

Rockland Public Schools

34 MacKinlay Way
Rockland, Massachusetts 02370



Dr. Alan H. Cron
Superintendent of Schools
Colleen E. Forlizzi
Assistant Superintendent
Jane E. Hackett
School Business Administrator

(781) 878-3893
FAX (781) 982-1483

Dear Parents/Guardians of the Graduating Class of 2034:

For the health and safety of everyone, there will be no Kindergarten Information Night.

Kindergarten Registration will take place from February 1 to March 5, 2021 at your student's school.

We have enclosed a kindergarten registration packet as well as a street listing by school.

Please contact the secretary at the school your student will attend for an appointment to drop off all registration forms and documents.

Bus information will follow.

If you have any questions or concerns, please contact your school.

Sincerely,

Alan H. Cron, Ed.D.
Superintendent of Schools

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
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 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 one document 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"> • Valid driver’s license • Valid Massachusetts photo Identification card • Valid passport, dated within the past year <p><u>If license/ID does not show current address, you can go online to www.massdot.state.ma.us/rmv and click on Change of Address, they will email you a receipt. Please submit a copy to the registrar.</u></p>	<ul style="list-style-type: none"> • Copy of lease • Mortgage Statement • Section 8 Agreement • Legal affidavit from landlord affirming tenancy • Copy of deed or purchase and sales agreement <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"> • Gas bill • Oil bill • Electric bill • Home telephone bill (no cell phone) • Cable bill • Cell phone bill <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 Mangila, 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):

**Rockland Public Schools
Rockland, Massachusetts
Early Childhood Education Experience Survey**

Please check the box 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.

Name of child: _____ Date of Birth: _____

My child did not have any formal early childhood program experience.

My child did not have any formal early childhood program experience but participated in **Coordinated Family and Community Engagement (CFCE)** services.

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

My child did not have any formal early childhood program experience but participated in **Parent Child Home Program (PCHP)** services.

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

My child did not have any formal early childhood program experience but participated in **BOTH Coordinated Family and Community Engagement (CFCE) AND Parent Child Home Program (PCHP)** services.

My child attended a **Licensed Family Childcare Provider**. (Indicate hours below)

_____ For less than 20 hours per week

_____ For 20+ hours per week

- **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 a EEC licensed childcare provider providing care to children from multiple families.

My child attended a **Center Based Program**. (Indicate hours below)

_____ For less than 20 hours per week

_____ For more than 20+ hours per week

- **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 schools.

My child attended **BOTH a Licensed Family Childcare Provider AND a Center Based Program**. (Indicate hours below)

_____ For less than 20 hours per week

_____ For more than 20+ hours per week

ROCKLAND PUBLIC SCHOOLS ELEMENTARY STREET LISTING – 2020-2021

Esten School

Albion St.
 Alpine Rd.
 Autumn Ln.
 Azalea Way
 Balsam St.
 Barstow Ln.
 Bay Path Lane
 Beaconsfield Dr.
 Beal Ct.
 Beal St.
 Beech St.
 Birch Bottom Cir.
 Bishop Ln.
 Bowen Rd.
 Bradford St.
 Brookline Way
 Brooks Rd.
 Butternut Ln.
 Carriage Hill Dr.
 Christopher Dr.
 Concord St.
 Condon Cir.
 Corn Mill Way
 Cornet Stetson Dr.
 Crestview St.
 Damon Rd.
 Daniel Teague Dr.
 Deacon Reed Ln.
 Deeridge St.
 Dexter Rd.
 DiGrande Dr.
 Domigan Dr.
 Dowd Rd.
 Durbeck Rd.
 E. Water St.(246 up)
 Edelweiss St.
 Eleanor Ln.
 Fairview St.
 Franklin Hunt Rd.
 Hannah Way
 Harlow Rd.
 Heritage Dr.
 Huggins Rd.
 Indian Head Ln.
 Jacob Lovell Ln.
 Jennifer Lane
 John Dunn Mem. Dr.

Jefferson School

Archer Rd.
 Arthur Street
 Bigelow Ave.
 Blanchard St.
 Blossom St.
 Boxberry Ln.
 Carly's Way
 Central Street
 Centre Avenue
 Charles St.
 Christine Ave.
 Church St.
 Cliff St.
 Collins Ct.
 Crescent St.
 Custer St.
 DelPrete Ave.
 Earl Street
 E. Water 20-230
 Everett St.
 Exchange St.
 Fitzgibbons Lane
 Forest St.
 Franklin Ave.
 George St.
 Glen St.
 Hackett Cir.
 Hartsuff St.
 Howard St.
 James St.
 John Smith Ln.
 Lavina Ave.
 Liberty 282 up
 Liberty Ct.
 Liberty Ln.
 Liberty Sq.
 Lincoln Rd.
 Loretta Ave.
 Market E/202-458
 Myrtle St.
 O'Donnell Ct.
 Park St.
 Parmenter Dr.
 Pineview(340 CentreAve)
 Pleasant St.
 Pleasantview Rd.
 School St.
 Smith Rd.

Memorial Park School

Apple Ct.
 Arlington St.
 Belmont St.
 Berlin St.
 Blueberry Ct.
 Brian Duffy Way
 Brookside Rd.
 Carey St.
 Cedar Rd.
 Clark Rd.
 Cobb Dr.
 Colby St.
 Cottonwood Ln.
 Culver Dr.
 Curry St.
 Cushing St.
 Darling Ct.
 Davis Rd.
 Deering Sq.
 Division St.
 Driscoll Ave.
 Dublin Row
 Dyer St.
 Elizabeth St.
 Emerson St.
 Evans Rd.
 Florence St.
 Foley Rd.
 FrenchRd.
 Gardner St.
 Garrity Ct.
 Green St.
 Greenwood St.
 Grove St.
 Hatherly Rd.
 Highland St.
 Hingham St.
 Hobart Ln.
 Holbrook St.
 Holly Ct.
 Howland St.
 Howland Way
 Icehouse Woods Ln.
 John Burke Dr.
 Johnson Terr.
 Kris Roy Dr.
 Lancaster St.
 Lauren Dr.

Leah Dr.
 Linden Park
 Linden St.
 Maple St.
 Meredith Way
 Millennium Way
 Morgan Ave.
 Munroe St.
 Nelson Rd.
 Nevens Cir.
 N. Douglas St.
 North Ave.
 Oak Ct.
 Old Country Way
 Oregon Ave.
 Pacific St.
 Payson Ave.
 Peach Ct.
 Pine Haven Cir.
 Pineview
 Plain St.
 Pond St.
 Prospect St.
 Redwood Ct.
 Reed St.
 Rice Ave.
 S. Douglas St.
 Salem St.
 Spruce St.
 Sunset St.
 Sycamore Ct.
 Taunton Ave.
 Tiffany Ln.
 Tirrell Drive
 Townsend St.
 Turner Rd.
 Union St. (even)
 Vinton Terr.
 Walnut Ct.
 Wardson Cir.
 W. Water St.
 White Rd.
 William St.
 Wilson St.
 Winding Way
 Woodland Drive
 Wright St.

Updated 1/20/21

Elementary Schools

R. Stewart Esten School
733 Summer Street
781-878-8336 Fax 781-8718451
Principal Marilyn Smith
Secretary Patricia MacNeil x201

Jefferson School
93 George Street
781-871-8400 Fax 781-871-8449
Principal Michelle D. Scheufele
Secretary Jean Maloney

Memorial Park School
One Col. Brian Duffy Way
781-871-8400 Fax 781-871-8450
Principal Janice Sheehan
Secretary Helen Russo