



REGISTRATION (Updated January 2022)

入学注册表(2022年一月更新)

STUDENT'S FULL LEGAL NAME AS IT APPEARS ON LEGAL DOCUMENTS 学生的全名必须在法律文件上有法定

Last Name姓 etc.)	First Name 名	Middle Name	Suffix (Jr, I, II,	Former Milton Student 前 学生 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
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STUDENT'S PERSONAL INFORMATION 学生个人资料

Date of Birth (mm/dd/yyyy) 出生 日期	Grade Level at Enrollment 年级	Gender 性别 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女 <input type="checkbox"/> Non-binary 非二元
Birthplace: City 出生地	State 州省	Country 国家

STUDENT'S ADDRESS 学生的地址

Number and Street 街名和号	Apt. # 房号	City 城市	State 州省	Zip Code 邮区
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INFORMATION ON STUDENT SERVICES 学生服务信息

Does your child receive special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No 您的孩子有接受特殊教育服务吗? <input type="checkbox"/> 是 <input type="checkbox"/> 否 If YES, please provide your child's IEP and the most recent evaluations to the registrar/school office at the time of registration. 如果是, 请提供您孩子的 IEP 和最近的评估给学校注册处。
Does your child have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No 您的孩子有 504 计划吗? <input type="checkbox"/> 是 <input type="checkbox"/> 否 If YES, please provide your child's 504 and the most recent evaluations to the registrar/school office at the time of registration. 如果是, 请提供您孩子的 504 和最近的评估给学校注册处。
Is this student an unaccompanied minor? <input type="checkbox"/> NO <input type="checkbox"/> YES 这个学生是无人陪伴的未成年人吗? <input type="checkbox"/> 否 <input type="checkbox"/> 是 Is this student homeless? <input type="checkbox"/> NO <input type="checkbox"/> YES, 这个学生是无家可归吗? <input type="checkbox"/> 否 <input type="checkbox"/> 是 Please circle one: Doubled up/Hotel/Shelter/Unsheltered Is this student in a foster care placement? <input type="checkbox"/> NO <input type="checkbox"/> YES 请圈出一个: 合住/旅馆/庇护所/无庇护, 该学生是否在寄养安置? <input type="checkbox"/> 否 <input type="checkbox"/> 是, please circle one: Childcare Institution/ Emergency Shelter/ Foster Home, Foster - Kinship/ Group Home/ Pre Adoptive home, Residential Facility 请圈出一项: 托儿所/紧急避难所/寄养之家, 寄养家庭/团体之家/收养前之家, 住宅设施

PREVIOUS SCHOOL ATTENDANCE以前曾入读的学校

School Name 校名	Dates of Attendance (mm/yyyy- mm/yyyy) 入读日期
School Address 学校地址	Grade Level(s) Attended 入读年级
School Phone Number 学校电话	<input type="checkbox"/> Public School 公立学校 <input type="checkbox"/> Private School 私校 <input type="checkbox"/> Other 其他
School Name 校名	Dates of Attendance (mm/yyyy- mm/yyyy) 入读日期
School Address 学校地址	Grade Level(s) Attended 入读年级
School Phone Number 学校电话	<input type="checkbox"/> Public School 公立学校 <input type="checkbox"/> Private School 私校 <input type="checkbox"/> Other 其他

SIBLING INFORMATION兄弟姐妹资料

Child's Name 孩子名字	School Name/Location 校名	Enrolled in the Milton Public Schools 在Milton 学校入读	Grade 年级	DOB 出生日期
		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		
		<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. 请在最能描述您孩子进入幼儿园前一学年的学前班经历的选项旁边的框打勾。仅选择一个选项，并在适用的情况下注明小时数。

Program Definitions: 项目的定义:

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). 协调家庭和社区参与 (CFCE) 服务是基于当地的计划，为有孩子出生到学龄期的家庭提供服务（例如，父母/儿童游戏小组、亲子活动）。

Parent Child Home Program (PCHP): home visiting model program funded through the Department of Early Education and Care. 亲子之家计划 (PCHP): 由早期教育和护理部资助的家访示范计划。

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. 以中心为基础的照顾：指在团体环境中照顾儿童，包括公立和私立幼儿园、启蒙学校、日托中心和综合公立幼儿园。

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. 持证家庭托儿：是指在家庭中的团体环境中获得 EEC 执照的托儿服务。如果提供者既是亲属

又是 EEC 许可的托儿服务提供者，为来自多个家庭的儿童提供照顾，也可包括在家庭成员家中的照顾。

<input type="checkbox"/> My child did not have any formal early childhood program experience. 我的孩子没有任何正式的幼儿计划经验。	
<input type="checkbox"/> My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services. 我的孩子没有正式的幼儿计划经验，但参加了协调家庭和社区参与 (CFCE) 服务。	
<input type="checkbox"/> My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services. 我的孩子没有正式的幼儿计划经验，但参加了亲子之家计划 (PCHP) 服务。	
<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. 我的孩子没有正式的幼儿计划经验，但参加了协调家庭和社区参与 (CFCE) 和亲子之家计划 (PCHP) 服务。	
<input type="checkbox"/> My child attended a Center Based Program (indicate hours) 我的孩子参加了中心为基础的托儿服务 <input type="checkbox"/> less than 20 hours per week每周少于 20 小时 <input type="checkbox"/> 20+ hours per week 每周超过 20 小时	
<input type="checkbox"/> My child attended a Licensed Family Child Care Provider (indicate hours) 我的孩子参加了持证家庭托儿 <input type="checkbox"/> less than 20 hours per week每周少于 20 小时 <input type="checkbox"/> 20+ hours per week 每周超过 20 小时	
<input type="checkbox"/> My child attended BOTH a Licensed Family Child Care Provider AND a Center-Based Program (indicate hours) 我的孩子同时参加了一家有执照的家庭托儿服务提供者和一个以中心为基础的计划（注明小时数） <input type="checkbox"/> less than 20 hours per week每周少于 20 小时 <input type="checkbox"/> 20+ hours per week 每周超过 20 小时	

