHealth the following types of information about your child: name; date of birth; gender; type of services provided, when, and by whom; and MassHealth ID.

With your permission, the school district will be able to seek partial reimbursement for services provided by MassHealth, including, among others, a hearing test or eye exam; a school physical; occupational or speech or physical therapy; some school nurse visits; and counseling services with the school social worker or psychologist. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

The school district cannot share with MassHealth information about your child without your permission. As you consider giving permission, please be advised of the following:

1. The school district cannot require you to sign up for MassHealth in order for your child to receive the health-related and/or special education services to which your child is entitled.
2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can charge MassHealth for services provided. The school district can agree to pay the co-pay or deductible if any such cost is expected.
3. If you give the school district permission to share information with and request reimbursement from MassHealth:
 - a. This will not affect your child's available lifetime coverage or other MassHealth benefit; nor will it in any way limit your own family's use of MassHealth benefits outside of school.
 - b. Your permission will not affect your child's special education services or IEP rights in any way, if your child is eligible to receive them.
 - c. Your permission will not lead to any changes in your child's MassHealth rights; and
 - d. Your permission will not lead to any risk of losing eligibility for other Medicaid or MassHealth funded programs.
4. If you give permission, you have the right to change your mind and withdraw your permission at any time.
5. If you withdraw your permission or refuse to allow the school district to share your child's records and information with MassHealth for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you.

I have read the notice and understand it. Any questions I had were answered. I give permission to the school district to share with MassHealth records and information concerning my child(ren) and their health-related services, as necessary. I understand that this will help our community seek partial reimbursement of MassHealth covered services.

Parent/Guardian Signature: _____ Date: _____

Child's Name:	Date of Birth:	SASID # (for district to add):
Child's Name:	Date of Birth:	SASID # (for district to add):
Child's Name:	Date of Birth:	SASID # (for district to add):