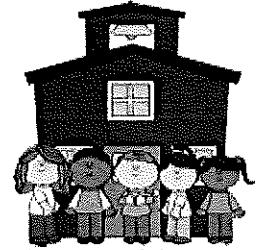


Stoughton Public Schools

ELEMENTARY REGISTRATION CHECKLIST

Grades 1-5

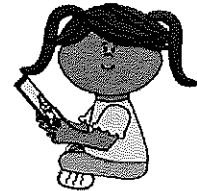


The following documents are needed to enroll your child in the Stoughton Public Schools.

Parent/Guardian will need to provide:

1. Two Proofs of Residency

- ❖ Current lease agreement or current mortgage statement
- ❖ Current utility bill
- ❖ Notarized Residency Affidavit (if applicable)



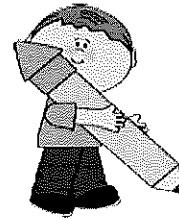
2. Photo Identification

3. Court/Custody Documents (if applicable)

4. Copy of Birth Certificate

5. School Records

- ❖ Current report card
- ❖ IEP/504/ELL Services (if applicable)



6. Medical Records

- ❖ Immunization Records
- ❖ Current Physical

7. In addition, you will need to complete the following forms:

- ❖ Emergency Form
- ❖ Information for School Records
- ❖ Home Language Survey Form
- ❖ Residency Policy
- ❖ Residency Statement
- ❖ Parent Acceptance Use Policy
- ❖ Massachusetts Medicaid Consent
- ❖ Release of Student Information Form



STOUGHTON PUBLIC SCHOOLS
STOUGHTON, MASSACHUSETTS

Information for School Records

BIRTH CERTIFICATE
 PROOF OF RESIDENCY
 IMMUNIZATIONS
 COURT DOCUMENTS

STUDENT INFORMATION

Name _____ (Last) _____ (First) _____ (Middle)
Address _____ Telephone _____
Date of Birth _____ Place of Birth _____ M _____ F _____
Year Month Day _____ City _____ State _____

EDUCATIONAL HISTORY OF STUDENT

Years of School _____ Last Grade Level Completed _____
Last school attended _____
Address _____ Phone _____

School Progress: Excellent () Good () Fair () Poor ()

Has your child previously attended Stoughton Public Schools?
Yes _____ No _____

Does your child have a current Individualized Education Program (IEP)?
Yes _____ No _____

Does your child have a current 504 Accommodation Plan?
Yes _____ No _____

Has your child received any English Language Learner (ELL) services?
Yes _____ No _____

OFFICE USE ONLY

Date Entered: _____ Grade: _____
Room: _____ Bus: _____

PARENT INFORMATION

Father _____ Birthplace _____
Education _____ Occupation _____ Living () Deceased ()
Member of the Armed Forces Yes () No ()
Mother _____ Birthplace _____
Education _____ Occupation _____ Living () Deceased ()
Member of the Armed Forces Yes () No ()

Guardian _____ Birthplace _____
(Last) (First) (M)

Pupil lives with: _____
Languages spoken in home: English () Portuguese () Other ()

RACE/ETHNICITY (Optional)

Ethnic Group and Race information is utilized for state and federal census reports.
SELECT ALL THAT APPLY

____ Hispanic or Latino _____ American Indian/Alaskan Native
____ Not Hispanic/Not Latino _____ Asian
____ Black/African-American
____ Hawaiian/other Pacific Islander
____ White

Immigrant Data: If the student was not born in the USA, please answer the following:

Has the student completed 3 years of schooling in the USA? _____
Identify the first grade level completed in the United States. _____

MEDICAL HISTORY

1. Has your child had any prolonged illnesses, hospitalizations or serious accidents? _____. If so, please describe.

2. Have there been any instances of prolonged high fever, unconsciousness or oxygen deprivation? _____ If so, please describe. _____
3. Has your child had previous evaluation? (psychological, education, physical) Please describe _____

4. Is there anything which suggests to you that your child may have a special need which will require specific help at school? Please describe. _____
5. Is there any other information you feel we should know that will enable us to better educate your child? Please explain.

6. Is your child on any medication taken daily? (i.e. diabetes, epilepsy, cystic fibrosis, etc.) Yes ____ No ____
7. Will your child have to take medication during school hours? Yes ____ No ____
8. Please indicate if child is allergic to any drugs, medication, or insect bite _____
Requires medication Yes ____ No ____

ATTITUDES AND INTERESTS

What is student's attitude toward school?

