



REGISTRATION (Updated January 2022)

STUDENT'S FULL LEGAL NAME AS IT APPEARS ON LEGAL DOCUMENTS

| | | | | |
|-----------|------------|-------------|---------------------------|---|
| Last Name | First Name | Middle Name | Suffix (Jr., I, II, etc.) | Former Milton Student <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------|------------|-------------|---------------------------|---|

STUDENT'S PERSONAL INFORMATION

| | | |
|----------------------------|---------------------------|---|
| Date of Birth (mm/dd/yyyy) | Grade Level at Enrollment | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary |
| Birthplace: City | State | Country |

STUDENT'S ADDRESS

| | | | | |
|-------------------|--------|------|-------|----------|
| Number and Street | Apt. # | City | State | Zip Code |
|-------------------|--------|------|-------|----------|

INFORMATION ON STUDENT SERVICES

| |
|--|
| Does your child receive special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide your child's IEP and the most recent evaluations to the registrar/school office at the time of registration. |
| Does your child have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide your child's 504 and the most recent evaluations to the registrar/school office at the time of registration. |
| Is this student an unaccompanied minor? <input type="checkbox"/> NO <input type="checkbox"/> YES Is this student homeless? <input type="checkbox"/> NO <input type="checkbox"/> YES, please circle one: Doubled up/Hotel/Shelter/Unsheltered Is this student in a foster care placement? <input type="checkbox"/> NO <input type="checkbox"/> YES, please circle one: Childcare Institution/ Emergency Shelter/ Foster Home, Foster – Kinship/ Group Home/ Pre Adoptive home, Residential Facility |

PREVIOUS SCHOOL ATTENDANCE

| | |
|---------------------|--|
| School Name | Dates of Attendance (mm/yyyy- mm/yyyy) |
| School Address | Grade Level(s) Attended |
| School Phone Number | <input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Other |
| School Name | Dates of Attendance (mm/yyyy- mm/yyyy) |
| School Address | Grade Level(s) Attended |
| School Phone Number | <input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Other |

SIBLING INFORMATION

| Child's Name | School Name/Location | Enrolled in the Milton Public Schools | Grade | DOB |
|--------------|----------------------|--|-------|-----|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Please check the box next to the option that best describes your child's preschool experience in the school year prior to entering kindergarten. Select one option only and indicate hours where applicable.

Program Definitions:

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

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

Center-Based Care: refers to care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools.

Licensed Family Childcare: refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families.

| | | |
|--------------------------|--|---|
| <input type="checkbox"/> | My child did not have any formal early childhood program experience. | |
| <input type="checkbox"/> | My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services. | |
| <input type="checkbox"/> | My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services. | |
| <input type="checkbox"/> | My child did not have formal early childhood program experience but participated in BOTH Coordinated Family and Community Engagement (CFCE) AND Parent Child Home Program (PCHP) services. | |
| <input type="checkbox"/> | My child attended a Center Based Program (indicate hours) | <input type="checkbox"/> less than 20 hours per week <input type="checkbox"/> 20+ hours per week |
| <input type="checkbox"/> | My child attended a Licensed Family Child Care Provider (indicate hours) | <input type="checkbox"/> less than 20 hours per week <input type="checkbox"/> 20+ hours per week |
| <input type="checkbox"/> | My child attended BOTH a Licensed Family Child Care Provider AND a Center-Based Program (indicate hours) | <input type="checkbox"/> less than 20 hours per week <input type="checkbox"/> 20+ hours per week |

PARENT/LEGAL GUARDIAN INFORMATION

Parent/Legal Guardian Name #1

| | | |
|---|---|---|
| | | Circle: Mr./Mrs./Ms./Dr. |
| Last Name | First Name | |
| Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other* *If other, please provide proof of Legal guardianship*. | Married <input type="checkbox"/> Yes <input type="checkbox"/> No * Divorced <input type="checkbox"/> Yes <input type="checkbox"/> No * Separated <input type="checkbox"/> Yes <input type="checkbox"/> No If yes* <input type="checkbox"/> Sole Custody <input type="checkbox"/> Joint Custody *Please provide documentation of Legal and Physical Custody. | Lives with child? <input type="checkbox"/> Yes <input type="checkbox"/> No Should receive mailings for child? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Occupation: | Place of Employment: | |
| Preferred Language: | Oral Interpreter Request: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|-----------|-------------|----------|
| Street # | Street Name | Apt. # |
| City/Town | State | Zip Code |

