

**MILTON PUBLIC SCHOOLS  
MILTON, MASSACHUSETTS  
NEW STUDENT REGISTRATION PACKET – Grades 1-12  
Revised January 24, 2012**

STUDENT INFORMATION

**Name** (Full legal name as shown on birth certificate)

\_\_\_\_\_ (Last) (First) (Middle)

**Date of Birth**       **Gender**  Male  Female  
Month Day Year

**Place of Birth** \_\_\_\_\_ **Grade** \_\_\_\_\_ **English**  or **French**   
(City/State/Country)

**Student's Current Address**

Street # & Name \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Soc Sec # \_\_\_\_\_ (optional)

Is the student on an **Individual Educational Plan**\*?  Yes  No

\*If yes, please enclose a copy of the IEP

Is the student **homeless** as defined by the McKinney-Vento Homeless Education Assistance Act?  
Yes  No

**Race/Ethnicity**

Is this student Hispanic or Latino? (choose only one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

**Relationship to student**

Parent  Guardian

Other  \_\_\_\_\_

What is the student's race? (choose one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**For Office Use Only**

Received By: _____	ELL: <input type="checkbox"/>	Assigned to:
Date Received: _____	IEP: <input type="checkbox"/>	Co <input type="checkbox"/> Cu <input type="checkbox"/> GI <input type="checkbox"/> Tu <input type="checkbox"/> PMS <input type="checkbox"/> MHS <input type="checkbox"/>
	Homeless: <input type="checkbox"/>	Eng <input type="checkbox"/> French <input type="checkbox"/> SPED <input type="checkbox"/> Other <input type="checkbox"/> _____

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**MILTON PUBLIC SCHOOLS  
MILTON, MASSACHUSETTS**

EMERGENCY CONTACT SECTION

Names of others who will assume responsibility/transportation for the student in the event of an emergency when a parent/guardian cannot be reached.

Please list 3	Person #1	Person #2	Person #3
Name			
Home Ph #			
Work Ph #			
Cell Ph #			
Address			
Relationship to student			

OTHER STUDENT INFORMATION

Has the student ever attended the Milton Public Schools? \_\_\_\_\_

If yes which school(s)? \_\_\_\_\_ Dates Attended \_\_\_\_\_

Has the student ever been excluded from any school? \_\_\_\_\_

If so, what was the reason? \_\_\_\_\_

Has the student ever been suspended for possession of a dangerous weapon, possession of a controlled substance or staff assault? \_\_\_\_\_

If yes, describe the circumstances and give the length of the suspension. \_\_\_\_\_

Is the student on probation? \_\_\_\_\_ If so, provide the name of the probation officer, \_\_\_\_\_, telephone # \_\_\_\_\_ and name of the court \_\_\_\_\_.

**MILTON PUBLIC SCHOOLS  
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**TRANSFER STUDENT INFORMATION**

Please fill out the following information only if the student is transferring into the Milton Public Schools.

School Name Previously Attended \_\_\_\_\_

School Address \_\_\_\_\_

School Telephone # \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

Student Address while attending previous school:

Street # and name \_\_\_\_\_

Town/city \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_

Has the student repeated any grades? \_\_\_\_\_ If yes, which ones \_\_\_\_\_

Withdrew at the end of or during grade \_\_\_\_\_  
(Circle one)

**High School Students Only**

What year did he/she complete grade 8? \_\_\_\_\_

Is the student interested in participating in athletics? \_\_\_\_\_

If yes please contact the Athletic Director to fill out the appropriate MIAA waiver form.

