

MEDFIELD PUBLIC SCHOOLS STUDENT REGISTRATION

DOCUMENTATION REQUIRED FOR REGISTRATION

CHECKLIST:

- Completed Registration Form
- Proof of Residency (see Residency Requirements below)
- Copy of Original Birth Certificate
- Guardian/Custody Papers (if applicable)
- Immunization Record and Physical Exam (within a year).
- School Records (Last Report Card)

RESIDENCY DOCUMENTATION

Group A <i>Must submit 1 proof</i>	Group B <i>Must submit 1 proof</i>
<p><u>Homeowners:</u></p> <ul style="list-style-type: none"> • Current Mortgage Statement • Property Deed • Settlement Statement • Current Property Tax Bill • Current Property Water Bill • Purchase and Sales (PNS) 	<p><u>Evidence of Identification</u> <i>(Photo ID)</i></p> <ul style="list-style-type: none"> • Valid MA Driver's License • Valid MA Photo ID Card • Valid Passport • Valid Other Government Issued Photo ID
<p><u>Renters:</u></p> <ul style="list-style-type: none"> • Current Lease • Signed and Notarized • Landlord Living Agreement 	
<p><u>Living with Relative:</u></p> <ul style="list-style-type: none"> • Notarized Letter from current Medfield Resident stating you reside at their home 	

The Medfield Public Schools prohibits unlawful discrimination, harassment and retaliation against anyone based on race, color, age, disability, sex (including pregnancy, pregnancy-related conditions, or recovery from these conditions, including but not limited to, lactation), sexual orientation, gender identity or expression, religion or religious belief, national origin, ethnicity, ancestry, marital status, genetic information, veteran or military status, limited English proficiency, homelessness, foster care, or any other class of individuals protected from discrimination under state or federal law in education, admission, access to or treatment in, its programs, services, benefits, activities, and terms and conditions of employment.

MEDFIELD PUBLIC SCHOOLS STUDENT REGISTRATION

STUDENT INFORMATION

STUDENT INFORMATION			
TODAY'S DATE			
STUDENT'S FIRST NAME			
STUDENT'S MIDDLE NAME			
STUDENT'S LAST NAME			
STUDENT'S PREFERRED NAME			
GENDER			
DATE OF BIRTH/AGE OF STUDENT			
PLACE OF BIRTH			
	CITY	STATE	COUNTRY
GRADE ENTERING			
HOME ADDRESS			
CITY STATE & ZIP CODE	Medfield, MA 02052		
STUDENT PRIMARY PHONE NUMBER			
RACE:		AMERICAN INDIAN OR ALASKA NATIVE	
		ASIAN	
WHAT IS THE STUDENT'S RACE (PLEASE CHECK ALL THAT APPLY)?		BLACK/AFRICAN AMERICAN	
		NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	
		WHITE	
IS THE STUDENT HISPANIC OR LATINO?		YES	
		NO	

Student Questions: Please use "X" to indicate Yes or No

	Yes	No	Additional Information
ELL/ESL			
IEP			
504			
Other Services			
Is your child in DCF Custody or in Foster Care?			
MILITARY FAMILY STATUS: Are you or a family member active duty, veteran or member who died on active duty?			

The Medfield Public Schools prohibits unlawful discrimination, harassment and retaliation against anyone based on race, color, age, disability, sex (including pregnancy, pregnancy-related conditions, or recovery from these conditions, including but not limited to, lactation), sexual orientation, gender identity or expression, religion or religious belief, national origin, ethnicity, ancestry, marital status, genetic information, veteran or military status, limited English proficiency, homelessness, foster care, or any other class of individuals protected from discrimination under state or federal law in education, admission, access to or treatment in, its programs, services, benefits, activities, and terms and conditions of employment.