Excellent () Good () Fair () Poor ()

Does student have any special interests? Yes () No ()

Indicate: Music () Art () Other () _____

Please add any additional information that would assist us in meeting your child's educational needs.

Signature _____ Date _____

Relationship _____

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 _____	Gender F <input type="checkbox"/> M <input type="checkbox"/>
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) _____ / _____ /20_____	Name of Former School and Town _____		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 -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 with your child? _____		
How many years has the student been in U.S. Schools? (not including pre-kindergarten) _____	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always		
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____		
Parent/Guardian Signature: X _____	_____ / _____ /20_____ Today's Date: (mm/dd/yyyy)		

**Stoughton School Personnel TURN OVER for additional information.

OFFICE USE ONLY:

Stoughton's ELE Department did not assess the English language proficiency of _____, due to the following reason/s:

- English is the primary language spoken at home/used by the student based on the Home Language Survey and interview(s) with parents/guardians/caregivers. The student does not speak a second language.
- English is the primary language spoken at home/used by the student based on interview(s) with administrators and/or teachers of former school. The student does not speak a second language.
- No evidence of EL identification/status based on language proficiency screening/testing, or state language assessments such as Pre-IPT or IPT, WIDA W-APT, WIDA Model, WIDA SCREENER, or WIDA ACCESS in previous school records.
- Student is/was FEL (Former English Learner) status.

Additional information: _____

ELE Teacher's name: _____

ELE Teacher's signature: _____

Date: _____

STOUGHTON PUBLIC SCHOOLS

SCHOOL COMMITTEE POLICY JFAA - RESIDENCY

It is the policy of the Stoughton School Committee that proof of residence must be established by the student and/or his/her parent/guardian in accordance with the following criteria:

New residents will be required to sign a Residency Statement and submit two or more of the following as proof of residence:

1. A deed or lease agreement for property in Stoughton.
2. A mortgage statement verifying the owner's name and address.
3. A rental receipt or notarized letter from the property owner which includes the name and address of the landlord.
4. A residential utility and/or telephone statement. If resident does not subscribe to a land-line, a cell phone invoice, indicating a Stoughton address, is required instead.
5. Other pertinent information as deemed appropriate by the Superintendent of Schools.

It is important to note that simply owning property within the Town of Stoughton does not establish residency for a child and allow them to attend the Stoughton Public Schools.

Students living with persons other than their parent/guardian, who have met residency requirements and signed a Residency Statement, will be required to have the persons they are living with submit the following proof of residence:

1. Court documentation of guardianship;
2. Notarized documentation that the student is maintaining permanent residency with the person(s) indicated at the given address;
3. Students with unusual circumstances may appeal to the Superintendent and all decisions are final.

The parent/guardian of students whose residency changes within the community are also required to update their child's proof of residence.

The School Department reserves the right to confirm actual living arrangements. This includes conducting home visits. The purpose of such visits will be to assist in the determination as to whether or not the student resides at the indicated address. For the purposes of maintaining residency, a student must spend at least 51% of their school nights at their Stoughton address. To ensure that parents/guardians are aware of the residency requirements, the parent/guardian is required to sign the Residency Statement provided with this policy.

If the results of a residency investigation conducted by the District determines that a student does not reside in Stoughton, the parent/guardian of that student, or any person who falsely claims that a student lives with them, will, when deemed appropriate by the principal or superintendent, be required to pay the full cost of the student's tuition to the Stoughton Public Schools for the period of their enrollment, as well as any related legal fees. In addition to incurring civil liabilities, any person who knowingly registers or attempts to register a student not living in Stoughton, or maintains the enrollment of a student who no longer resides in

Stoughton, will be found in violation of the residency requirement and will, when deemed appropriate by the principal or superintendent, be referred to the proper agency for criminal prosecution.

When families already living in Stoughton find that their individual circumstances will create a violation of this policy, a Principal or district administrator shall have the authority to investigate and evaluate their specific circumstances, and based upon their discretion, may provide a reasonable short-term accommodation.

The community is encouraged to report violation of this policy to a Building Principal, a Central Office Administrator, the Administrator of Special Education, and/or the Athletic Director. Each of these individuals will be responsible for reporting the alleged violation to the Superintendent.

On an annual basis, Principals shall verify the residency of up to 20% of the families with children attending their school. Residency verification will require parents/guardians to provide the same documentation necessary to establish residency and sign an updated residency statement. Principals will coordinate their efforts to a reasonable extent to minimize the possibility of parents/guardians with children in multiple schools being required to undergo residency verification on successive years.