Mailing Address, if different

| | | |
|-----------|-------------|----------|
| Street # | Street Name | Apt. # |
| City/Town | State | Zip Code |

Phone/Email Contact Information

| Phone | Type (Choose One) | Phone number | Ext. | Receive Text Message |
|--------------------------|--|--------------|----------------|--|
| Phone 1 | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Phone 2 | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Email Address: | | | Receive email? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Alternate Email Address: | | | Receive email? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Physical Address - (P.O. boxes will not be accepted as a physical address with the exception of documented, court-related reasons.)

PARENT/LEGAL GUARDIAN CONTACT INFORMATION

Parent/Legal Guardian Name #2

| | | | |
|---|---|--|--|
| | | Circle: Mr./Mrs./Ms./Dr. | |
| Last Name | | First Name | |
| Relationship to child: <input type="checkbox"/> Mother Father <input type="checkbox"/> Other* *If other, please provide proof of Legal guardianship. | Married <input type="checkbox"/> Yes <input type="checkbox"/> No * Divorced <input type="checkbox"/> Yes <input type="checkbox"/> No * Separated <input type="checkbox"/> Yes <input type="checkbox"/> No If yes* <input type="checkbox"/> Sole Custody <input type="checkbox"/> Joint Custody *Please provide documentation of Legal and Physical Custody. | Lives with child? <input type="checkbox"/> Yes <input type="checkbox"/> No Should receive mailings for child? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Occupation: | Place of Employment: | | |
| Preferred Language: | Oral Interpreter: <input type="checkbox"/> YES <input type="checkbox"/> No | | |

| | | |
|-----------|-------------|----------|
| Street # | Street Name | Apt. # |
| City/Town | State | Zip Code |

Mailing Address, if different

| | | |
|-----------|-------------|----------|
| Street # | Street Name | Apt. # |
| City/Town | State | Zip Code |

Phone/Email Contact Information

| Phone | Type (Choose One) | Phone number | Ext. | Receive Text Message |
|--------------------------|--|---|------|--|
| Phone 1 | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Phone | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Email Address: | | Receive email? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Alternate Email Address: | | Receive email? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Physical Address - (P.O. boxes will not be accepted as a physical address with the exception of documented, court-related reasons.)

EMERGENCY CONTACT – PRIMARY (Other than Parent/Guardian)

| | | | |
|------------------------|------------|--|--------------------------|
| Last Name | First Name | Address | Circle: Mr./Mrs./Ms./Dr. |
| Relationship to child: | | Is this person authorized to pick-up/transport your child in case of emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Phone Contact Information

| Phone | Type (Choose One) | Phone number | Ext. |
|---------|--|--------------|------|
| Phone 1 | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | | |
| Phone 2 | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | | |
| | | | |

EMERGENCY CONTACT – SECONDARY (Other than Parent/Guardian)

| | | | |
|------------------------|------------|--|--------------------------|
| Last Name | First Name | Address | Circle: Mr./Mrs./Ms./Dr. |
| Relationship to child: | | Is this person authorized to pick-up/transport your child in case of emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Phone Contact Information

| Phone | Type (Choose One) | Phone number | Ext. |
|---------|--|--------------|------|
| Phone 1 | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | | |
| Phone 2 | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | | |

ETHNICITY/RACE INFORMATION

The collection of this information is authorized by State and Federal law. When the parent/legal guardian does not provide the ethnicity/race of the student, the school is required to make a determination.

| ETHNICITY (check only one): | RACE (check one or more) |
|---|--|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Asian |
| | <input type="checkbox"/> Black or African American |
| | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| | <input type="checkbox"/> White |

MILITARY FAMILIES

Is the student part of a military family? ☐ Yes ☐ No

If yes, please select the group to which the student belongs:

- ☐ Student has a parent/legal guardian who is an active duty member of the uniformed services or a National Guard and Reserve member on active duty orders.
- ☐ Student has a parent/legal guardian who is a veteran, who retired or was medically discharged in the last year.
- ☐ Student has a parent/legal guardian who passed away while on active duty in the last year.