MEDFIELD PUBLIC SCHOOLS STUDENT REGISTRATION

FAMILY INFORMATION

PARENT/GUARDIAN INFORMATION (CONTACT 1)		
NAME OF PARENT/GUARDIAN		
EMAIL ADDRESS		
GENDER		
RELATIONSHIP TO STUDENT		
MARTIAL STATUS		SINGLE
		MARRIED
		SEPARATED *
		DIVORCED *
		WIDOW
* IF SEPARATED OR DIVORCED STUDENT LIVES WITH?		MOTHER
		FATHER
		BOTH (JOINT CUSTODY)
		GUARDIAN
HOME ADDRESS (if different from student)		
HOME PHONE		
CELL PHONE		
WORK PHONE NUMBER		

PARENT/GUARDIAN INFORMATION (CONTACT 2)		
NAME OF PARENT/GUARDIAN		
EMAIL ADDRESS		
GENDER		
RELATIONSHIP TO STUDENT		
MARTIAL STATUS		SINGLE
		MARRIED
		SEPARATED *
		DIVORCED *
		WIDOW
* IF SEPARATED OR DIVORCED STUDENT LIVES WITH?		MOTHER
		FATHER
		BOTH (JOINT CUSTODY)
		GUARDIAN
HOME ADDRESS (if different from student)		
HOME PHONE		
CELL PHONE		
WORK PHONE NUMBER		

The Medfield Public Schools prohibits unlawful discrimination, harassment and retaliation against anyone based on race, color, age, disability, sex (including pregnancy, pregnancy-related conditions, or recovery from these conditions, including but not limited to, lactation), sexual orientation, gender identity or expression, religion or religious belief, national origin, ethnicity, ancestry, marital status, genetic information, veteran or military status, limited English proficiency, homelessness, foster care, or any other class of individuals protected from discrimination under state or federal law in education, admission, access to or treatment in, its programs, services, benefits, activities, and terms and conditions of employment.

**MEDFIELD PUBLIC SCHOOLS
STUDENT REGISTRATION**

FAMILY INFORMATION CONTINUED

EMERGENCY CONTACT INFORMATION	
NAME OF EMERGENCY CONTACT	
PHONE NUMBER	
RELATIONSHIP TO STUDENT	
NAME OF EMERGENCY CONTACT	
DAYTIME PHONE NUMBER	
RELATIONSHIP TO STUDENT	

***PLEASE LIST TWO RELATIVES/OTHERS WHO HAVE AGREED TO ASSUME TEMPORARY CARE OF YOUR CHILD
DURING SCHOOL HOURS IF YOU CANNOT BE REACHED.***

**PLEASE LIST ALL BROTHERS/SISTERS WHO ATTEND MEDFIELD PUBLIC SCHOOL AND THE GRADE AND
SCHOOL THEY ATTEND.**

SIBLING INFORMATION (BROTHERS/SISTERS OF STUDENT)	
NAME OF SIBLING	
DATE OF BIRTH OF SIBLING	
GRADE OF SIBLING	
NAME OF SCHOOL SIBLING ATTENDS	
NAME OF SIBLING	
DATE OF BIRTH OF SIBLING	
GRADE OF SIBLING	
NAME OF SCHOOL SIBLING ATTENDS	

PARENT/GUARDIAN NAME:

DATE:

The Medfield Public Schools prohibits unlawful discrimination, harassment and retaliation against anyone based on race, color, age, disability, sex (including pregnancy, pregnancy-related conditions, or recovery from these conditions, including but not limited to, lactation), sexual orientation, gender identity or expression, religion or religious belief, national origin, ethnicity, ancestry, marital status, genetic information, veteran or military status, limited English proficiency, homelessness, foster care, or any other class of individuals protected from discrimination under state or federal law in education, admission, access to or treatment in, its programs, services, benefits, activities, and terms and conditions of employment.

**MEDFIELD PUBLIC SCHOOLS
STUDENT REGISTRATION
EMERGENCY HEALTH INFORMATION SHEET**

Please complete for the Nurse's Office. Inform nurse of any changes during the school year.

