

WELCOME TO FOWLER SCHOOL!

3 Tiger Drive, Maynard, MA 01754

Phone – 978-897-6700 ~ Fax – 978-897-5737

This packet has been prepared to provide you with the information you need to enroll your child for grades 4-8 in the Maynard Public Schools.

Registration:

Please complete the following forms and provide us with the following required documents.

Forms to Complete

- Registration Form for Admission
- Residency Affidavit
- Ethnicity Survey
- Home Language Survey
- Military Family Status
- Interval Health History Form
- Parent Release Form for Student Records
- Student Emergency Information Form

Required Documentation

- Child's Birth Certificate
- Proof of Maynard Residency (utility bill, tax receipt or rental agreement/lease)
- Copy of Doctor's Physical dated within the last year from school start date
- Immunization Record ****see below***

Please be sure to include your e-mail address on the registration paperwork. School newsletters, report cards, and other important school information are sent to your e-mail. In addition, we suggest you go onto the school website frequently to see class websites/homework assignments, Daily Announcements, school information and much more. To access a school's website, please go to www.maynardschools.org and go to the "Schools" drop down menu to select a school. You may register for iPass/iParent after your student starts school to view student grades and see report cards -- please call the office if you need assistance.

***Medical Requirements:**

State Law requires that schools must have the following information BEFORE a child enters school. A student cannot start school without approval from the school nurse.

- Up-to-date immunization documentation that must include month and year of immunizations. Your child cannot be admitted without verification of total state required immunizations, including proof of Chicken Pox Disease or Chicken Pox Immunization.
- Copy of a current physical exam is required ***within*** 1 year before the start of school.

Requested Information: please provide any official IEP, guardianship/custody documentation or other relevant information, or inform the office that such information exists.

After you have completed the required registration information, we will assign your child to a classroom or homeroom, notify their teachers, and create their schedule. Their start date will be set after their registration has been approved.

Please feel free to ask the office any questions you may have.

Thank you.



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REGISTRATION FORM FOR ADMISSION

Date Entering: _____ Gender: Male ___ Female ___ Registering for Grade: _____

Student's Full Name: _____
(Last) (First) (Middle)

Student's Address: _____ School Choice: Yes ___ No ___

Student lives with: Both Parents ___ Mother ___ Father ___ Foster Family ___ Guardian ___

Date of Birth: _____ Place of Birth: _____
Month/Day/Year City / Town State Country

Does your child have health insurance? ☐ Yes ☐ No Dental Insurance? ☐ Yes ☐ No

Health Insurance Company _____ Mass Health/Medicaid ☐ Yes ☐ No

Has student ever attended Maynard Schools? Yes ___ No ___ If yes, when did they last attend? _____

Does student currently have an accepted I.E.P.? Yes ___ No ___ 504 Plan? Yes ___ No ___

Does student have any Special Education Needs (physical, emotional, academic) not covered under an I.E.P. or 504 that we should be aware of? Yes ___ No ___ Please explain: _____

Parent/Guardian

Name: _____

Relationship to Student: _____

Address if different than student: _____

Email: _____

Phone 1 _____ Home ☐ Cell ☐ Work ☐

Phone 2 _____ Home ☐ Cell ☐ Work ☐

Phone 3 _____ Home ☐ Cell ☐ Work ☐

Parent/Guardian

_____ Home ☐ Cell ☐ Work ☐

_____ Home ☐ Cell ☐ Work ☐

_____ Home ☐ Cell ☐ Work ☐

School(s) Previously Attended: _____

Other Children in Family:

Name: _____ DOB: _____ Name of School _____

Name: _____ DOB: _____ Name of School _____

Name: _____ DOB: _____ Name of School _____

Emergency Notification:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Parent / Guardian Signature

Date



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CERTIFICATE OF RESIDENCY

It is the policy of the Maynard Public Schools in accordance with MGL CH72 §2 and CH76 §5 that any student who does not live in Maynard must attend school in the community where they live. If the school administration determines that you do not live in Maynard, your child will be withdrawn from our school district. Parents must inform school principals whenever there is a change of address. The Maynard Public Schools reserves the right to have the residency information verified by the Attendance Officer at any time. This residency policy does not apply to homeless students. If a family does not live in Maynard, they may apply for School Choice before September 30th. School Choice applications are approved based on classroom space availability.