For more information on the Military Interstate Children's Compact Commission or MIC3 go to their website at: <http://mic3.net/pages/FAQ/faqnew.aspx>

PHOTOGRAPHY POLICY

Video/photographs of Milton Public Schools' students may be taken by staff in celebration of the efforts and enthusiasm during Milton Public Schools related events/special programs. The photographs are often displayed in the classrooms, on the corridor bulletin boards, as part of individual projects, local newspaper publications school and district communications and/or video programming that is displayed for school wide events. If you do not want photos or videos of your child to be used for such purposes, please indicate your preference by signing the appropriate option below.

_____ I give permission for pictures/videos to be taken of my child as long as it is directly related to the education of my child, celebrating the efforts of my child, and/or promotion of the Milton Public Schools. I understand that my child's photograph will be taken at his/her kindergarten screening appointment and attached to his/her registration application.

_____ I DO NOT want pictures or video taken of my child. I do not want my child's photograph to be taken at his/her kindergarten screening appointment.

Student's Name: _____
(Please Print)

Parent/Guardian Signature: _____ Date: _____

HOME LANGUAGE SURVEY

Massachusetts Department of Elementary and Secondary Education (DESE) 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. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Massachusetts Department of Elementary and Secondary Education (DESE) regulations require that all schools determine the language(s) spoken to each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction to all students. **If a language other than English is spoken in the home, the District is required to do further assessment of your child.** Thank you for helping us meet this important requirement. If you have any questions, please contact ELE Coordinator RK Johnson at rjohnson@miltonps.org. Thank you.

- Is there a language other than English spoken in the home? ☐ yes ☐ no
- What is the primary language used in the home, regardless of the language spoken by the student?
- Which language(s) are spoken with your child? (Please consider all interactions that your child has at home and non-home setting with people such as: caregivers, grandparents, uncles, aunts, etc.)
_____ ☐ seldom ☐ sometimes ☐ often ☐ always
_____ ☐ 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?
- How many years has the student been in U.S. Schools? (not including pre-kindergarten)
- Which languages does your child use? (check one)
_____ ☐ seldom ☐ sometimes ☐ often ☐ always
_____ ☐ seldom ☐ sometimes ☐ often ☐ always
_____ ☐ seldom ☐ sometimes ☐ often ☐ always
- Will you require written information from school in your native language? ☐ yes ☐ no
 - If yes, what language?
- Will you require an interpreter/translator at Parent-Teacher meetings? ☐ yes ☐ no
 - If yes, what language?

IMMUNIZATION RECORDS, STUDENT PHYSICAL, AND OTHER PERTINENT HEALTH RECORDS

- Massachusetts state law requires all 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 DTAP Vaccine unless the fourth dose was given after the fourth birthday.
(Only four (4) doses are necessary for incoming preschool students.)
- Four (4) doses of Polio Vaccine, unless the third dose was given after the fourth birthday.
(Only three (3) doses are necessary for incoming preschool students.)
- Three (3) doses of Hepatitis B Vaccine.
- Two (2) doses of Measles, Mumps, Rubella (MMR) Vaccine.
(Only one (1) dose is necessary for incoming preschool students – must be given on or after the first birthday.)
- Two (2) dose of Varicella Vaccine or a reliable history of chickenpox documented by the child's physician.
(Only one (1) dose is necessary for incoming preschool students – must be given on or after the first birthday or provide a reliable history of chickenpox documented by the child's physician.)

In addition:

- Date of a Lead Screening is also required prior to entrance into kindergarten or preschool.
- Date and results of a vision screening (stereopsis) done within 12 months prior to entry into kindergarten.
- 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. If needed we can identify what is missing and make a plan for compliance prior to starting.

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

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VISION SCREENING

Physicians and other Health care Providers

As of July 15, 2004 Chapter 181, requires that:

"Upon entering kindergarten or within 30 days of the start of the school year, the parent or guardian of each child shall present to school health personnel certification that the child within the previous 12 months has passed a vision screening conducted by personnel approved by the department of public health and trained in vision screening techniques to be developed by the department of public health in consultation with the department of education...For children who fail to pass the vision screening and for children diagnosed with neurodevelopmental delay, proof of a comprehensive eye examination performed by a licensed optometrist or ophthalmologist chosen by the child's parent or guardian indicating any pertinent diagnosis, treatment, prognosis, recommendation and evidence of follow-up treatment, if necessary, shall be provided. "

Thus, it is now mandated in Massachusetts that:

- All preschoolers have a vision screening done within 12 months prior to their entry into Kindergarten.
- All children with neurodevelopmental delay, and all children who fail the vision screening, be referred for a comprehensive eye examination by an ophthalmologist or optometrist.