STUDENT INFORMATION			
STUDENT NAME			
DATE OF BIRTH		GRADE	
STUDENT LIVES WITH			
HOMEROOM TEACHER			
PARENT/GUARDIAN #1			
NAME OF PARENT/GUARDIAN			
ADDRESS		PHONE NUMBER	
EMAIL ADDRESS			
PLACE OF EMPLOYMENT		WORK NUMBER	
PARENT/GUARDIAN #2			
NAME OF PARENT/GUARDIAN			
ADDRESS		PHONE NUMBER	
EMAIL ADDRESS			
PLACE OF EMPLOYMENT		WORK NUMBER	
SIBLING INFORMATION (BROTHERS/SISTERS OF STUDENT)			
NAME OF SIBLING		DATE OF BIRTH	
NAME OF SIBLING		DATE OF BIRTH	
NAME OF SIBLING		DATE OF BIRTH	
EMERGENCY CONTRACTS			
Students who are ill at school will need to be picked up by a parent/guardian listed above or in the event that a parent cannot be reached, please list two individuals who are available during the day to pick up your child.			
NAME OF EMERGENCY CONTACT		PHONE NUMBER	
NAME OF EMERGENCY CONTACT		PHONE NUMBER	
MEDICAL PROVIDERS			
In case of an accident or serious illness, I request the school to contact me. If unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions.			
PHYSICIAN		PHONE NUMBER	
DENTIST		PHONE NUMBER	
HEALTH INSURANCE COMPANY		ID NUMBER	

CONSENT AGREEMENTS		
Please use "X" to indicate Yes or No	YES	NO <small>If no, please list any of the above medications that you do not want your child to receive.</small>
The following over the counter medications, or the generic equivalent, are ordered by the school physician for student use: Tylenol, Advil/Motrin, Benadryl, Tums, Caladryl, Hydrocortisone ointment, Orabase, antibiotic ointment, sunscreen, hand sanitizer and cough drops with menthol. <i>My child may have any of the above medications if needed.</i>		
Health information may be shared with school/professional personnel on a need-to-know basis.		

PARENT/GUARDIAN NAME:

DATE:

The Medfield Public Schools prohibits unlawful discrimination, harassment and retaliation against anyone based on race, color, age, disability, sex (including pregnancy, pregnancy-related conditions, or recovery from these conditions, including but not limited to, lactation), sexual orientation, gender identity or expression, religion or religious belief, national origin, ethnicity, ancestry, marital status, genetic information, veteran or military status, limited English proficiency, homelessness, foster care, or any other class of individuals protected from discrimination under state or federal law in education, admission, access to or treatment in, its programs, services, benefits, activities, and terms and conditions of employment.

**MEDFIELD PUBLIC SCHOOLS
STUDENT REGISTRATION
ANNUAL HEALTH HISTORY**

(to be completed by parent/guardian)

Dear Parent or Guardian:

The following information is requested yearly so that the school and parent can work together to meet the physical, intellectual and emotional needs of the child. **A physical exam is required of all students newly entering Medfield Public Schools as well as upon entering Kindergarten, Grades 4, 7, and 11.** Please ask your health care provider to supply you with a completed form, signed by a doctor or nurse practitioner, to give to the school nurse. Blank exam forms are available from the school nurse if needed. We do not require a physical in other grades unless your student is playing a sport or you are enrolling in our schools

STUDENT NAME:	GRADE	
---------------	-------	--

HEALTH HISTORY

*Please indicate if your child has issues in any of the following areas:		YES	NO
1.	Allergies or reactions: (example: food, medication, environmental or other) **List Below**		
2.	Asthma/breathing difficulties		
3.	Eczema or frequent skin rashes		
4.	Neurological (ADHD/Seizures/Autism Spectrum)		
5.	Cardiac		
6.	Diabetes		
7.	Frequent colds, sore throats, earaches (4 or more per year)		
8.	Urinary, bowel or stomach		
9.	Dietary Restrictions		
10.	Speech		
11.	Menstrual		
12.	Dental		
	Date of last examination		
13.	Vision Impairments (colorblind, glasses/contacts)		
14.	Hearing Impairments		
15.	Accidents/hospitalizations (including head injuries/concussions)		
16.	Headaches (frequent and/or severe)		
17.	Current orthopedic concerns including Scoliosis or back/spinal issues		
18.	Psychosocial issues (anxiety/depression/eating disorders, etc)		
19.	Other chronic or significant conditions:		
20.	Any cultural or religious considerations you'd like us to be aware of?		
Please explain any problem areas identified above: List any special equipment used in school:			

Current Medications/Supplements

	Medication Name	Dosage	Time(s) Given	Reason for Medication
1.				
2.				
3.				
4.				
5.				