MILTON PUBLIC SCHOOLS  
MILTON, MASSACHUSETTS

**For grades 1-12 only**

**MILTON PUBLIC SCHOOLS  
25 GILE RD.  
MILTON, MA 02186  
(617) 696-4470**

**CONSENT FOR RECORDS TO BE RELEASED TO MILTON PUBLIC SCHOOLS**

**I give permission for (Please print)** \_\_\_\_\_  
(former school name)

\_\_\_\_\_  
(street address)

\_\_\_\_\_  
(city/town/state)

**to release the following:**

\_\_\_\_\_ Official transcript, attendance, disciplinary information, standardized test scores

\_\_\_\_\_ Medical records (Immunizations)

\_\_\_\_\_ Special Education records (including IEP and evaluations)

\_\_\_\_\_ MCAS scores

\_\_\_\_\_ Exit or Withdrawal Grades

\_\_\_\_\_ Other (Please specify below)

\_\_\_\_\_

\_\_\_\_\_

Student's Name: \_\_\_\_\_  
(Please print)

Signed: \_\_\_\_\_  
(Parent/Student)

MILTON PUBLIC SCHOOLS  
MILTON, MASSACHUSETTS

**For grades 1-12 only**

MILTON PUBLIC SCHOOLS  
25 GILE RD.  
MILTON, MA 02186  
(617) 696-4470

REQUEST FOR DISCIPLINARY RECORD

**From: Milton Public Schools**  
25 Gile Rd.  
Milton, MA 02186

**To:** \_\_\_\_\_  
(Sending School)

\_\_\_\_\_  
\_\_\_\_\_

Re: Disciplinary Record and Education Reform Act of 1993

As you know, Section 37, Section 37L of Chapter 71 of the General Laws of Massachusetts states that

“A student transferring into a local school system must provide the new school system with a complete school record of entering student. Said record shall include, but not limited to, any incidents involving suspension or violation of criminal acts or any incident reports in which said student was charged with any suspended act.”

We are requesting information relative to discipline for the following student. The student has signed a record release form, which we have on file.

Student's Name: \_\_\_\_\_  
(Please print)

Signed: \_\_\_\_\_  
(Parent/Student)

*To be filled out by the sending school:*

**1. Please check one:**

\_\_\_\_\_ The above named student had **no** issues relative to discipline as defined by Section 37; 37L of Chapter 71.

\_\_\_\_\_ The above named student **had issues** relative to discipline as defined by Section 37; 37L of Chapter 71.

**2. Please mail us the student's disciplinary record and this form.**

\_\_\_\_\_  
Print name and title of school official responsible for discipline or completing this form

**MILTON PUBLIC SCHOOLS**  
**MILTON, MASSACHUSETTS**  
**Home Language Survey**

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 - <i>grandparents, uncles, aunts, etc.</i> - 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 _____		Today's Date: _____ / _____ /20_____ (mm/dd/yyyy)	

**Encuesta del idioma hablado en el hogar**

Los reglamentos del Departamento de Educación Primaria y Secundaria de Massachusetts exigen que *todas* las escuelas determinen los idiomas que se hablan en los hogares de los estudiantes para así identificar sus necesidades específicas relacionadas con el idioma. Esta información es esencial para que las escuelas puedan proveer instrucción que todos los estudiantes puedan aprovechar. Si en su hogar se habla otro idioma que no sea inglés, se requiere que el Distrito evalúe a su hijo más a fondo. Ayúdenos a cumplir con este importante requisito respondiendo a las siguientes preguntas. Gracias por su ayuda.

Información del estudiante			
Nombre _____	Segundo nombre _____	Apellido _____	Sexo F <input type="checkbox"/> M <input type="checkbox"/>
País de nacimiento _____	Fecha de nacimiento (mm/dd/aaaa) _____ / _____ / _____	Fecha de matriculación inicial en CUALQUIER escuela de EE.UU. (mm/dd/aaaa) _____ / _____ / _____	
Información de la escuela			
Fecha de comienzo en la escuela nueva (mm/dd/aaaa) _____ / _____ /20_____		Nombre de la escuela y ciudad anterior _____	Grado actual _____
Preguntas para los padres/encargados			
¿Cuál es el idioma natal del padre/la madre/los encargados? (encierre en un círculo)		¿Qué idioma(s) se habla(n) con su hijo? (incluya parientes - <i>abuelos, tíos, tías, etc.</i> - y encargados del cuidado) _____ infrecuentemente / algunas veces /	