This Residency Policy will be included in all Parent/Student Handbooks, as well as distributed to all parents/guardians upon registering a new student in the Stoughton Public Schools.

This residency policy does not apply to homeless students, or students in foster care, who are required to be enrolled immediately.

Vote to Adopt: May 26, 2020

**STOUGHTON PUBLIC SCHOOLS
STOUGHTON, MASSACHUSETTS**

Residency Statement

I hereby declare that the student identified below resides within the Town of Stoughton. I acknowledge receipt of a copy of the Student Residency Policy, understand the requirements of the Stoughton Public Schools, and agree to abide by its terms. I further understand that the Stoughton Public Schools may request additional information from me to substantiate the fact my child meets its residency requirements. I further acknowledge that if it is determined the residency requirements of Stoughton Public Schools have not been met or maintained, my child will be dismissed immediately from Stoughton Public Schools; and that I, and possibly others, will be responsible for tuition and related expenses for the time during which my child attended the Stoughton Public Schools, as well as any related legal fees incurred by the District. I understand that any person who knowingly registers or attempts to register a student not living in Stoughton, or maintains the enrollment of a student who no longer resides in Stoughton, will be found in violation of the residency requirements and shall be subject to criminal prosecution.

Date: _____

Child(ren)'s printed name:

Residency at the time of enrollment or change of address:

Street Address: _____ Apt #: _____

Stoughton, MA 02072

Printed Name of Parent/Guardian

Signature of Parent/Guardian

STOUGHTON PUBLIC SCHOOLS
RESIDENCY AFFIDAVIT – LANDLORD / SHARED TENANCIES

Instructions: Any applicant for the Stoughton Public Schools who cannot produce a current mortgage statement or lease must ask the owner or lessee of the property where the applicant lives to complete and sign this legal affidavit. This document must be signed and sealed by a Notary Public.

It is the responsibility of the applicant (not the person who completes this affidavit) to attach a record of recent rent payments unless the affidavit affirms in Item #3 below that the tenancy does not require payment of rent.

AFFIDAVIT

My name is _____ and I hereby depose and certify as follows: (Please complete all three items and sign below)

1. I am the owner / lessee of the property located at _____ in the Town of Stoughton, Massachusetts.
2. _____, who is the parent or legal guardian of _____, leases or subleases this property as their principal residence from me, without a written lease, in a tenancy at will, from month to month.
3. Please check one:

_____ I have received within the past thirty (30) days rental payment for the lease or sublease of the premises.

OR:

_____ Alternatively, I hereby state that the party named above resides with me at the address above with no payment of rent.

Signed under the pains and penalty of perjury this _____ day of _____, 20 _____.

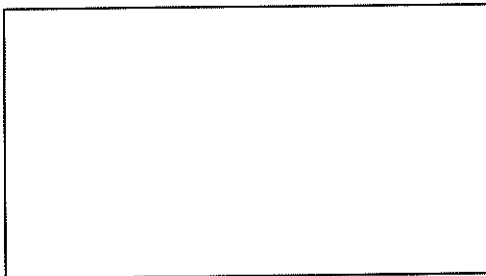
Printed Name: _____ Signature: _____

Printed Address: _____

Phone: _____ email: _____

The information contained in this legal affidavit is subject to verification by a residency investigator. If it is determined that false information was provided, the District reserves the right to take legal action against the offending party.

Notary Public Certification Section "On this _____ day of _____, 20_____, before me, the undersigned notary public, _____ personally appeared, proved to me through satisfactory evidence of identification, to be the person who signed the preceding document in my presence and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief.



Notary Public Signature _____

Commonwealth of Massachusetts County of _____

Commission Expires _____

STOUGHTON PUBLIC SCHOOLS

31 PIERCE STREET
STOUGHTON, MA 02072

PowerSchool Parent/Guardian Portal Acceptable Use and Safety Policy

I am requesting to review my child, _____' student information on the Stoughton Public Schools District Parent Portal website. I understand that in the interest of security, the District Reserves the right to change user passwords or to deny access at anytime.

By signing this agreement, I as parent/guardian, release the Stoughton Public School District from any and all liability for damages arising out of the unauthorized access to my parent/guardian account.