PARENT/GUARDIAN NAME:

DATE:

Please return promptly. Forms may be placed in a sealed envelope addressed to the nurse.

The Medfield Public Schools prohibits unlawful discrimination, harassment and retaliation against anyone based on race, color, age, disability, sex (including pregnancy, pregnancy-related conditions, or recovery from these conditions, including but not limited to, lactation), sexual orientation, gender identity or expression, religion or religious belief, national origin, ethnicity, ancestry, marital status, genetic information, veteran or military status, limited English proficiency, homelessness, foster care, or any other class of individuals protected from discrimination under state or federal law in education, admission, access to or treatment in, its programs, services, benefits, activities, and terms and conditions of employment.

**MEDFIELD PUBLIC SCHOOLS
STUDENT REGISTRATION**

PHOTO RELEASE

In order to promote some of the exciting programs and events in the Medfield Public Schools, we plan to continue the use of student photos on our district/school website, teacher's websites, blogs, and district approved Twitter/social media accounts. In addition, there are times when we will have coverage in the local newspaper or on local TV.

There may be an occasion when students are photographed or videotaped during school activities and events. These are wonderful times and our children really enjoy seeing their image in the local newspaper, on the school website, or on local TV.

So that everyone's rights are fully protected, we are asking that you fill out the bottom portion of this page and return it to school with your child. This will help us to make sure that your wishes are fulfilled. This is in compliance with the student's record release regulations and the Family Educational Rights and Privacy Act of 1974.

Thank you for your cooperation. Should you have any questions, please contact your child's school office.

Student Name	
School Name	
Grade Level	

PLEASE CHECK ONE: Please use "X" to indicate Yes or No

<input type="checkbox"/>	YES, My child may be electronically recorded/photographed
<input type="checkbox"/>	NO, My child may not be electronically recorded/photographed

PARENT/GUARDIAN NAME:

DATE:

The Medfield Public Schools prohibits unlawful discrimination, harassment and retaliation against anyone based on race, color, age, disability, sex (including pregnancy, pregnancy-related conditions, or recovery from these conditions, including but not limited to, lactation), sexual orientation, gender identity or expression, religion or religious belief, national origin, ethnicity, ancestry, marital status, genetic information, veteran or military status, limited English proficiency, homelessness, foster care, or any other class of individuals protected from discrimination under state or federal law in education, admission, access to or treatment in, its programs, services, benefits, activities, and terms and conditions of employment.

MEDFIELD PUBLIC SCHOOLS

STUDENT REGISTRATION

HOME LANGUAGE SURVEY

Student Information:

Student's Name:			
Most Recent Grade Level:		Gender	
Date of Birth:		Country of Birth	
Student Relationship of Person Completing Survey:			
Person Completing the Form Primary Language:			

*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. 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.*

Right to Translation and Interpretation Services		Yes	No	If yes, What Language?
1.	Will you require written information from school in a language other than English?			
2.	Will you require an interpreter/translator for Parent-Teacher meetings?			

Language Background:		English	Other	Specify
<i>This should not include foreign language or extracurricular language classes that your child attends.</i>				
1.	What language did your child first understand and speak?			
2.	What language do you use to speak to your child most of the time ?			
3.	What language(s) does your child use to speak to you most of the time ?			
4.	What language does your child use to speak with brothers, sisters, or friends most of the time ?			