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**MILTON PUBLIC SCHOOLS  
MILTON, MASSACHUSETTS**

_____ (madre / padre / encargado)	frecuentemente / siempre
_____ (madre / padre / encargado)	_____ infrecuentemente / algunas veces / frecuentemente / siempre
¿Cuál fue el primer idioma que entendió y habló su hijo?	¿Qué idioma usa usted principalmente con su hijo?
¿Qué otros idiomas sabe su hijo? (encierre en un círculo todo lo que corresponda)	¿Qué idiomas usa su hijo? (encierre uno en un círculo)
_____ habla / lee / escribe	_____ infrecuentemente / algunas veces / frecuentemente / siempre
_____ habla / lee / escribe	_____ infrecuentemente / algunas veces / frecuentemente / siempre
¿Requerirá usted la información impresa de la escuela en su idioma natal? Sí <input type="checkbox"/> No <input type="checkbox"/>	¿Requerirá usted un intérprete/traductor en reuniones de padres y maestros? Sí <input type="checkbox"/> No <input type="checkbox"/>
Firma del padre/la madre/encargado: X	_____/_____/20 Fecha de hoy: (mm/dd/aaaa)

Spanish

**Sondaj pou Lang nan Lakay**

Lalwa pou Massachusetts Department of Elementary and Secondary Education di tout lekòl dwe detèmine lang yo pale nan chak lakay elev pou idantifye lang la patikilye ki pale la. Enfòmasyon sa ase nesesè pou lekòl yo founi enstrikson korek pou tout elev. Si yon lang ki pa angle ap pale nan lakay la, Distrik la dwe fè tes ti moun an plis. Tanpri ede nou obeyi lalwa sa a avek ou repons a kesyon yo an ba. Mesi pou ed ou.

<b>Enfòmasyon Elev</b>		
_____ Prenom	_____ / _____ Nom Mitan	_____ / _____ / _____ Nom Fanmi
		F <input type="checkbox"/> M <input type="checkbox"/> Gason oswa fi
_____ Peyi de Nesans	_____ / _____ / _____ Dat de Nesans (mm/dd/yyyy)	_____ / _____ / _____ Dat Enrole nan NENPÒT lekòl ETAS UNI (mm/dd/yyyy)
<b>Enfòmasyon Lekòl</b>		
_____ / _____ / _____ Dat li komanse nan Lekòl Nouvo (mm/dd/yyyy)	_____ Nom pou Lekol la e Vil anvann sa	_____ Klas Kouran
<b>Kesyon yo pou Paron/Gadyen</b>		
Ki lang oswa lang yo natif la pou chak paron/gadyen? (fè youn sèk otou youn)	_____ (maman / papa / gadyen)	_____ (maman / papa / gadyen)
Ki lang ti moun konpran e pale premye?	_____	_____
Ki lòt lang ti moun ou kone? (fè youn sèk otou tout li kone)	_____ pale / li / ekri	_____ pale / li / ekri
_____ pale / li / ekri	_____	_____
Eska w va beswen enfòmasyon ki ekri nan lang ou pa lekòl la? Wi <input type="checkbox"/> Non <input type="checkbox"/>	Eska ou va beswen yon traduktè a randevou Paron- Pwofesè? Wi <input type="checkbox"/> Non <input type="checkbox"/>	
Siyati Paron/Gadyen: X	_____ / _____ / _____ Dat Jòdi a: (mm/dd/yyyy)	

Haitian

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**MILTON PUBLIC SCHOOLS  
MILTON, MASSACHUSETTS  
家庭语言调查**

马萨诸塞州小学与中学教育服务部规程要求所有学校鉴别每个学生在家常说的语言，以确定其具体的语言需要。为使各个学校为所有学生提供有意义的教学，提供这些信息至关重要。如果在家里说非英语的语言，则学区必须对孩子做进一步的评估。请回答下列问题以帮助我们达到此重要要求。感谢您的协助。