I also agree to abide by the following guidelines:

1. I agree that I will not share my password or allow anyone other than myself to use the account including my own child(ren).
2. I agree to protect any information printed or transferred to my computer, or destroy the documentation generated from this site.
3. I understand that three unsuccessful logins will disable my account. If my account becomes locked I will contact the Helpdesk via email at parenthelpdesk@stoughtonschools.org and request the account to be unlocked. I will answer any questions to verify my identity. At the sole discretion of the District, the account may be unlocked, but I understand that it may take up to five school days to have my account unlocked.

Parent/Guardian Information

By my signature below, I affirm that there are no legal restrictions that would preclude me from accessing my student's information. By my signature below, I have read and understood the terms of the PowerSchool Parent/Guardian Portal Acceptable Use and Safety Policy in the school's handbook, and agree to adhere to its terms.

Parent/Guardian Name (1)

Please Print

Signature_____

Parent/Guardian Name (2)

Please Print

Signature_____

Address:_____

Guardian email address:_____

Please forward this signed completed form to your child's school. Once the above information is verified and processed, you will receive via the email listed above your student's PowerSchool Access ID and Password along with directions on how to access the site and create your Username and Password or add the above listed child to your existing account.

SCHOOL HEALTH INFORMATION

<p>DAWE SCHOOL Jennifer Slade, RN 131 Pine Street Stoughton, MA 02072 781-344-7007 Fax: 781-344-8271</p>	<p>JONES EARLY CHILDHOOD CENTER Noelia Woodward, RN 137 Walnut Street Stoughton, MA 02072 781-344-7003 Fax: 781-344-4116</p>
<p>GIBBONS SCHOOL Sheray Houle, RN 235 Morton Street Stoughton, MA 02072 781-344-7008 Fax: 781-341-3915</p>	<p>SOUTH SCHOOL Donna Kaplan, RN 171 Ash Street Stoughton, MA 02072 781-344-7004 Fax: 781-344-5514</p>
<p>HANSEN SCHOOL Theresa Staulo, RN 1800 Central Street Stoughton, MA 02072 781-344-7006 Fax: 781-341-8446</p>	<p>WILKINS SCHOOL Emilie Driscoll, RN 1322 Central Street Stoughton, MA 02072 781-344-7005 Fax: 781-344-2558</p>

Medication Policy: All medications must be brought to school in its original prescription labeled container by an adult. No medication will be administered unless the following steps are taken:

- ✓ Short term medication (antibiotics) – Please submit a parental note stating the child’s name, name of medication, dose and time to be given
- ✓ Daily, emergency, and “as needed” medication – Both a physician’s order and parental authorization form is required. Forms are available through the school nurse

Medical Information: Please inform the school nurse of any medical concerns or conditions. Please update her as necessary throughout the year.

Emergency Forms: Please complete and sign, making sure we have at least two alternate contacts in the event of an emergency or in cases that you cannot be reached. Please update us immediately if any information changes.

Absences: Please call the school to report your child’s absence. Medical documentation may be required in certain circumstances as determined by the school nurse.

Dismissals: School nurses are obligated to follow Infectious Disease Control Guidelines set forth by the Massachusetts Department of Public Health. School attendance and prevention guidelines include, but are not limited to, dismissal of student in cases of fever over 100°F, undiagnosed skin rashes, conjunctivitis, other symptoms and/or conditions as determined by the school nurse.

Thank you for your cooperation in these important matters. Additional health information is available in each school’s Student and Parent Handbook.



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
School-Based Medicaid Program Bulletin 32
June 2019

TO: School-Based Medicaid Providers Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: **Parental Consent for Local Education Agencies to Bill MassHealth Does Not Change MassHealth Benefits Outside of School**

Background

MassHealth is dedicated to improving the health outcomes of our diverse members, their families, and their communities by providing access to integrated health care systems that sustainably promote health, well-being, independence, and quality of life.

According to guidance published by the Department of Elementary and Secondary Education (DESE), the Family Education Rights and Privacy Act (FERPA) requires LEAs to obtain consent from a parent or guardian to share information with MassHealth, including information needed to bill MassHealth for services provided to students, DESE provides guidance on parental consent requirements on its website.

This bulletin clarifies that parental consent allowing LEAs to bill MassHealth does not change the MassHealth services that members can receive inside or outside of school. LEAs are encouraged to share this bulletin with parents and guardians to clarify this policy.

The School Based Medicaid Program (SBMP) does offer local education agencies (LEAs) an important opportunity to be reimbursed when they provide MassHealth covered services to MassHealth members. LEAs can be cities, towns, charter schools, regional schools, vocational schools, or technical schools. LEAs may bill MassHealth for reimbursable services and administrative costs. Parents and guardians of MassHealth members are **not** billed for these services.