1. I understand that _____ must be a resident of the Town of Maynard.
(name of student)

2. I certify that _____ is residing with me at the following address:
(name of student)

Print Parent/Guardian Name

Address

3. I certify that I am a legal resident of Maynard, and I have submitted one item from the required documentation listed below:

- Copy of Deed, a recent mortgage bill, or property tax bill
- Copy of current signed lease or rental agreement
- A utility bill dated within the past 45 days
 - ☐ Electric bill
 - ☐ Gas bill
 - ☐ Other _____
- Documentation showing the service address and connection date for Utility
- Letter from landlord acknowledging family members at address

4. I [am am not] the above mentioned student's legal guardian.
(circle one above) ***If guardianship exists, please attach legal documentation.

5. I certify that this living situation is not an arrangement of convenience for the sole purpose of having the student residing with me to attend Maynard Public Schools.

I understand that enrolling the child named above in the Maynard Public Schools is contingent upon the conditions of the Residency Policy, which I have read. I also understand that violation of this policy may result in termination of the child's enrollment and that I may be liable for this child's tuition reimbursement.

I hereby certify under the pains and penalties of perjury the information provided above is accurate and true.

(Signature of Parent/Guardian)

(Date)



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Child's Name _____ School _____

Parent/Guardian Signature _____

Section I: Ethnicity (Select One)

☐ Not Hispanic or Latino

☐ Hispanic or Latino

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Section II: Race (Select as many as apply)

☐ **American Indian or Alaska 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. This area includes, 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.)

Section III:

Low Income Status (Check if Applicable)

☐ The student is eligible for free or reduced lunch; or receives Transitional Aid to Families benefits; or is eligible for food stamps.

Migrant Status (Check if Applicable)

☐ An indication of whether an individual or a parent/guardian accompanying an individual maintains primary employment in one of more agricultural or fishing activities on a seasonal or other temporary basis and establishes a temporary residence for the purpose of such employment.

Immigrant Status (Check if Applicable)

☐ An indication of whether a student is eligible for the Emergency Immigrant Education Program, the student must not have been born in any State (any of the 50 states, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the Virgin Islands, the Northern Mariana Islands, or the territory of the Pacific Islands) and not having completed 3 full academic years of school in any state.

Country of Origin: _____ (Country from which immigrant child has emigrated)

Date of Child's Immigration: _____

For more information about student data reporting categories, please see:
http://www.doe.mass.edu/infoservices/data/guides/race_faq.html



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Home Language Survey

Dear Parents and Guardians,

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 native language(s) of each parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / guardian)	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?
Which other languages does your child know? (circle all that apply) _____ speak / read / write _____ speak / read / write	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"/>	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>
Parent/Guardian Signature: X	_____/_____/20____ Today's Date: (mm/dd/yyyy)



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RE: MILITARY FAMILY STATUS

Dear Families:

In May 2012, as part of the VALOR Act, Massachusetts became a member of the Interstate Compact on Educational Opportunity for Military Children. The Compact aims to make the transition to a new school easier for military children in areas such as enrollment, assessment, graduation, etc. The provisions of the Compact also apply to students whose Parent/Guardian is currently deployed, or who was discharged from active duty due to a disability or died while on active duty within the past year.

Please fill in and return this form to your child's school if any of the following statements are true.

There is a Parent or Guardian in the student's household who:

(Please check the box that applies)

- ☐ is a member of the uniformed services or National Guard and Reserve on full-time active duty orders.
- ☐ is currently deployed.
- ☐ is a veteran who retired within the past year.
- ☐ was medically discharged within the past year.
- ☐ died while serving our country within the past year.

Date of discharge, retirement, death, deployment, military transfer, etc. _____

Name of Service Member: _____

Student Name: _____

Name of Person completing this form: _____ Date: _____

For more information: www.mic3.net

INTERVAL HEALTH HISTORY

In order to keep your child's School Health Record up to date and to provide better health services to your child, I ask that you complete the following health history and return it to the Health Office at your child's school. A current Physical Exam (within 1 year) and Immunization Record are required to complete your child's School Health Record.

