

Milton Public Schools

New Student Registration Packet

Revised January 2018

STUDENT INFORMATION

Name (Full legal name as shown on birth certificate)

(Last)

(First)

(Middle)

Date of Birth

Month

Day

Year

Gender

Male

Female

Non-Binary

Place of Birth

(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

Is the student a member of a US Military Family? Yes No

Is the student a child of an active duty member of the military? Yes No

Is the student a child of a member or veteran who was medically discharged or retired in the last year?

Yes

No

Is the student a child of a member of the military who died on active duty in the last year?

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

Foster Parent

Non-Parent

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

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EMERGENCY CONTACT INFORMATION

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 FILL OUT EACH SECTION.**

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

PREVIOUS SCHOOL/PRESCHOOL INFORMATION (if applicable)

Previously Attended School _____

School Address _____

School Telephone # _____ Dates of Attendance _____

Student Address while attending previous school:

Street # and name _____

Town/City _____ State _____ Zip Code _____

Telephone # _____

I, _____, parent/guardian of _____
(parent/guardian name) (child's name)

give permission to the Milton Public Schools and my child's school/preschool/family child care provider to share information about my child. I understand that this communication is to enable the Milton Public Schools and my child's school/preschool/family child care provider to work together to provide for a smooth transition as my child enters the Milton Public Schools.

(parent/guardian signature)

(date)

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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	_____ F <input type="checkbox"/> M <input type="checkbox"/> Non-Binary <input type="checkbox"/> Last Name Gender
_____ Country of Birth	____/____/____ Date of Birth (mm/dd/yyyy)	____/____/____ Date first enrolled in ANY U.S. school (mm/dd/yyyy)
School Information		
____/____/20____ Start Date in New School (mm/dd/yyyy)	_____ 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	____/____/20____ Today's Date: (mm/dd/yyyy)	

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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
	/ /	/ /
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		
/ /20	Nombre de la escuela y ciudad anterior	Grado actual
Fecha de comienzo en la escuela nueva (mm/dd/aaaa)		
Preguntas para los padres/encargados		
¿Cuál es el idioma natal del padre/la madre/los encargados? (encierre en un círculo) _____ (madre / padre / encargado) _____ (madre / padre / encargado)	¿Qué idioma(s) se habla(n) con su hijo? (incluya parientes - <i>abuelos, tíos, tías, etc.</i> - y encargados del cuidado) _____ infrecuentemente / algunas veces / frecuentemente / siempre _____ 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) _____ habla / lee / escribe _____ habla / lee / escribe	¿Qué idiomas usa su hijo? (encierre uno en un círculo) _____ infrecuentemente / algunas veces / frecuentemente / siempre _____ 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 nesèse pou lekòl yo founi enstrikson korèk 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. Mèsi pou ed ou.

Enfòmasyon Elev

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Prenom _____		Nom Mitan _____ / _____		Nom Fanmi _____ / _____		F <input type="checkbox"/> M <input type="checkbox"/> Non-Binary <input type="checkbox"/>
Peyi de Nesans _____		Dat de Nesans (mm/dd/yyyy) _____		Dat Enrole nan NENPÒT lekòl ETAS UNI (mm/dd/yyyy) _____		Gason oswa fi _____
Enfòmasyon Lekòl						
_____ / _____ /20		Nom pou Lekol la e Vil anvann sa _____		Klas Kouran _____		
Kesyon yo pou Paron/Gadyen						
Ki lang oswa lang yo natif la pou chak paron/gadyen? (fè youn sèk otou youn) _____ _____ (maman / papa / gadyen) _____ (maman / papa / gadyen)			Ki lang oswa lang yo ou pale avek ti moun ou? (enkli fanmi –gran moun, tonton yo, tant yo, e plis – epi moun kap bay ed) _____ pa souvan / kèk fwa / souvan / tout tan _____ pa souvan / kèk fwa / souvan / tout tan			
Ki lang ti moun konpran e pale premye?			Ki lang ou pale plis avek ti moun ou?			
Ki lòt lang ti moun ou kone? (fè youn sèk otou tout li kone) _____ pale / li / ekri _____ pale / li / ekri			Ki lang yo ti moun ou itilize ? (fè youn sèk otou tout li kone) _____ pa souvan / kèk fwa / souvan / tout tan _____ pa souvan / kèk fwa / souvan / tout tan			
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			_____ / _____ /20 Dat Jòdi a: (mm/dd/yyyy)			

Haitian

家庭语言调查

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Parent/Guardian Registration Checklist

Please bring the following documents with you to your parent registration appointment:

- Original Student Birth Certificate
- Parent/Guardian Photo ID
- Health/Immunization Forms with Recent Physical Examination (must be current)
- Photo/Video Release Form (included in this packet)

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 Name and Address: _____

Homeowners

Provide two (2) documents from the list below

- _____ Copy Of Deed
- _____ Settlement Statement
- _____ Most recent mortgage payment
- _____ Property tax bill

Renters

Provide the following document

_____ Signed and Notarized Landlord Living Agreement to be completed by Owner/Landlord. (form follows in this packet)

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)

All Registrants (Homeowners and Renters)

Provide three (3) bills from the following list (Please provide entire bill dated within the past 60 days.)

- _____ Cable/Satellite TV/Internet
- _____ Electric
- _____ Gas or Oil
- _____ Water

Provide three (3) documents with Milton address from the following list

- _____ Valid photo ID (license, MA ID, passport)
- _____ Bank Statement (dated within the past 60 days)
- _____ Excise Tax Bill
- _____ Homeowners or Renters Insurance policy
- _____ Auto Insurance
- _____ Car Registration

Provide affidavit of Residency (Only signature and date are required. Form is found on next page.)

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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 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).
4. I/we further certify that I am/we are the parent(s) or legal guardian(s) of the above student.
5. 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.
6. 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.
7. 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

To: The Milton Public Schools

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
(must be raised)



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Photography Policy

Video/photographs of Milton Public Schools' students may be taken by staff for 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 and/or video programming that is displayed for school wide events. If you **do not** want photos of 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: _____

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 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 next page...

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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

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 _____

For Grades 1-12 Only

**MILTON PUBLIC SCHOOLS
25 Gile Road
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)

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For Grades 1-12 Only

**MILTON PUBLIC SCHOOLS
25 Gile Road
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.

NAME OF STUDENT AND ANTICIPATED YEAR OF GRADUATION

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 **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

The Milton Public School system does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, gender identity, transgender status, gender transitioning, age, national origin (ancestry), disability, pregnancy/parenting status, marital status, sexual orientation, homelessness, or military status, in any of its programs, activities or operations. These include, but are not limited to, admissions, equal access to programs and activities, hiring and firing of staff, provision of and access to programs and services, as well as selection of volunteers, vendors and employers recruiting at the Milton Public Schools. We are committed to providing an inclusive and welcoming environment for all members of our staff, students, volunteers, subcontractors, and vendors. The following person has been designated to handle inquiries regarding the non-discrimination policies: Asst. Superintendent for Curriculum & Human Resources, 617-696-4812