PARENT/LEGAL GUARDIAN INFORMATION 家长/合法监护人资料**Parent/Legal Guardian Name #1 家长/法定监护人 #1**

		Circle: Mr./Mrs./Ms./Dr. 尊称
Last Name 姓	First Name 名	
Relationship to child: 与孩子的关系 <input type="checkbox"/> Mother 母亲 <input type="checkbox"/> Father 父亲 <input type="checkbox"/> Other* 其他	Married 已婚 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 * Divorced 离婚 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 * Separated 分居 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes 如果是* <input type="checkbox"/> Sole Custody 单独监护 <input type="checkbox"/> Joint Custody 联合监护 *Please provide documentation of Legal and Physical Custody. 请提供合法的监护文件。 Place of Employment 工作地点: Oral Interpreter Request <input type="checkbox"/> 译请求: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with child 与孩子同住? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 Should receive mailings for child 可为孩子接收邮件吗? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If other, please provide proof of legal guardianship. 如有其他, 请提供合法的监护证明。		
Occupation 职业:		
Preferred Language 首选语言:		

Street # 街号	Street Name 街名	Apt. # 房号
City/Town 城市	State 州省	Zip Code 邮区

Mailing Address, if different 邮寄地址, 如果不同

Street # 街号	Street Name 街名	Apt. # 房号
City/Town 城市	State 州省	Zip Code 邮区

Phone/Email Contact Information 电话/电邮联络资料

Phone 电话	Type (Choose One) 种类	Phone number 号码	Ext. 内线	Receive Text Message 接受短信
Phone 1	<input type="checkbox"/> Cell 手提 <input type="checkbox"/> Home 家 <input type="checkbox"/> Work 工作 <input type="checkbox"/> Other 其他			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
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 电邮:		Receive email? 接受电邮 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		
Alternate Email Address 备用电邮:		Receive email? 接受电邮 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		

Physical Address - (P.O. boxes will not be accepted as a physical address with the exception of documented, court related reasons.) 实际地址 (不接受邮政信箱为实际地址, 除有文件证明, 与法院相关除外。)

PARENT/LEGAL GUARDIAN CONTACT INFORMATION 家长/合法监护人资料

Parent/Legal Guardian Name #1 家长/法定监护人 #2

		Circle: Mr./Mrs./Ms./Dr. 尊称
Last Name 姓	First Name 名	
Relationship to child: 与孩子的关系 <input type="checkbox"/> Mother 母亲 <input type="checkbox"/> Father 父亲 <input type="checkbox"/> Other* 其他 *If other, please provide proof of legal guardianship*. 如有其他, 请提供合法的监护证明。 Occupation 职业: Preferred Language 首选语言:	Married 已婚 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 * Divorced 离婚 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 * Separated 分居 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes 如果是* <input type="checkbox"/> Sole Custody 单独监护 <input type="checkbox"/> Joint Custody 联合监护 *Please provide documentation of Legal and Physical Custody. 请提供合法的监护文件。 Place of Employment 工作地点: Oral Interpreter Request <input type="checkbox"/> 译请求: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with child 与孩子同住? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 Should receive mailings for child 可为孩子接收邮件吗? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

Street # 街号	Street Name 街名	Apt. # 房号
City/Town 城市	State 州省	Zip Code 邮区

Mailing Address, if different 邮寄地址, 如果不同

Street # 街号	Street Name 街名	Apt. # 房号
City/Town 城市	State 州省	Zip Code 邮区

Phone/Email Contact Information 电话/电邮联络资料

Phone 电话	Type (Choose One) 种类	Phone number 号码	Ext. 内线	Receive Text Message 接受短信
Phone 1	<input type="checkbox"/> Cell 手提 <input type="checkbox"/> Home 家 <input type="checkbox"/> Work 工作 <input type="checkbox"/> Other 其他			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
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 电邮:		Receive email? 接受电邮 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 Receive email? 接受电邮 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		
Alternate Email Address 备用电邮:				

Physical Address - (P.O. boxes will not be accepted as a physical address with the exception of documented, court related reasons.) 实际地址 (不接受邮政信箱为实际地址, 除有文件证明, 与法院相关除外。)

EMERGENCY CONTACT - PRIMARY (Other than Parent/Guardian)

紧急联络人 - 主要 (家长/监护人除外)

Last Name 姓 First Name 名 Address 地址		Circle: Mr./Mrs./Ms./Dr. 尊称
Relationship to child 与孩子的关系:	Is this person authorized to pick-up/transport your child in case of emergency? 此人能否有权在紧急情况下接送您的孩子? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	