Prior Education		Yes	No
1.	Has your child attended school in the United States prior to today's enrollment? (<i>Kindergarten - 12th grade</i>)		
If Yes: Name of Former School:			
*	Where? (Town and State)		
*	What grades? (K-12 th grade)		
		Yes	No
2.	Has your child received English language development support in a previous school?		
3.	Does your child have an Individualized Education Plan (IEP)?		
4.	Has your child received formal education outside of the United States? (<i>Kindergarten - 12th grade</i>) If yes: Number of years:		
*	How many hours each day:		
*	What language was used for instruction?		

Parent/Guardian Signature

Today's Date (mm/dd/yyyy)

Parent/Guardian Email

RELEASE OF INFORMATION

The Medfield Public Schools prohibits unlawful discrimination, harassment and retaliation against anyone based on race, color, age, disability, sex (including pregnancy, pregnancy-related conditions, or recovery from these conditions, including but not limited to, lactation), sexual orientation, gender identity or expression, religion or religious belief, national origin, ethnicity, ancestry, marital status, genetic information, veteran or military status, limited English proficiency, homelessness, foster care, or any other class of individuals protected from discrimination under state or federal law in education, admission, access to or treatment in, its programs, services, benefits, activities, and terms and conditions of employment.

MEDFIELD PUBLIC SCHOOLS STUDENT REGISTRATION

STUDENT'S FIRST NAME	
STUDENT'S MIDDLE NAME	
STUDENT'S LAST NAME	
DATE OF BIRTH/AGE OF STUDENT	
GRADE ENTERING	

PREVIOUS SCHOOL INFORMATION

LAST SCHOOL NAME	
SCHOOL ADDRESS	
SCHOOL PHONE NUMBER	

I authorize the MEDFIELD PUBLIC SCHOOLS, as the system in which I am registering my child, to receive all pertinent school records including but not limited to:

Please use "X" to indicate Yes you authorize.

	Official Permanent Record/Transcript (including a recent report card, academic level of achievement grading system)
	Exit Grades
	Achievement and Aptitude Test Scores (including all MCAS scores)
	WIDA/ELL Test Scores (including all DESE scores)
	Attendance Records
	Discipline Records
	Medical Records (immunizations and physical exam information)
	Evaluation(s)/Special Education Records (IEP, 504 Plans if applicable)
	Verbal/Written Communication

I also authorize the MEDFIELD PUBLIC SCHOOLS to contact other sources to obtain information relative to my child's application.

PARENT/GUARDIAN NAME:

DATE:

PLEASE MAIL OR FAX ALL PERTINENT RECORDS TO: UNLESS SPECIFIED

<u>Memorial School</u> 59 Adams Street Medfield, MA 02052 Fax: 508-359-1419 Grades: PK-1	<u>Wheelock School</u> 17 Elm Street Medfield, MA 02052 Fax: 508-359-6174 Grades: 2-3	<u>Dale Street School</u> 45 Adams Street Medfield, MA 02052 Fax: 508-359-1415 Grades: 4-5
<u>Blake Middle School</u> <u>Guidance Office</u> 24 Pound Street Medfield, MA 02052 Fax: 508-359-0134 Grades: 6-8	<u>High School</u> <u>Guidance Office</u> 88R South Street Medfield, MA 02052 Fax: 508-242-8516 Grades: 9-12	

Medfield Public Schools McKinney-Vento Assistance Identification

The Medfield Public Schools prohibits unlawful discrimination, harassment and retaliation against anyone based on race, color, age, disability, sex (including pregnancy, pregnancy-related conditions, or recovery from these conditions, including but not limited to, lactation), sexual orientation, gender identity or expression, religion or religious belief, national origin, ethnicity, ancestry, marital status, genetic information, veteran or military status, limited English proficiency, homelessness, foster care, or any other class of individuals protected from discrimination under state or federal law in education, admission, access to or treatment in, its programs, services, benefits, activities, and terms and conditions of employment.

MEDFIELD PUBLIC SCHOOLS STUDENT REGISTRATION

Medfield Public Schools shall provide an educational environment that treats all students with dignity and respect. Every student that is homeless shall have equal access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and youth not living with a parent or guardian, applies to all services, programs, and activities provided or made available by Medfield Public Schools.

