

Rockland Public Schools

34 MacKinlay Way
Rockland, Massachusetts 02370



Dr. Alan H. Cron
Superintendent of Schools

Jane E. Hackett
Assistant Superintendent

Rebecca Kidwell
Assistant Superintendent

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

Parents/Guardians of the Graduating Class of 2035:

Kindergarten Registration will take place from February 14 to March 18, 2022, at your student's school. We have enclosed a kindergarten registration packet, a street listing by school, and contact information. Please contact the Administrative Assistant at the school your student will attend for an appointment to drop off all registration forms and documents.

Each school will be holding an information night at their building.

Esten Elementary School	March 1, 2022, at 6:30 PM
Jefferson Elementary School	March 1, 2022, at 6:30 PM
Memorial Park Elementary School	March 9, 2022, at 6:30 PM



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.

Completed packets should be returned to your student's school.

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

Guideline A

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

Guideline B

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 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 show a current Rockland 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>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.</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><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>

****Use Form 5 if you do not have any of the above.***

Owner/Landlord/Lessor and Lessee must provide additional documents for Form 5.

****Legal guardianship requires additional documentation from a court or agency.***

The Rockland residency policy does not apply to homeless students. (McKinney-Vento Act)

//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

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

(ONLY 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

ROCKLAND PUBLIC SCHOOLS ELEMENTARY STREET LISTING – 2020-2021

<u>Esten School</u>	<u>Jefferson School</u>	<u>Memorial Park School</u>	
Albion St.	Archer Rd.	Apple Ct.	Leah Dr.
Alpine Rd.	Arthur Street	Arlington St.	Linden Park
Autumn Ln.	Bigelow Ave.	Belmont St.	Linden St.
Azalea Way	Blanchard St.	Berlin St.	Maple St.
Balsam St.	Blossom St.	Blueberry Ct.	Meredith Way
Barstow Ln.	Boxberry Ln.	Brian Duffy Way	Millennium Way
Bay Path Lane	Cary's Way	Brookside Rd.	Morgan Ave.
Beaconsfield Dr.	Central Street	Carey St.	Munroe St.
Beal Ct.	Centre Avenue	Cedar St.	Nelson Rd.
Beal St.	Charles St.	Clark Rd.	Newsen Cir.
Beal St. Ext.	Christine Ave.	Cobb Dr.	N. Douglas St.
Beech St.	Church St.	Cobby St.	North Ave.
Birch Bottom Cir.	Cliff St.	Cottonwood Ln.	Oak Ct.
Bishop Ln.	Millbrook Dr.	Culver Dr.	Old Country Way
Bowen Rd.	Moncrief Rd.	Curry St.	Oregon Ave.
Bradford St.	Morningside Dr.	Cushing St.	Pacific St.
Brookline Way	Nobscot Brook Ln.	Darling Ct.	Payson Ave.
Brooks Rd.	Norman St.	Davis Rd.	Peach Ct.
Butternut Ln.	Old Market St.	Deering Sq.	Pine Haven Cir.
Carriage Hill Dr.	Patrick Donovan Dr.	Division St.	Pineview
Christopher Dr.	Phillips St.	Driscoll Ave.	Plain St.
Concord St.	Pierce Rd.	Dublin Row	Pond St.
Condon Cir.	Pine Hill Terr.	Dyer St.	Prospect St.
Corr Mill Way	Reed Bent Rd.	Elizabeth St.	Redwood Ct.
Cornet Stetson Dr.	Robin Ln.	Emerson St.	Reed St.
Crestview St.	Satucket Rd.	Evans Rd.	Rice Ave.
Damon Rd.	Saw Mill Lane	Florence St.	S. Douglas St.
Daniel Teague Dr.	Shaw Rd.	Foley Rd.	Salem St.
Deacon Reed Ln.	Split Boulder Rd.	French Rd.	Spruce St.
Deeridge St.	Spring St.	Gardner St.	Sunset St.
Dexter Rd.	Standpipe Dr.	Garrity Ct.	Sycamore Ct.
DiGrande Dr.	Stratmore Way	Green St.	Taunton Ave.
Domigan Dr.	Summer St.	Greenwood St.	Tiffany Ln.
Dowd Rd.	Tanzi Ln.	Grove St.	Tirrell Drive
Durbeck Rd.	Topping Ave.	Hatherly Rd.	Townsend St.
E. Water St.(246 up)	Webster St. 437 up	Highland St.	Turner Rd.
Edelweiss St.	Wilkes Cir.	Hingham St.	Union St. (even)
Eleanor Ln.	Winter Cir.	Hobart Ln.	Vinton Terr.
Fairview St.	Woodsbury Rd.	Holbrook St.	Walnut Ct.
Franklin Hunt Rd.		Holly Ct.	Wardson Cir.
Hannah Way		Howland St.	W. Water St.
Harlow Rd.		Howland Way	White Rd.
Heritage Dr.		Icehouse Woods Ln.	William St.
Huggins Rd.		John Barke Dr.	Wilson St.
Indian Head Ln.		Johnson Terr.	Winding Way
Jacob Lovell Ln.		Kris Roy Dr.	Woodland Drive
Jennifer Lane		Lancaster St.	Wright St.
John Dunn Mem. Dr.		Lauren Dr.	

Updated 1/20/21



R. Stewart Esten School

733 Summer Street

Rockland, Massachusetts 02370

(781) 878-8336

(781) 871-8451

Jefferson School

93 George Street

Rockland, Massachusetts 02370

(781) 871-8400

(781) 871-8449

Memorial Park School

1 Col. Brian Duffy Way

Rockland, Massachusetts 02370

(781) 878-1367

(781) 871-8450

ROCKLAND PUBLIC SCHOOLS

ROCKLAND, MASSACHUSETTS

School Bus Transportation

Kindergarten 2022-2023

All kindergarten students are eligible to be bused to and from their assigned bus stop.

Please note that the bus driver will not drop off any kindergarten student without an adult being present.

Please return this form to the Superintendent's Office by Friday, March 18, 2022.

Student Name: _____

Student's Address: _____

Parent/Guardian Email Address: _____

Parent/Guardian Name: _____ Phone #: _____

Signature: _____ Date: _____

(Office use only)

School entering August 2022: _____

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):

EMERGENCY/CONTACT/DISMISSAL CARD

(Nurses Office Copy)

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