Phone Contact Information 电话联络资料

Phone 电话	Type (Choose One) 种类	Phone number 号码	Ext. 内线
Phone 1	<input type="checkbox"/> Cell 手提 <input type="checkbox"/> Home 家 <input type="checkbox"/> Work 工作 <input type="checkbox"/> Other 其他		
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)

紧急联络人 - 次要 (家长/监护人除外)

Last Name 姓 First Name 名 Address 地址		Circle: Mr./Mrs./Ms./Dr. 尊称
Relationship to child 与孩子的关系:	Is this person authorized to pick-up/transport your child in case of emergency? 此人能否有权在紧急情况下接送您的孩子? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	

Phone Contact Information 电话联络资料

Phone 电话	Type (Choose One) 种类	Phone number 号码	Ext. 内线
Phone 1	<input type="checkbox"/> Cell 手提 <input type="checkbox"/> Home 家 <input type="checkbox"/> Work 工作 <input type="checkbox"/> Other 其他		
Phone 2	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		

ETHNICITY/RACE INFORMATION 种族信息

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. 此信息的收集由州和联邦法律授权。当家长/法定监护人未提供学生的种族/种族时，学校需要做出决定。

ETHNICITY (check only one): 种族(仅选一项)	RACE (check one or more) 种族(选一项或多项)
<input type="checkbox"/> Hispanic or Latino 西班牙裔或拉丁裔 <input type="checkbox"/> Not Hispanic or Latino 非西班牙裔或拉丁裔	<input type="checkbox"/> American Indian or Alaska Native 美洲印第安人或阿拉斯加原住民 <input type="checkbox"/> Asian 亚洲人 <input type="checkbox"/> Black or African American 黑人或非裔美国人 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 夏威夷原居民或其他太平洋岛民 <input type="checkbox"/> White 白人

MILITARY FAMILIES 军人家庭

Is the student part of a military family? 学生是否属于军人家庭? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
<p>If yes, please select the group to which the student belongs 如果是, 请选择学生所属的组:</p> <ul style="list-style-type: none"><input type="checkbox"/> 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. 学生的父母/法定监护人是现役军人或现役国民警卫队和预备役成员。<input type="checkbox"/> Student has a parent/legal guardian who is a veteran, who retired or was medically discharged in the last year. 学生的父母/法定监护人是退伍军人, 在去年退休或出院。<input type="checkbox"/> Student has a parent/legal guardian who passed away while on active duty in the last year. 学生的父母/法定监护人在去年服役期间去世。 <p>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 有关军事州际儿童契约委员会或 MIC3 的更多信息, 请访问他们的网站: http://mic3.net/pages/FAQ/faqnew.aspx</p>	

PHOTOGRAPHY POLICY拍照政策

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. 工作人员可以拍摄 Milton 公立学校学生的录像/拍照，以庆祝 Milton 公立学校相关活动/特别项目期间的努力和热情。这些照片通常显示在教室、走廊布告栏上，作为个别项目、当地报纸出版物学校和地区通信和/或为学校范围内的活动显示的录像节目的一部分。如果您不希望将您孩子的照片或录像用于此类目的，请在下面的适合的选项中签名以表明您的同意。

_____ 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. 我同意拍摄与我孩子的教育直接相关的照片/录像，以庆祝我孩子的努力和/或米尔顿公立学校的宣传直接相关。我明白我孩子的照片将在他/她的幼儿园筛查预约时拍摄，并附在他/她的注册申请中。

_____ 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. 我不想要我孩子的照片或录像。我不希望我孩子的照片在他/她的幼儿园筛查预约时被拍摄。

Student's Name 学生的名字: _____
(Please Print) 请写正楷

Parent/Guardian Signature 家长/监护人签名: _____ Date 日期: _____

HOME LANGUAGE SURVEY家庭语言调查

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. 麻省中小学教育部 (DESE) 法规要求所有学校确定每个学生家中使用的语言, 以确定他们的特定语言需求。这些信息对于学校向所有学生提供有意义的指导至关重要。如果家中讲英语以外的语言, 学区需要对孩子的孩子进行进一步评估。感谢您帮助我们满足这一重要要求。如果您有任何问题, 请通过 rjohnson@miltonps.org 联系 ELE 协调员 RK Johnson。谢谢你。

· Is there a language other than English spoken in the home? 在家里除了英语还有其他语言吗? ☐ Yes是 ☐ no 否

· What is the primary language used in the home, regardless of the language spoken by the student? 不管学生说什么语言, 家里使用的主要语言是什么?

· 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.) 您和孩子说的语言是什么? (请考虑您的孩子在家中和非家中与他人的所有互动, 例如: 照顾者、祖父母、叔叔、阿姨等)

_____ ☐ seldom 很少 ☐ sometimes 有时 ☐ often 经常 ☐ always 总是
_____ ☐ seldom 很少 ☐ sometimes 有时 ☐ often 经常 ☐ always 总是
_____ ☐ seldom 很少 ☐ sometimes 有时 ☐ often 经常 ☐ always 总是

· What language did your child first understand and speak? 您的孩子最初能听懂和说什么语言?

· Which language do you use most with your child? 您和孩子最常使用哪种语言?