As you know, Massachusetts General Law, Chapter 71, section 57 requires that each student have a physical examination at certain intervals. After completion, the Massachusetts Health Care Provider's Examination Form must be shared with the school to become part of the student's school health record. During the past year, the Massachusetts Department of Public Health has collaborated closely with school physicians, pediatricians and nurses to update the existing form. The goal of this process was to identify information needed by the school to protect the health and safety of the student and to meet certain legal requirements. Another goal was to create a single-page document for ease of implementation. The form may be found at MDPH's website located at (http://www.mass.gov/dph/fch/schoolhealth/health_record.htm) and it includes a place to record the results of a vision screening.

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 Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ Home Phone: _____

Grade _____ Gender _____ D.O.B _____ Primary Language _____

Parent/Guardian Name: _____ Contact number _____

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 next page...

STUDENT HEALTH AND EMERGENCY INFORMATION FORM (CONT'D)

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:

- | | | |
|---|---|---|
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Blood Disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraines | <input type="checkbox"/> Bed Wetting |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Depression | <input type="checkbox"/> Lead Poisoning |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Kidney Disease | |

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

**Massachusetts Parental Notice for One Time Consent to Allow the School District
To Access MassHealth (Medicaid) Benefits**

School District Name and Code: Millton Public Schools 0189000

School/District Contact: Pupil Personnel Services, 25 Gile Road, Milton, MA 02186 617-696-4470 x5572

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 THE DISTRICT TO ADD) |
| Child's Name: | Date of Birth: | SASID # (FOR THE DISTRICT TO ADD) |
| Child's Name: | Date of Birth: | SASID # (FOR THE DISTRICT TO ADD) |

Add more children

CHECKLIST

Documents/Information required for registering a new student in the Milton Public Schools.

- ☐ Parent Photo Identification (i.e., License/Passport/Government Issued Photo ID)
- ☐ Child's Original Birth Certificate
- ☐ Registration Form
- ☐ Physical Examination Form completed by Health Care Provider
- ☐ Immunization Record
- ☐ Legal Guardianship/Caregiver Affidavit Documents (If Applicable)
- ☐ Legal/ Physical Custody Orders/Separation Agreement (If Applicable)
- ☐ Student Records/ Transcripts/ Report Cards
- ☐ Grade 10 MCAS Test Results (If Applicable)
- ☐ Proof of Residency/ Occupancy – Please see the following Proof of Residency/Proof of Occupancy documents for required items. All new applicants must submit all required proofs of residency. Applicants who do not have the required documents will be asked to return to the Registrar with the appropriate materials before beginning the registration process. The Registrar will not accept any substitutions for items on the list of acceptable proofs of residency.

Please provide original/ up-to-date documentation of the items listed above. Please note that original documents will be copied and returned during registration

Parent/Guardian Residency and Re-establishing Residency Checklist

**** Families must actually reside in the Town of Milton at the time of registration in order for students to attend the Milton Public Schools. ****

Student Full Name and Address: _____

| |
|--|
| Homeowners |
| _____ Most recent mortgage statement |
| Renters |
| Provide the following documents _____ Signed and Notarized Landlord Living Agreement to be completed by Owner/Landlord. (form follows in this packet) OR _____ Signed and notarized Property Owner Certification Form to be completed by homeowner if you reside with a family member (form follows in this packet) AND Provide one (1) document from the list below _____ Copy of up-to-date lease signed and dated by both landlord and tenant _____ Most recent rent payment (cancelled check) _____ Most recent Section 8 Agreement |
| All Registrants (Homeowners and Renters) |
| Provide one (1) utility bill (Please provide the entire bill dated within the past 60 days.) _____ Cable/Satellite TV/Internet _____ Electric _____ Gas or Oil If you have recently moved a work order from the utility companies stating that your service has been ordered or installed will be accepted. Provide one (1) documents with Milton address from the following list _____ Valid photo ID (license, MA ID) Must have current Milton Address _____ Bank Statement (dated within the past 60 days) _____ Homeowners or Renters Insurance policy _____ Auto Insurance _____ Car Registration Milton Public Schools incollaboration with the Town of Milton gathers information on all residents pertaining to residency issues through Property Tax Bill, Water Bill, Trash Bill and Motor Excise Tax Bill. |

Affidavit of Residency

Provide affidavit of Residency (Only signature and date are required.)