学生信息	
名 _____ 中间名 _____ 姓 _____	女 <input type="checkbox"/> 男 <input type="checkbox"/> 性别
出生国家 _____ 出生日期 (月/日/年) _____	首次就读任何美国学校的日期 (月/日/年) _____
学校信息	
_____ / _____ /20 新学校开始日期 (月/日/年)	_____ 先前学校与镇区名称
_____ 当前年级	
家长/监护人的问题	
每位家长/监护人的母语是什么？（圈选一个）  _____ (家长/父亲/监护人) _____ (家长/父亲/监护人)	与您的孩子交谈用哪种语言？ （包括亲属- 祖父母、叔叔、阿姨等等 - 以及照顾者）  _____ 很少/有时/经常/总是 _____ 很少/有时/经常/总是
您的孩子首先理解和说哪种语言？	您与孩子之间使用最多的语言是什么？
您的孩子还懂其他哪种语言？（圈选所有适用项）：  _____ 说/读/写 _____ 说/读/写	您的孩子使用哪种语言？（圈选一个）  _____ 很少/有时/经常/总是 _____ 很少/有时/经常/总是
您想要从学校索取以您母语提供的书面资料吗？ 是 <input type="checkbox"/> 否 <input type="checkbox"/>	在家长教师会议中您需要口译员/翻译吗？ 是 <input type="checkbox"/> 否 <input type="checkbox"/>
家长/监护人签字：  X	_____ / _____ /20 今天的日期： (月/日/年)

Simplified Chinese

**MILTON PUBLIC SCHOOLS  
MILTON, MASSACHUSETTS  
PROOF OF RESIDENCY SECTION**

**Residency**

Only students who actually reside in the Town of Milton have a right to attend Milton Public Schools. “Residence” is a place where a person actually lives. Temporary residence in the Town of Milton solely for the purpose of attending Milton Public Schools is not considered “residency”.

**Required at Time of Registration**

In order to adequately demonstrate that a student actually resides in the Town of Milton, the adult seeking to enroll that student must:

- Fill out and sign the **Affidavit of Residency (page 10)**
- Provide proofs of residency from each of the groups (A, B, C) listed below.

1&1 proof from GROUP A	2 proofs from GROUP B	1 proof from GROUP C
<i>For Homeowners</i>	<i>A utility bill dated within the past 60 days from the following list:</i> <ul style="list-style-type: none"> <li>➤ Cable/Satellite TV bill</li> <li>➤ Electric bill</li> <li>➤ Gas bill</li> <li>➤ Home telephone bill (cellular telephone is not acceptable)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Valid government-issued photo identification that shows the current address</li> </ul> <p style="text-align: center;"><i>Dated within the past year:</i></p> <ul style="list-style-type: none"> <li>➤ W-2 form that shows the current address</li> </ul> <p style="text-align: center;"><i>Dated within the past 60 days:</i></p> <ul style="list-style-type: none"> <li>➤ Payroll stub that shows the current address</li> <li>➤ Bank statement that shows the current address</li> </ul>
<ul style="list-style-type: none"> <li>➤ Copy of Deed <b>&amp;</b> a record of the most recent mortgage payment</li> <li>➤ Property tax bill <b>&amp;</b> the most recent payment</li> <li>➤ Copy of settlement statement <b>&amp;</b> a record of the most recent payment</li> </ul>		
<i>For Renters</i>		
<ul style="list-style-type: none"> <li>➤ Copy of current Lease <b>&amp;</b> a signed/notarized Landlord Living Agreement (p. 11)</li> <li>➤ Signed/notarized Landlord Living Agreement (p. 11) <b>&amp;</b> a record of the most recent rent payment</li> </ul>		
<p><i>If you are unable to provide all of the information listed above please indicate this to the student registrar. An appointment will be made for you with the Assistant Superintendent for Curriculum &amp; Personnel in order to complete registration.</i></p>		

**MILTON PUBLIC SCHOOLS  
MILTON, MASSACHUSETTS**

**Affidavit of Residency**

I/we, the parent(s) or legal guardian(s) of

\_\_\_\_\_, hereby certify as follows:

(Print student's full name)