· How many years has the student been in U.S. Schools? (not including pre-kindergarten) 学生在美国学校学习了多少年? (不包括学前班)

· Which languages does your child use? (check one) 您的孩子使用哪种语言? (勾选一项)

_____ ☐ seldom 很少 ☐ sometimes 有时 ☐ often 经常 ☐ always 总是
_____ ☐ seldom 很少 ☐ sometimes 有时 ☐ often 经常 ☐ always 总是
_____ ☐ seldom 很少 ☐ sometimes 有时 ☐ often 经常 ☐ always 总是

· Will you require written information from school in your native language? 您会要求学校用您的母语提供书面信息? ☐ Yes是 ☐ no 否

o If yes, what language? 如果是, 是那种语言?

· Will you require an interpreter/translator at Parent-Teacher meetings? 家长需要一名翻译参加家长会吗? ☐ yes是 ☐ no否

o If yes, what language? 如果是, 是那种语言?

IMMUNIZATION RECORDS, STUDENT PHYSICAL, AND OTHER PERTINENT HEALTH RECORDS

免疫记录，学生体检，和其他相关的健康记录

- 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: 麻省法律要求所有新入学的学生在入学前必须出示医生的免疫证明和体检证明。在为您的孩子办理入学登记时，请携带您孩子最近一次的体检副本和以下所需的免疫接种的文件：
 - Five (5) doses of DTAP Vaccine unless the fourth dose was given after the fourth birthday. 五 (5) 剂 DTAP 白喉和破伤风类毒素疫苗 和 百日咳疫苗，除非第四剂是在四岁生日之后接种的。
 - (Only four (4) doses are necessary for incoming preschool students.) (即将入学的学龄前学生只需要四 (4) 剂。)
 - Four (4) doses of Polio Vaccine, unless the third dose was given after the fourth birthday. 四 (4) 剂脊髓灰质炎疫苗 (IPV/ OPV)，除非第三剂是在四岁生日之后接种的。
 - (Only three (3) doses are necessary for incoming preschool students.) (即将入学的学龄前学生只需三 (3) 剂。)
 - Three (3) doses of Hepatitis B Vaccine. 三 (3) 剂乙型肝炎疫苗。
 - Two (2) doses of Measles, Mumps, Rubella (MMR) Vaccine. 两 (2) 麻疹、流行性腮腺炎及风疹 (MMR) 疫苗。
 - (Only one (1) dose is necessary for incoming preschool students – must be given on or after the first birthday.) (即将入学的学龄前学生只需要一 (1) 剂 - 必须在一岁生日当天或之后接种。)
 - Two (2) dose of Varicella Vaccine or a reliable history of chickenpox documented by the child's physician. 两 (2) 剂水痘疫苗或儿童医生记录的可靠水痘病史。
 - (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.) (即将入学的学龄前学生只需接种一 (1) 剂 - 必须在一岁生日当天或之后接种，或提供由孩子的医生记录的可靠的水痘病史。)
- In addition:** 此外
- Date of a Lead Screening is also required prior to entrance into kindergarten or preschool. 在进入幼儿园或学前班之前，还需要进行血铅含量筛查的日期。
 - Date and results of a vision screening (stereopsis) done within 12 months prior to entry into kindergarten. 在进入幼儿园前 12 个月内进行的视力筛查（立体视觉）的日期和结果。
 - 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. 不符合入学最低免疫接种要求的儿童将被禁止上学，直到他们获得最新的免疫接种。请从您的医疗服务提供者处获取您孩子最近的免疫接种记录，以便在您孩子的登记预约，为他/她的永久健康记录进行登记。如果需要，我们可以确定缺少的内容并在开始之前制定合规计划。

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

*****请在提交报名资料时随身携带这些表格。***.**

VISION SCREENING视力筛查

Physicians and other Health care Providers医生和其他医疗保健提供者

As of July 15, 2004 Chapter 181, requires that: 截至 2004 年 7 月 15 日, 第 181 章要求:

"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:** “在进入幼儿园或学年开始后 30 天内, 每个孩子的家长或监护人应向学校卫生人员出示该孩子在过去 12 个月内已通过由部门批准的人员进行的视力检查的证明。公共卫生部和视力筛查技术培训将由公共卫生部与教育部协商开发.....对于未能通过视力筛查的儿童和被诊断患有神经发育迟缓的儿童, 由儿童的父母或监护人选择的有执照的验光师或眼科医生进行的全面眼科检查的证明, 表明任何相关的诊断、治疗、预后, 必要是, 应提供后续治疗的建议和证据。”因此, 麻省现在规定:

- All preschoolers have a vision screening done within 12 months prior to their entry into Kindergarten. 所有学龄前儿童在进入幼儿园前 12 个月内进行视力筛查。
- 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. 所有神经发育迟缓的儿童, 以及所有视力筛查失败的儿童, 都应由眼科医生或验光师进行全面的眼科检查。

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. 如您所知, 麻省普通法第 71 章第 57 节要求每个学生在一定的时间内进行一次身体检查。完成后, 必须与学校共享麻省医疗保健提供者的检查表, 以作为学生学校健康记录的一部分。在过去一年中, 麻省公共卫生部与学校医生、儿科医生和护士密切合作, 更新了现有表格。此过程的目标是确定学校需要的信息, 以保护学生的健康和达到法律要求。另一个目标是创建一个易于实施的单页文档。该表格可在位于 (http://www.mass.gov/dph/fch/schoolhealth/health_record.htm) 的 MDPH 网站上找到, 其中包括一个记录视力筛查结果的地方。

STUDENT HEALTH AND EMERGENCY INFORMATION FORM

学生健康和紧急情况信息表

Please complete the following information. Contact the school nurse if assistance is needed to complete the form. 请填写以下信息。如果填写表格需要帮助，请联系学校护士。

Student's Last Name 学生的姓: _____ First Name 名字: _____ Middle Name 中间的名字: _____

Address 地址: _____ Home Phone 电话: _____ Grade 年级 _____

Gender 性别 _____ D.O.B 出生日期 _____ Primary Language 主要语言 _____ Parent/Guardian Name

家长名字: _____ Contact number 联络电话 _____ Name/Grade of sisters/brothers in

school building 姐妹/兄弟在本校的姓名/年级 _____ Does your child have health insurance?