Name: _____ Grade: _____

Date of Last Physical Exam: _____ Physician's Name: _____

Date of Last Dental Exam: _____ Dentist's Name: _____

Has your child had any of the following? If yes, please explain.

Allergies (Foods, Medications, Other) _____

	No	Comments
Accident?	<input type="checkbox"/>	_____
Hospitalizations?	<input type="checkbox"/>	_____
Operations?	<input type="checkbox"/>	_____
Allergic Reaction?	<input type="checkbox"/>	_____
Ear Infections?	<input type="checkbox"/>	_____
Throat Infections?	<input type="checkbox"/>	_____
Respiratory Infections?	<input type="checkbox"/>	_____
Asthma?	<input type="checkbox"/>	_____
Frequent Headaches?	<input type="checkbox"/>	_____
Convulsion or Seizure	<input type="checkbox"/>	_____
Bone/Joint Disease/Injury	<input type="checkbox"/>	_____
Communicable Disease	<input type="checkbox"/>	_____
Dental Problems	<input type="checkbox"/>	_____
Kidney Problems	<input type="checkbox"/>	_____
Heart Problems	<input type="checkbox"/>	_____
Diabetes Diagnosis	<input type="checkbox"/>	_____
Menstrual Problems	<input type="checkbox"/>	_____

Is your child taking any medications on a daily basis? If yes, please list _____

Does your child have any physical limitations that may require program modifications or restrictions?

If yes, please explain _____

Please add any other problems or comments you would like to bring to the attention of the school nurse.

Please list any updated immunizations, i.e. Hepatitis B series, Td (tetanus/diphtheria) booster:

Parent/Guardian Signature

Date



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PARENT RELEASE FORM – STUDENT RECORDS

_____ Date

Former School

TO WHOM IT MAY CONCERN:

It would be appreciated if you would send to us all scholastic, health and special education records as well as other pertinent information on the following student:

Name of Student

Current Grade

I hereby give permission for the release of above listed records to:

FOWLER SCHOOL

3 Tiger Drive

Maynard, MA 01754

Phone – 978-897-6700

Fax – 978-897-5737

Signature of Parent/Guardian



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HOMEROOM TEACHER _____

GRADE _____

PRIMARY LANGUAGE SPOKEN AT HOME _____

STUDENT EMERGENCY INFORMATION FORM

Student Name: _____
Last First Middle Date of Birth



Student Address: _____

☐ Parent/Guardian Name: _____ Phone 1: _____ Home ☐ Cell ☐ Work ☐

Relationship to Student: _____ Phone 2: _____ Home ☐ Cell ☐ Work ☐Address if different than Student: _____ Phone 3: _____ Home ☐ Cell ☐ Work ☐

E-Mail: _____

☐ Parent/Guardian Name: _____ Phone 1: _____ Home ☐ Cell ☐ Work ☐

Relationship to Student: _____ Phone 2: _____ Home ☐ Cell ☐ Work ☐Address if different than Student: _____ Phone 3: _____ Home ☐ Cell ☐ Work ☐

E-Mail: _____

Name/Grade of brothers/sisters in Maynard Public Schools:

*School officials **must** be able to reach parents or an adult who will be responsible for your child in the event of an emergency dismissal for **any** reason. Such reasons might be illness, weather, or accident. If neither parent nor guardian can be reached, please list below the names of adults who can assume responsibility for your child. School Committee policy states: "If a child becomes ill at school and the school nurse or designee should deem it wise that the child be sent home, the parents shall be contacted and apprised of the situation, if this is possible, and asked to transport the child home."*

Name: _____ Phone: _____

Relationship: _____ Address: _____

Name: _____ Phone: _____

Relationship: _____ Address: _____

*If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care. Please contact the school nurse for more information about these programs.
All communications are confidential.*

Physician's Name: _____ Phone: _____

Address: _____

Dentist's Name: _____ Phone: _____

Address: _____

Does your child have health insurance? ☐ Yes ☐ No

Health Insurance Company _____

Dental Insurance? ☐ Yes ☐ No

Medicaid _____

Parent/Guardian Signature: _____ Date: _____