

# Rockland Public Schools

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Rockland, Massachusetts 02370



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## ***WELCOME TO THE ROCKLAND PUBLIC SCHOOLS!***

Attached is your student's registration packet. The first 2 pages explain the documentation that is needed to complete the registration process. Please read each page carefully as we cannot accept packets that are incomplete. Please be aware that some forms have two sides to be completed as well as **1 Contact Card** and **1 Emergency Card**.

Completed packets should be returned to your child's school. Once reviewed, the secretary will call you with a start date for your child.

If you need to speak to an interpreter, please call 781-414-9086.

Welcome to the Rockland Public Schools! In order to help your child enroll as quickly as possible, we have created the following list of 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
<b>Hepatitis B</b>	3 doses	3 doses	3 doses	3 doses
<b>DTaP/DTP/DT/Td/Tdap</b>	≥4 doses DTaP/DTP	5 doses DTaP/DTP	5 doses	5 doses Plus 1 dose Tdap
<b>Polio</b>	≥3 doses	4 doses	4 doses	4 doses
<b>Hib</b>	1 to 4 doses	NA	NA	NA
<b>MMR</b>	1 dose	2 doses	2 doses	2 doses
<b>Varicella</b>	1 dose	2 doses	2 doses	2 doses
<b>Meningococcal (MenACWY)</b>	NA	NA	NA	Gr. 7-10 - 1 dose Gr. 11 & 12 – 2 doses <b>*Must be given on or after 16<sup>th</sup> birthday, 1 dose if after 16<sup>th</sup> birthday</b>

**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 are residing with family members and do not own or rent where they are living). Please have Form #5 notarized at the Rockland Town Hall Clerk’s Office.**

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

- Notarized Verification of Student Residency Form from the owner of the home stating that the child and parents/guardians are residing at the stated address.
- Massachusetts Driver’s License/Massachusetts ID for the head of that household with current address as well as Massachusetts Driver’s License/Massachusetts ID for the parents/guardians.
- Proof of residency as stated above

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

ELA Information/Home Language Survey

1. What language did your child first understand or speak? \_\_\_\_\_

2. What language do you use most often when speaking with your child at home? \_\_\_\_\_

3. What language does your child use most often when speaking with you at home? \_\_\_\_\_

4. What language does your child use most often when speaking with other family members? \_\_\_\_\_

5. What language does your child use most often when speaking with friends? \_\_\_\_\_

6. What language does your child read? \_\_\_\_\_

7. What language does your child write? \_\_\_\_\_

8. At what age did your child start attending school? \_\_\_\_\_

9. Has your child attended school every year since that age? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain:

10. Would you prefer documents translated? Yes or No What language do you want the documents? \_\_\_\_\_

Special Education Services Information

Is your child receiving special education services? Yes \_\_\_\_\_ No \_\_\_\_\_

OVER



**Please circle the best statement:**

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



**Rockland Public Schools**

**Student Health Information Update Form** (Please Print)

Parents: To ensure accurate response in the event of 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: \_\_\_\_\_  
\_\_\_\_\_ Public Insurance \_\_\_\_\_ Private Insurance \_\_\_\_\_ Mass Health \_\_\_\_\_ No Insurance

If you have no health insurance, the Commonwealth of Massachusetts has a health insurance plan that will provide uninsured children with affordable health care (restrictions may apply). If you are interested in more information about this program, please contact the school nurse.

Allergies: \_\_\_\_\_

Current Health Problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 non-aspirin medications at the discretion of the school nurse, and the standing orders authorized by the Rockland Public Schools' physician: \_\_\_\_\_YES \_\_\_\_\_NO

May sunscreen be applied, if needed, for outdoor events? \_\_\_\_\_YES \_\_\_\_\_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 prior to this communication. \_\_\_\_\_YES \_\_\_\_\_NO

**PERMISSION FOR TREATMENT**

In the event of a serious illness/injury, I hereby authorize the school to contact my child's physician and/or to seek emergency medical care including transportation to a medical facility. I hereby authorize the physician and emergency room staff to administer care that is 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 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 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 School  
733 Summer Street  
Rockland, MA 02370  
781-878-8336  
FAX 781-871-8451

Memorial Park School  
One Col. Brian Duffy Way  
Rockland, MA 02370  
781-878-1367  
FAX 781-871-8450

Jefferson School  
93 George Street  
Rockland, MA 02370  
781-871-8400  
FAX 781-871-8449

John W. Rogers Middle School  
100 Taunton Avenue  
Rockland, MA 02370  
781-878-4341  
FAX 781-871-8448

Rockland High School  
52 MacKinlay Way  
Rockland, MA 02370  
781-871-0541  
FAX 781-878-0158

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

*Rockland Public Schools does not discriminate on the basis of 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 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 actually 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 by law or enrollment. Any person who violates or assists in the violation of 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.

*Acknowledgement 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 were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he/she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Massachusetts Notary Public

\_\_\_\_\_  
Notary Print Signature Here

# EMERGENCY/CONTACT/DISMISSAL CARD

Mobile \_\_\_\_\_ (office use) Bus \_\_\_\_\_ (office use) Day care \_\_\_\_\_ (office use)

PRE/ESTEN/JEFF/MP/RMS/RHS/OOD

Student Name \_\_\_\_\_  
Last First Middle

Grade \_\_\_\_\_ Homeroom \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Address \_\_\_\_\_

(1) Parent/Guardian Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_

Best number for automated message \_\_\_\_\_ Best number to reach you \_\_\_\_\_

Do you want text messages? Y N Email \_\_\_\_\_

Have custody? Y N May pickup? Y N Can have access to X2? Y N

Can receive grade mailings? Y N Can receive conduct mailings? Y N

Student lives with: Y N

(2) Parent/Guardian Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_

Best number for automated message \_\_\_\_\_ Best number to reach you \_\_\_\_\_

Do you want text messages? Y N Email \_\_\_\_\_

Have custody? Y N May pickup? Y N Can have access to X2? Y N

Can receive grade mailings? Y N Can receive conduct mailings? Y N

Student lives with: Y N

Is there anyone your child CANNOT be dismissed to? Yes No If so, list name \_\_\_\_\_

List two nearby neighbors or relatives who will assume temporary care of your child if you cannot be reached

1. Name \_\_\_\_\_ Tel. \_\_\_\_\_

2. Name \_\_\_\_\_ Tel. \_\_\_\_\_

Local Physician's Name \_\_\_\_\_ Tel. \_\_\_\_\_

Local Dentist's Name \_\_\_\_\_ Tel. \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me and, if needed, transport to \_\_\_\_\_ Hospital

Allergies \_\_\_\_\_ Medical Conditions \_\_\_\_\_

May the following over the counter medications be given? Tylenol? Yes No Advil? Yes No Antacids? Yes No

Dental Insurance Co. \_\_\_\_\_

Medical Insurance Co. & Policy Number \_\_\_\_\_

Is your medical insurance MassHealth/Public Insurance: Y N

Preschool/Elementary Only – May sunscreen be applied, if needed, for outdoor events? Yes No

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature above required for permission to give medication

Please circle the best statement:

1. No, not a member of a military family 3. Yes, child of member or veterans who are medically discharged or retired for 1 year

2. Yes, child of active duty member 4. Yes, child of member who died on active duty

What is the home language of the child? \_\_\_\_\_ Do you need documents translated? Yes No

## 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

*Lea Code* 02510000

*School/District Contact:* Linda Manglia, Director of Pupil Public 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):