您的孩子有医疗保险吗? _____ Yes 有 _____ No 没有

Health Insurance Company 健康保险公司 _____ Policy Number

保单号码 _____ Subscriber Name 用户名字: _____

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. 如果您没有健康保险，麻省有为没有保险的儿童提供负担得起的医疗保健的计划（可能有限制）。有关这些计划的更多信息，请联系学校护士。所有通信都将保密。

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. 在紧急情况下，学校将尝试联系家长/监护人，然后再联系学生的家庭医生。如有必要，您的孩子将被救护车送往急救中心。

Physician Name 医生名字 _____ Phone 电话 _____ Dentist Name 牙

医名字 _____ Phone 电话 _____

Prenatal history: Was pregnancy, labor, and delivery normal? 产前史：怀孕、分娩和分娩是否正常？

Yes 是 _____ No 不是 _____

If no, please explain 如果不是，请解释 _____

Growth and Development: Has your child completed the developmental milestones on time? (i.e. sitting, walking, toilet training) 成长与发展：您的孩子是否按时完成了成长里程碑？（即坐、走、如厕训练） Yes 是 _____ No 不是 _____

If no, please explain 如果不是，请解释 _____

Continued on next page... 继续下页

STUDENT HEALTH AND EMERGENCY INFORMATION FORM (CONT'D)

学生健康和紧急情况信息表（再续）

Please list all of the medication that your child takes. 请列出您孩子服用的所有药物。

Has your child ever been in the hospital? 您的孩子曾经住院过吗? Yes 是_____ No不是_____

If no, please explain 如果不是, 请解释_____

Is your child on a special diet? 您的孩子有特殊的饮食习惯吗? Yes 是_____ No不是_____

If no, please explain 如果不是, 请解释_____

Will your child attend an extended-day program during the year? 您的孩子在今年是否参加全日班?

Yes 是_____ No不是_____

Please explain if your child has been evaluated for special needs. 请解释您的孩子是否接受过特殊需要评估。_____

Please check all that applies to your child 请勾选所有适用于您孩子的内容:

- | | | |
|---|--|--|
| <input type="checkbox"/> Heart Condition 心脏病 | <input type="checkbox"/> ADD/ADHD 多动症 | <input type="checkbox"/> Blood Disorder 血液疾病 |
| <input type="checkbox"/> Diabetes 糖尿病 | <input type="checkbox"/> Migraines 偏头痛 | <input type="checkbox"/> Bed Wetting 尿床 |
| <input type="checkbox"/> Asthma 哮喘 | <input type="checkbox"/> Depression 抑郁症 | <input type="checkbox"/> Lead Poisoning 铅中毒 |
| <input type="checkbox"/> Seizure Disorder 癫痫症 | <input type="checkbox"/> Kidney Disease 肾脏疾病 | |

Other (Specify) 其他 (请说明) _____

Allergies (food, insects, medication, environment) (Specify) 过敏症 (食物、昆虫、药物、环境)

(请说明) _____

Hearing problems (Specify) 听力问题 (请说明) Left ear 左耳_____ Right ear 右耳_____ Hearing Aids 助听器_____

Vision Problems (Specify) 视力问题 (请注明) Wear Eyeglasses 戴眼镜_____ Contact Lenses 隐形眼镜_____

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. 我允许学校护士在需要时与适当的学校工作人员分享与我孩子的健康状况相关的信息, 以满足我孩子的健康和安全需求。我允许与我孩子的家庭保健医生交换信息, 以进行转诊、诊断和治疗。

Signature of Parent/Guardian Date 家长/监护人签名, 日期

Massachusetts Parental Notice for One Time Consent to Allow the School District To Access MassHealth (Medicaid) Benefits
麻省家长通知一次性同意学区获得 MassHealth (医疗补助) 福利

School District Name and Code 学区名字和区号: Milton Public Schools 0189000 Milton 公立学校

School/District Contact 学校联络人: Pupil Personel Services, 25 Gile Road, Milton, MA 02186 617-696-4470 x5572

Dear Parent/Guardian 亲爱的家长/监护人:

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. 这封信的目的是征求您的许可 (也称为同意) 与 MassHealth 分享您孩子的信息。麻省的当地社区已获准从 MassHealth 获得部分报销, 用于支付学区为您的孩子 (或多个孩子) 提供的某些健康相关服务的费用。为了让您的社区收回部分服务费用, 学区需要与 MassHealth 分享您孩子的以下类型信息: 姓名; 出生日期; 性别; 提供的服务类型、时间和人员; 和 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. 经您的许可, 学区将能够为 MassHealth 提供的服务寻求部分报销, 其中包括听力测试或眼科检查; 学校体检; 职业或言语或物理治疗; 一些学校护士访问; 和学校社会工作者或心理学家的咨询服务。每年, 学区都会向您提供有关您的许可的通知; 您不需要每年都签署一份表格。