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. 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.
2. I/we understand that, absent of 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 within 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).
3. I/we further certify that I am/we are the parent(s) or legal guardian(s) of the above student.
4. I/we understand that the Milton Public School system reserves the right to investigate a prospective or current student's residency at any time. This investigation may include resubmission of documents and/or a home visit by a school or police official.
5. I/we understand that if I am unable to supply the requested residency documents I/we will be placed in a "Unique/Referral" status and will be subject to alternative documentation, investigation via home visit, and potentially a one on one meeting with the Assistant Superintendent.
6. 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



LANDLORD LIVING AGREEMENT

Landlord Name: _____

Landlord Address: _____

Landlord 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 (list all 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.

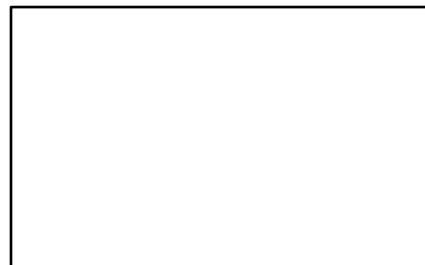
Signed under the pains and penalties of perjury: _____
(Owner/Landlord Signature)

By signing this form, the Landlord acknowledges that all number of tenants and bedrooms are in compliance with the MA State Building Code and/or Town of Milton Building Code.

(Print Owner/Landlord Name)

(Date)

Notary Public
stamp/signature





PROPERTY OWNER CERTIFICATION FORM

Please use this form if you have family members residing with you whose children will be attending Milton Public Schools. As the homeowner you will be required to provide proof of residency and a letter stating why the student registrant and his/her parent/guardian are residing with you. Please provide utility bill and copy of mortgage statement.

Property Owner Information

Name: _____

Relationship to family: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

I am the owner of the property at _____, Milton, MA. and acknowledge that the following persons will be residing at the above address and the minor children will be registering for school in Milton:

Name of Parent(s)/Guardian(s): _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Please list all minor children living with the Parent (s)/ Guardian (s) listed above.

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Expected dates of residency for this family at the address listed above: From: _____ to: _____

- 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 family listed above move out of the dwelling listed above, that I will notify the Milton Public Schools of this change of residence.

I swear under the pains and penalties of perjury that the answers above are true and accurate. I understand that it is my obligation to inform the Milton Public Schools if there is a change in the residency of this family.

Signature of property owner

Date

Notary Public
Stamp and Signature required

For Grades 1-12 Only

OTHER STUDENT INFORMATION

Has the student ever attended the Milton Public Schools? _____

If yes, which school (s)? _____

Dates Attended? _____

What was the home address while attending Milton Public Schools?

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 _____



CONSENT FOR RECORDS TO BE RELEASED TO MILTON PUBLIC SCHOOLS

Please have your child's current school complete this form and have the school either fax, mail or scan records to registration@miltonps.org . Fax number 617-696-6990

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)

Students Name: _____
Please Print

Signed: _____
Parent/Student



25 Gile Road
Milton, MA 02186
(617) 696-4470
Fax Number 617-696-6990
OTHER STUDENT INFORMATION
(For Grades 1-12 Only)

Education Reform Act of 1993

Section 37. Section 37L of Chapter 71 of the General Laws, as appearing in the 1991 Official Edition, is hereby amended by adding the following,

"A student transferring into a local 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 or criminal acts or any incident reports in which such student was charged with any suspended act."

Under the Education Reform Act Provisions, we are requesting information relative to discipline.
Please respond to the following questions.

NAME OF STUDENT AND YEAR _____
No instances of office disciplinary action.

_____ Several instances of disciplinary action. (Minor infractions- student cooperative)
_____ Frequent need for office intervention.
_____ At least one instance of serious actions requiring major disciplinary intervention.
_____ Absence Record
_____ Tardy Record

Additional comments:

Please attach a copy of the disciplinary record to this form
Signature of the school official responsible for discipline.

Signature: _____ Date: _____

Name: (Print) _____

Title: _____