1. I/we wish to enroll the above named student in the Milton Public Schools. I/we understand that pursuant to Massachusetts law and Milton School Committee Policy, students who do not actually reside in the Town of Milton may not attend the Milton Public Schools.
2. I/we acknowledge that I am/we are required to notify the above student's school, in writing, of any change in said student's address within five (5) calendar days of such change of address.
3. I/we understand that, absent other information to the contrary, this affidavit will be relied upon by the Milton Public Schools for the purpose of determining the above student's eligibility to attend the Milton Public Schools on the basis of residency. If said student is enrolled in the Milton Public Schools upon the information contained this affidavit and it is subsequently determined that the student does not actually reside in Milton, I/we understand that the student's enrollment in the Milton Public Schools will be promptly terminated and I/we will be jointly and severally liable to the Milton Public Schools for the student's tuition for the full academic year(s).
4. I/we further certify that I am/we are the parent(s) or legal guardian(s) of the above student.
5. Chapter 76, Section 5 of the Massachusetts General Laws provides:

"Every person shall have a right to attend the public schools of the town where he 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."

Signed under the pains and penalties of perjury on this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_:

\_\_\_\_\_  
Parent/Guardian #1

\_\_\_\_\_  
Parent/Guardian #2

**MILTON PUBLIC SCHOOLS  
MILTON, MASSACHUSETTS  
REGISTRATION/LANDLORD LIVING AGREEMENT**

To: The Milton Public Schools

From: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

I hereby certify and swear under oath that I am the legal owner/renter of the property at:

\_\_\_\_\_.

I also certify and swear that (name of parents/guardians): \_\_\_\_\_

\_\_\_\_\_ and their children

(names): \_\_\_\_\_

are my tenants and live at the above address.

I agree that if the Milton Public Schools investigate and find these statements to be false, that I may be responsible for repayment of any tuition or educational costs due the Milton Public Schools for the education of the above referenced children.

I agree that if the tenants listed above move out of the dwelling listed above, that I will notify the Milton Public Schools of this change of residence. Signed under the pains and penalties of perjury:

\_\_\_\_\_  
(Owner Signature)

\_\_\_\_\_  
(Renter Signature)

\_\_\_\_\_  
(Print owner's name)

\_\_\_\_\_  
(Print renter's name)

\_\_\_\_\_  
(Date)

Notary Public  
stamp/signature



**MILTON PUBLIC SCHOOLS  
MILTON, MASSACHUSETTS**

**IMMUNIZATION RECORDS, STUDENT PHYSICAL,  
AND OTHER PERTINENT HEALTH RECORDS**

Massachusetts state law requires all kindergarten/newly enrolled students present a doctor's certification of immunizations and physical exam before entrance to school. When registering your child for school, please bring a copy of your child's most recent physical exam and documentation of the following required immunizations:

Five (5) doses of DPT Vaccine unless the fourth dose was given after the fourth birthday.

Four (4) doses of Polio Vaccine, unless the third dose was given after the fourth birthday.

Three (3) doses of Hepatitis B Vaccine.

Two (2) doses of Measles, Mumps, Rubella (MMR) Vaccine.

Two (2) dose of Varicella Vaccine or a reliable history of chickenpox documented by the child's physician.

One (1) dose of Tdap for entry to Grade 7

Children who do not meet the minimum immunization requirements for school entry will be excluded from school until they are brought up to date with their immunizations. **PLEASE** obtain your child's most recent immunization records from your health care provider to bring to your child's registration appointment for his/her permanent health record.

**\*\*\*PLEASE BRING THESE FORMS WITH YOU WHEN YOU SUBMIT THIS REGISTRATION PACKET.**

**MILTON PUBLIC SCHOOLS  
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Student ID # _____
Home Room _____

**STUDENT HEALTH AND EMERGENCY INFORMATION FORM**

*Please complete the following information. Contact the school nurse if assistance is needed to complete the form.*

Student's Name \_\_\_\_\_  
Last Name Middle

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Grade \_\_\_\_\_ Gender \_\_\_\_\_ D.O.B \_\_\_\_\_ Primary Language \_\_\_\_\_

Name/Grade of sisters/brothers in school building \_\_\_\_\_

Does your child have health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Subscriber Name: \_\_\_\_\_

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

In case of emergency, the school will attempt to contact the parent/guardian before calling a student's primary care provider (physician). Your child will be transported by ambulance to an emergency care facility if necessary.