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: 未经您的许可, 学区不能与 MassHealth 分享您孩子的信息。当您考虑给予许可时, 请注意以下事项:

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. 学区不能要求您签约 MassHealth 让您的孩子接受您孩子有权享受的健康相关和/或特殊教育服务。
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. 学区不能要求您为您的孩子的健康相关和/或特殊教育服务的费用支付任何费用。这意味着学区不能要求您支付共付额或免赔额, 以便向 MassHealth 收取所提供服务的费用。如果预计会产生任何此类费用, 学区可以同意支付共付额或免赔额。
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. 如果您允许学区与 MassHealth 共享信息并要求其报销: 这不会影响您孩子的可用终身保险或其他 MassHealth 福利; 它也不会以任何方式限制您自己的家人在校外使用 MassHealth 福利。
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. 如果您的孩子有资格接受, 您的许可不会以任何方式影响您孩子的特殊教育服务或 IEP 权利。
c. Your permission will not lead to any changes in your child's MassHealth rights; and 您的许可不会导致您孩子的 MassHealth 权利发生任何变化; 和
d. Your permission will not lead to any risk of losing eligibility for other Medicaid or MassHealth funded programs. 您的许可不会导致失去其他 Medicaid 或 MassHealth 资助计划资格的风险。
4. If you give permission, you have the right to change your mind and withdraw your permission at any time. 如果您给予许可, 您有权随时改变主意和撤回您的许可。
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. 如果您撤回许可或拒绝允许学区与 MassHealth 共享您孩子的记录和信息以寻求服务费用报销, 学区将继续负责为您的孩子提供服务, 您无需支付任何费用。

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. 我已阅读通知并理解。我的任何问题都得到了解答。我允许学区在必要时与 MassHealth 分享关于我的孩子及其健康相关服务的记录和信息。我了解这将有助于我们的社区寻求对 MassHealth 承保服务的部分报销。

Parent/Guardian Signature 家长/监护人签名: _____ Date 日期: _____

Child's Name 孩子名字:	Date of Birth 出生日期:	SASID # (FOR THE DISTRICT TO ADD)
Child's Name 孩子名字:	Date of Birth 出生日期:	SASID # (FOR THE DISTRICT TO ADD)
Child's Name 孩子名字:	Date of Birth 出生日期:	SASID # (FOR THE DISTRICT TO ADD)

Add more children添加更多孩子

CHECKLIST 清单

Documents/Information required for registering a new student in the Milton Public Schools. 在Milton 公立学校注册新学生所需的文件/信息。

- ☐ Parent Photo Identification (i.e., License/Passport/Government Issued Photo ID带照片的父母身份证明 (即驾驶执照/护照/政府签发的带照片的身份证件
- ☐ Child's Original Birth Certificate孩子出生证明原件
- ☐ Registration Form申请表
- ☐ Physical Examination Form completed by Health Care Provider体检表
- ☐ Immunization Record免疫接种记录
- ☐ Legal Guardianship/Caregiver Affidavit Documents (If Applicable) 法定监护人/看护人宣誓文件 (如适用)
- ☐ Legal/ Physical Custody Orders/Separation Agreement (If Applicable) 法律/实物监护令/分居协议 (如适用)
- ☐ Student Records/ Transcripts/ Report Cards学生记录/成绩单
- ☐ Grade 10 MCAS Test Results (If Applicable) 10 年级 MCAS 测试结果 (如果适用)
- ☐ 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. 居住证明 - 请参阅以下居住证明文件，以了解所需项目。所有新申请人必须提交所有必需的居住证明。如果申请人没有提供所需的文件，将被要求在注册程序之前将相关文件交回注册处。注册处不接受任何替代可接受的居住证明清单上的项目。

Please provide original/ up-to-date documentation of the items listed above. Please note that original documents will be copied and returned during registration 请提供上述项目的原件/最新文件。请注意，正本文件将在注册时复印并退回

Parent/Guardian Residency and Re-establishing Residency Checklist

家长/监护人居住和重新建里居住清单

**** Families must actually reside in the Town of Milton at the time of registration in order for students to attend the Milton Public Schools. ** 为了让孩子进入Milton公立学校，在申请时，家庭必须实际居住Milton镇。 ****

Student Full Name and Address: 学生的全名和地址_____

Homeowners 房主

____ Most recent mortgage statement 最近的抵押贷款声明

Renters 租房者

Provide the following documents 提供以下文件

____ Signed and Notarized Landlord Living Agreement to be completed by Owner/Landlord. (form follows in this packet) 由业主/房东必须签署并经公证的业主居住协议。（表格如下）

OR 或者

____ Signed and notarized Property Owner Certification Form to be completed by homeowner if you reside with a family member (form follows in this packet) 如果您与家庭成员同住，则由房东填写签字和公证的业主证明表格（表格如下）

AND 和

Provide one (1) document from the list below 从下面的列表中提供一份文件

____ Copy of up-to-date lease signed and dated by both landlord and tenant 由房东和租户共同签署并注明日期的最新租约副本

____ Most recent rent payment (cancelled check) 最近的租金支付(已取消的支票)

____ Most recent Section 8 Agreement 最近的第 8 条房屋协议

All Registrants (Homeowners and Renters) 所有注册人(房主和租户)