A. Homeless children and youths: individuals who lack a fixed, regular, and adequate nighttime residence. It includes:

1. Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals.
2. Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
3. Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings;
4. Migratory children (as defined in section 1309 of the Elementary and Secondary Education Act of 1965, as amended) who qualify as homeless because they are living in circumstances described above.
5. Unaccompanied youth: a homeless child or youth not in the physical custody of a parent or guardian.

Homeless Students Have Rights to:

- **School Enrollment:** A school must enroll students even if they lack health, immunization or school records, proof of guardianship, or proof of residency.
- **Enroll in**
 - *the school he/she attended when permanently housed (school of origin)
 - *the school in which he/she was last enrolled (school of origin)
 - *any school that non-homeless students, living in the same attendance area in which the homeless child or youth is actually living, are eligible to attend.
- **Remain** enrolled in his/her selected school for as long as he/she remains homeless or, if the student becomes permanently housed, until the end of the academic year.
- **Obtain** information regarding how to get free school meals, transportation, programs and school fee waivers.
- **Transportation services** A homeless student attending his/her school of origin has a right to transportation to go to and from school of origin as long as he/she is homeless. Medfield staff shall inform homeless parents/guardians or youth of transportation services to and from school and school- related activities.

If you desire additional information regarding McKinney Vento Assistance please contact Mary Bruhl, Director of **Student Services** Office at 508-359-2302.

Medfield Public Schools McKinney-Vento Assistance Identification

The Medfield Public Schools prohibits unlawful discrimination, harassment and retaliation against anyone based on race, color, age, disability, sex (including pregnancy, pregnancy-related conditions, or recovery from these conditions, including but not limited to, lactation), sexual orientation, gender identity or expression, religion or religious belief, national origin, ethnicity, ancestry, marital status, genetic information, veteran or military status, limited English proficiency, homelessness, foster care, or any other class of individuals protected from discrimination under state or federal law in education, admission, access to or treatment in, its programs, services, benefits, activities, and terms and conditions of employment.

**MEDFIELD PUBLIC SCHOOLS
STUDENT REGISTRATION**

***Please complete the information in Part I and any information in Part II that pertains to your family.
Please sign and return this form to your school. This form is for record purposes.
All information submitted is considered highly confidential.***

Part I (please print)

Student Name: _____
(Last Name) (First Name) (Middle Name)

Student Address _____
(Street) (City) (State) (Zip Code)

D.O.B. _____ Grade: _____ School _____

Part II

1. Have your living arrangements changed in the last year? ☐ Yes ☐ No *(if no, please skip to Part III)*

2. Do you or your family live in any of these situations? (please check all that apply)

- ☐ Are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;
- ☐ Living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations;
- ☐ Living in emergency or transitional shelters; or are abandoned in hospitals
- ☐ Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings
- ☐ Is your a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
- ☐ Unaccompanied youth not in physical custody of a parent or guardian
- ☐ Migratory children (defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless
- ☐ Alternative living arrangements (Please explain any special circumstances) _____

3. Please list any siblings in the home who are attending Medfield Public Schools

Sibling Name	D.O.B.	School

Part III PARENT/GUARDIAN INFORMATION

Name _____ Home Telephone Number () _____

Work Telephone Number () _____

Address _____ Cell Telephone Number () _____

(only if different from Part I)

Parent/Guardian Signature

Date

The Medfield Public Schools prohibits unlawful discrimination, harassment and retaliation against anyone based on race, color, age, disability, sex (including pregnancy, pregnancy-related conditions, or recovery from these conditions, including but not limited to, lactation), sexual orientation, gender identity or expression, religion or religious belief, national origin, ethnicity, ancestry, marital status, genetic information, veteran or military status, limited English proficiency, homelessness, foster care, or any other class of individuals protected from discrimination under state or federal law in education, admission, access to or treatment in, its programs, services, benefits, activities, and terms and conditions of employment.