Consent to LEA Billing MassHealth

Granting or revoking parent or guardian consent to allow the LEA to bill MassHealth **does not change** the amount, frequency, or duration of MassHealth services that MassHealth members can receive inside or outside of school. Services that MassHealth members may receive both in and out of school include, but are not limited to

- Nursing services
- Physical, occupational, and speech therapies
- Applied Behavior Analysis (ABA) services
- Psychotherapy services

MassHealth
School-Based Medicaid Program Bulletin 32
June 2019
Page 2

MassHealth may require prior authorization (PA) to determine whether certain services are medically necessary outside of school. PA may be required before services start or after a certain threshold of visits have been met. As part of the PA process, MassHealth reviews the member's needs and/or conducts a clinical evaluation of the member's needs and also considers the services the member already receives, including the services expected to be delivered in the school setting.

Clinical review and prior authorization are conducted as appropriate **regardless of whether an LEA bills MassHealth**. Thus, the granting or revoking of parental or guardian consent for LEAs to bill MassHealth does not change the amount, frequency, or duration of services provided outside of school.

SBMP Website

For more information about the School-Based Medicaid Program, including the upcoming changes effective July 1, 2019, please see www.mass.gov/masshealth/schools. A copy of this bulletin can be found at www.mass.gov/lists/sbmp-program-bulletins.

Questions

If LEAs have questions about this bulletin please contact the School-Based Medicaid Claiming Program at (800) 535-6741 or by email at schoolbasedclaiming@umassmed.edu.

If parents or guardians have questions or concerns about their child's out-of-school MassHealth benefits, please contact the MassHealth Customer Service Center at (800) 841-2900.

For questions specifically about Community Case Management (CCM), please contact the CCM program at (508) 856-6222.

For questions about parent or guardian consent, please contact the DESE Office of Student and Family Support at (781) 338-3010 or by email at achievement@doe.mass.edu.

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

Stoughton Public Schools 02850000

Dear Parent/Guardian of: _____ Grade: _____ Homeroom: _____

Regulations regarding what schools may bill to the MassHealth Program have recently changed. These changes include the ability for all communities in Massachusetts 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 to be reimbursed for these services a parent or guardian must sign a consent form allowing the district to share information with Mass Health. Signing this document indicates your permission for our district to engage in this program.

Stoughton Public Schools thanks you in advance for your cooperation in signing this document. Please return it to your child's school.

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 _____

Student: _____ Date of Birth: _____ SASID: _____

STOUGHTON PUBLIC SCHOOLS

31 PIERCE STREET
STOUGHTON, MA 02072

RELEASE OF STUDENT INFORMATION FORM

I hereby authorize and give permission to release accumulated school records to:

Dawe School
131 Pine Street
Stoughton, MA 02072
Phone: 781-344-7004 Fax: 781-344-8271

South School
171 Ash Street
Stoughton, MA 02072
Phone: 781-344-7004 Fax: 781-344-2876

Gibbons School
235 Morton Street
Stoughton, MA 02072
Phone: 781-344-7008 Fax: 781-344-2653

Wilkins School
1322 Central Street
Stoughton, MA 02072
Phone: 781-344-7005 Fax: 781-344-2973

Hansen School
1800 Central Street
Stoughton, MA 02072
Phone: 781-34-7006 Fax: 781-344-4927

To share, transfer and receive information/records regarding my child:

Student's Name: _____ Grade: _____ DOB: _____

Student's Address: _____ Phone: _____

Student's previous school: _____

Information /Records to be released includes, but not limited to the following:

- | | |
|--|--|
| <input type="checkbox"/> Transcripts or report cards | <input type="checkbox"/> Discipline records |
| <input type="checkbox"/> Test data / standardized test scores | <input type="checkbox"/> Immunization records |
| <input type="checkbox"/> English Language (ELL) test score (if applicable) | <input type="checkbox"/> Health / medical records |
| <input type="checkbox"/> List of courses and grades at time of withdrawal | <input type="checkbox"/> Psychological records |
| <input type="checkbox"/> Attendance records | <input type="checkbox"/> Sociological records |
| <input type="checkbox"/> Individual Literacy Plan (if applicable) | <input type="checkbox"/> Copy of birth certificate |
| <input type="checkbox"/> IEP (Individual Education Plan) if applicable | <input type="checkbox"/> Other _____ |

Name of parent/guardian (please print)

Date

Signature of parent/guardian

Date

Strong Schools



Strong Community