Provide one (1) utility bill (Please provide the entire bill dated within the past 60 days.) 提供一 (1) 份水电费账单（请提供过去 60 天内的完整账单。）

____ Cable/Satellite TV/Internet 有线/卫星电视/互联网

____ Electric 电费

____ Gas or Oil 天然气或石油

If you have recently moved a work order from the utility companies stating that your service has been ordered or installed will be accepted. 如果您最近从公用事业公司转移了一份工作订单，说明您的服务已被订购或安装，将被接受。

Provide one (1) documents with Milton address from the following list从以下列表中提供一 (1) 份带有 Milton 地址的文件

____ Valid photo ID (license, MA ID) Must have current Milton Address带照片的有效身份证件（驾照、MA ID）必须有当前的 Milton 地址

____ Bank Statement (dated within the past 60 days) 银行月结单（过去 60 天内的日期）

____ Homeowners or Renters Insurance policy 房主或租房者保险单

____ Auto Insurance汽车保险

____ Car Registration 车辆登记

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. 米尔顿公立学校与米尔顿镇合作，通过财产税法案、水费法案、垃圾法案和汽车消费税法案收集与居住问题有关的所有居民的信息。

Affidavit of Residency 居住证

Provide affidavit of Residency (Only signature and date are required.) 提供居住证（只需要签名和日期。）

I/we, the parent(s) or legal guardian(s) of _____, hereby certify as follows:

(Print student's full name) (打印学生的全名)

我/我们，_____ 的父母或法定监护人，特此证明如下：

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. 我/我们希望上述学生就读于 Milton 公立学校。我/我们了解，根据麻省法律和 Milton 学校委员会政策，非实际居住在 Milton 镇居住的学生是无法就读 Milton 公立学校。我/我们承认，我/我们必须在地址更改后的五 (5) 日内以书面形式通知上述学生的学校。
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). 我/我们理解，在没有其他相反信息的情况下，Milton 公立学校将依据本宣誓书根据居住地确定上述学生是否有资格就读 Milton 公立学校。如果根据本宣誓书中包含的信息，该学生在 Milton 公立学校就读，并且随后确定该学生实际上并不居住在 Milton，我/我们理解该学生在 Milton 公立学校的入学将被立即终止，并且我/我们将就学生整个学年的学费向 Milton 公立学校承担连带责任。
3. I/we further certify that I am/we are the parent(s) or legal guardian(s) of the above student. 我/我们进一步证明我/我们是上述学生的父母或合法监护人。
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. 我/我们了解，Milton 公立学校系统保留随时调查潜在或当前学生居住地的权利。该调查可能包括重新提交文件和/或学校或警察的家访。
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. 我/我们理解，如果我无法提供所要求的居住文件，我/我们将被置于“独特/推荐”状态，并将接受替代文件、家访调查，并可能与助理主管进行一对一会面。
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.”《麻省一般法》第 76 章第 5 节规定：“每个人都有权在他实际居住的城镇的公立学校上学，并遵守以下条款。没有学校委员会被要求招收一个实际上不在该镇居住的人，除非该招生是由法律或学校委员会授权的。任何违反或协助违反本规定的人，都可能被要求将全部赔偿金退还给不当就读的公立学校所在的城镇。任何人不得因种族、肤色、性别宗教、国籍或性取向而被排斥或歧视进入任何城镇的公立学校，或在获得该公立学校的优势、特权和学习课程方面受到歧视。

Signed under the pains and penalties of perjury on this _____ day of _____, 20____. 在 20____ 年 _____ 的 _____ 日，在作伪证的痛苦和惩罚下签署。

Parent/Guardian #1 家长/监护人 #1

Parent/Guardian #2 家长/监护人 #2



LANDLORD LIVING AGREEMENT 房东生活协议书

Landlord Name 房东名字: _____

Landlord Address 房东地址: _____

Landlord Phone # 房东电话: _____

I hereby certify and swear under oath that I am the legal owner/renter of the property at 本人特此证明并宣誓, 本人是该物业的合法拥有人/租客, 地址为:

I also certify and swear that (name of parents/guardians) 我同时证明并宣誓 (家长/监护人的姓名): _____ and their children (list all names) 和他们的孩子 (列出所有的名字): _____

_____ are my tenants and live at the above address. 是我的租户, 住在上述地址。

- 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. 我同意, 如果 Milton 公立学校调查并发现这些陈述是错误的, 我可能负责偿还 Milton 公立学校为上述儿童的教育而应支付的任何学费或教育费用。
- 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. 我同意, 如果上面列出的租户搬出上面列出的住所, 我将通知 Milton 公立学校这一住所变更。

Signed under the pains and penalties of perjury 在作伪证的痛苦和惩罚下签名:

(Owner/Landlord Signature) 屋主/房东签名

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. 通过签署此表格, 房东承认所有租户和卧室数量均符合 MA 州建筑规范和/或Milton镇建筑规范。

(Print Owner/Landlord Name) 屋主/房东的正楷名字

(Date) 日期

Notary Public 公证人
Stamp/signature 盖印/签名



PROPERTY OWNER CERTIFICATION FORM 业主证明表格

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. 如果您有家庭成员与您一起同住, 并且您的孩子将在 Milton 公