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

Prenatal history: Was pregnancy, labor, and delivery normal? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_  
\_\_\_\_\_

Growth and Development: Has your child completed the developmental milestones on time? (i.e. sitting, walking, toilet training)  
Yes \_\_\_\_\_ No \_\_\_\_\_. If no, please explain \_\_\_\_\_  
\_\_\_\_\_

Please list all of the medication that your child takes.  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been in the hospital? No \_\_\_\_\_ Yes \_\_\_\_\_. If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Is your child on a special diet? No \_\_\_\_\_ Yes \_\_\_\_\_. If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

*continued on the next page...*

**MILTON PUBLIC SCHOOLS  
MILTON, MASSACHUSETTS**

**STUDENT HEALTH AND EMERGENCY INFORMATION FORM**

Will your child attend an extended-day program during the year? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain if your child has been evaluated for special needs. \_\_\_\_\_  
\_\_\_\_\_

Please check all that applies to your child:

Heart Condition       Diabetes       Asthma       Seizure Disorder

ADD/ADHD       Migraines       Depression       Kidney Disease

Blood Disorder       Bed Wetting       Lead Poisoning

Other (Specify) \_\_\_\_\_

Allergies (food, insects, medication, environment) (Specify) \_\_\_\_\_  
\_\_\_\_\_

Hearing problems (Specify)    Left ear \_\_\_\_\_    Right ear \_\_\_\_\_    Hearing Aids \_\_\_\_\_

Vision Problems (Specify) Wears Eyeglasses \_\_\_\_\_      Contact Lenses \_\_\_\_\_

*I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment.*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

**MILTON PUBLIC SCHOOLS  
MILTON, MASSACHUSETTS**

## *Parent/Guardian Registration Checklist*

Use this checklist to make sure you bring the original copies of the following to your parent registration appointment:

**Please provide original/up to date copies of the items listed below.**

<p><b>Student Birth Certificate</b></p> <input type="checkbox"/> Received <input type="checkbox"/> Not Received	<p><b>Parent/Guardian Photo ID</b></p> <input type="checkbox"/> Received <input type="checkbox"/> Not Received	<p><b>Health/Immunization Forms w/ Recent Physical Examination</b></p> <input type="checkbox"/> Received <input type="checkbox"/> Not Received
--	---	---

**Please provide original documents for each column listed below - A, B, and C**

<b>Group A Requirement 1 &amp; 1 proof</b>	<b>Group B Requirement 2 proofs</b>	<b>Group C Requirement 1 proof</b>
<i>Homeowners Only</i>	<input type="checkbox"/> Cable/Satellite TV bill <i>dated within the past 60 days</i>	<input type="checkbox"/> Valid government-issued photo identification that shows the current address
<input type="checkbox"/> Copy of Deed and record of most recent mortgage payment	<input type="checkbox"/> Electric bill <i>dated within the past 60 days</i>	<input type="checkbox"/> W-2 form that shows the current address <i>Dated within the past year</i>
<input type="checkbox"/> Property tax bill and most recent payment	<input type="checkbox"/> Gas bill <i>dated within the past 60 days</i>	<input type="checkbox"/> Payroll stub that shows the current address <i>Dated within the past 60 days</i>
<input type="checkbox"/> Copy of settlement statement and most recent payment	<input type="checkbox"/> Home telephone bill (cell phone is not acceptable) <i>Dated within the past 60 days</i>	<input type="checkbox"/> Bank statement that shows the current address <i>Dated within the past 60 days</i>
<i>Renters Only</i>	<p><i>If you are unable to provide all of the information listed above please indicate this to the student registrar. An appointment will be made for you with the Assistant Superintendent for Curriculum &amp; Personnel in order to complete registration.</i></p>	
<input type="checkbox"/> Signed/notarized Landlord Living Agreement (p. 11) and most recent rent payment		
<input type="checkbox"/> Copy of current Lease and signed/notarized Landlord Living Agreement (p. 11)		