立学校就读，请使用此表格。作为房主，您需要提供居住证明及说明学生申请人及其父母/监护人与您同住的原因的信件。请提供水电费账单和贷款按揭结单副本。

Property Owner Information 业主信息

Name 名字: _____

Relationship to family 与家庭成员的关系: _____

Address 地址: _____

Home Phone 家庭电话: _____ Cell Phone 手提: _____ Email Address 电邮: _____

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: 我是麻省Milton 镇 _____ 的房产拥有者。并确认以下人士将居住在上述地址，未成年子女将在Milton镇登记上学：

Name of Parent(s)/Guardian(s) 家长/监护人的名字: _____

Home Phone 家庭电话: _____ Cell Phone 手提: _____ Email Address 电邮: _____

Please list all minor children living with the Parent (s)/ Guardian (s) listed above. 请列出所有与上述家长/监护人住在一起的未成年子女。

Expected dates of residency for this family at the address listed above. 该家庭在上述地址的预期居住日期：

From 从: _____ to 到: _____

Name 名字: _____ Date of Birth 出生日期: _____

Name 名字: _____ Date of Birth 出生日期: _____

Name 名字: _____ Date of Birth 出生日期: _____

· 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. 我同意，如果 Milton 公立学校调查并发现这些陈述是错误的，我可能有责任偿还 Milton 公立学校为上述儿童的教育而支付的任何学费或教育费用。

· 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. 我同意，如果上述家庭搬离上述住所，我将通知 Milton 公立学校这一住所变更。

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. 我在作伪证的痛苦和惩罚下发誓，上述回答是真实准确的。我明白我有义务通知 Milton 公立学校如果这个家庭的住所发生变化。

Signature of property owner 业主签名

Date 日期

Notary Public 公证人
Stamp/signature 盖印/签名

For Grades 1-12 Only 仅适用于**1-12**年级

OTHER STUDENT INFORMATION 其他学生资料

Has the student ever attended the Milton Public Schools 此学生曾在Milton公立学校就读? _____

If yes 如果是, which school (s) 那一间学校? _____

Dates Attended 入学日期? _____

What was the home address while attending Milton Public Schools 用什么地址在Milton公立学校就读?

Has the student ever been excluded from any school 学生是否曾被学校开除?? _____

If so 如果是, what was the reason 什么原因? _____

Has the student ever been suspended for possession of a dangerous weapon, possession of a controlled substance or staff assault 学生是否曾因持有危险武器、持有管制药物或攻击教职员而被停学??

If yes, describe the circumstances and give the length of the suspension. 如果是, 描述情况并给出暂停时间。

Is the student on probation 这学生是否在监督中? _____

If so 如果是, provide the name of the probation officer, 请提供监督缓刑官的姓名 _____,
telephone 电话 # _____ and name of the Court 法庭名字



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 同意将档案记录发布给 MILTON 公立学校, 请让孩子目前就读的学校填写此表格, 并将相关记录传真、邮寄或扫描至 registration@miltonps.org。 传真号码 617-696-6990

I give permission for (Please print 请写正楷) 我同意 _____
(former school name 以前的学校名字)

(street address 街道地址)

(city/town/state城市/城镇/州省)

to release the following 发布以下文件:

- _____ Official transcript, attendance, disciplinary information, standardized test scores 正式成绩单、出勤率、纪律信息、标准化考试成绩
- _____ Medical records (Immunizations) 医疗记录 (免疫接种)
- _____ Special Education records (including IEP and evaluations) 特殊教育记录 (包括 IEP 和评估)
- _____ MCAS scores MCAS分数
- _____ Exit or Withdrawal Grades退出或退学年级
- _____ Other (Please specify below) 其他(请在下方注明)

Students Name 学生名字: _____
Please Print 请写正楷

Signed 签名: _____
Parent/Student 家长/学生



25 Gile Road

Milton, MA 02186

(617) 696-4470

Fax Number 617-696-6990

OTHER STUDENT INFORMATION 其他学生资料
(For Grades 1-12 Only 仅适用于1-12年级)

Education Reform Act of 1993 1993年教育改革法

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, 第 37 节。1991 年正式版中出现的《一般法》第 71 章第 37L 节加以修订, 增加以下内容:

“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.” “转学到本地学

校的学生必须向新学校系统提供一份完整的入学记录。所述记录应包括但不限于任何涉及停学或违规或犯罪行为的事件，或任何该学生因任何停学行为而被起诉的事件报告。”

Under the Education Reform Act Provisions, we are requesting information relative to discipline. Please respond to the following questions. 根据《教育改革法》的规定，我们要求提供有关纪律的信息。 请回答以下问题。

NAME OF STUDENT AND YEAR 学生名字和年份_____ No instances of office disciplinary action. 没有受到办公室纪律处分的事例。

_____ Several instances of disciplinary action. (Minor infractions- student cooperative) 几次纪律处分。（轻微违规行为 - 学生合作）

_____ Frequent need for office intervention. 经常需要办公室干预。

_____ At least one instance of serious actions requiring major disciplinary intervention. 至少有一次严重的行为需要校方干预。

_____ Absence Record缺勤记录

_____ Tardy Record迟到记录

Additional comments: 附加评论

Please attach a copy of the disciplinary record to this form请在此表格上附上纪律记录的副本
Signature of the school official responsible for discipline. 负责纪律处分的学校官员签字。

Signature 签名: _____ Date 日期: _____

Name 名字: (Print写正楷) _____

Title 职衔: _____