

AMESBURY PUBLIC SCHOOLS

ELIZABETH MCANDREWS
SUPERINTENDENT OF SCHOOLS



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PARENT/GUARDIAN CHECKLIST FOR INCOMING STUDENTS

This cover page is for your reference only and does not need to be returned to the school.

Attached is a registration packet with forms to be completed and returned to the school. Before a student may attend any class, all necessary forms and health information must have been submitted (exceptions may be made for students who qualify under the McKinney-Vento Homeless Act).

- Original Birth Certificate** – the original certificate *will not* be retained by the school
- Visa (if not U.S. Citizen)**
- Proof of Residency** – these documents must be originals, not photocopied, and be pre-printed with the name and address of the student’s parent or legal guardian*. If the documents listed below can’t be provided to the school, you may meet with the principal to discuss your unique situation. If unable to provide the required documentation, you will need to complete the attached ‘affidavit supporting residency’ and proof of residency’ forms. Depending on each individual situation, additional documentation may be required. Further, in some cases, you may be referred to the office of the Superintendent of Schools.

All applicants must submit <i>at least</i> one document from <u>each</u> of the following columns**:		
Column A - 1 document	Column B - 2 documents	Column C - 1 document
<ul style="list-style-type: none"> • Copy of Deed • Copy of most recent tax bill • Fully signed Purchase and Sale Agreement • Fully signed/executed lease agreement • Notarized letter from builder/realtor 	<p><i>A utility bill or work order dated within the past 60 days, including:</i></p> <ul style="list-style-type: none"> • Gas Bill • Oil Bill • Electric Bill • HOME Telephone bill (not cell phone) • Cable Bill • Water Bill <p><i>Additional sources of documentation include:</i></p> <ul style="list-style-type: none"> • Payroll Stub • Bank Statement • Voter registration record from city hall 	<ul style="list-style-type: none"> • Valid Driver’s license • Valid Massachusetts photo Identification card • Valid passport

* Legal guardianship requires additional documentation from a court, agency, or a notarized caregiver affidavit.
 * If you are unable to provide all of the documentation at the time of registration, you **MUST** provide it within 30 calendar days of enrollment, or your child will be immediately withdrawn from the school.

PARENT/GUARDIAN CHECKLIST FOR INCOMING STUDENTS

Page Two

- Student registration form:**
 - **Student Data Sheet**
- Home Language Survey**
- Signed Request for Records Form (if applicable) – for students transferring from another school district**
- Completed Medical Records:**
 - **Immunization Record**
 - **Confidential Health History**
 - **Completed Current Physical Exam – A physical exam done within the past year prior to acceptance is acceptable.**

Any parent/guardian wishing to volunteer in a school or participate in a field trip must complete a **CORI** form. These forms must be completed every three years. Please see your school's administrative assistant for further information.

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Proof of Residency Form

Three forms of identification are required from the parent/guardian to verify residency. *The following two pages only need to be completed and notarized if the parent/guardian cannot produce the three required forms.*

Date: _____

Student Name: _____

Parent/Guardian Name(s): _____

Current Address: _____

Current Telephone Number: _____

Name of Property Owner: _____

Address of Property Owner: _____

Telephone Number of Property Owner: _____

Date Student will Enter School: _____

The undersigned do hereby certify that _____ is living at _____ in
Amesbury, Massachusetts and that all records relating to the enrollment of _____
into the Amesbury Public Schools are true. Any falsifying of this information will subject me, as parent
or guardian, to full tuition payment for the number of days he/she was not a legal resident of the City of
Amesbury as well as the removal of the student from the Amesbury Public Schools.

Parent's Signature

Property Owner's Signature

The following documentation must be provided along with this form:

- 1) Copy of the property owner's current real estate tax bill _____
- 2) Copy of current utility bill with either the lessor or lessee's name _____
 ** due within 30 days of actual residence
- 3) Proof of identification of property owner: Driver's license/Passport, etc. _____

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AFFIDAVIT SUPPORTING RESIDENCE

I certify that :

Name of Parent(s) / Legal Guardian(s)

Name(s) of Child(ren) :

Reside at : _____

in the Amesbury Public School District, as of : _____
(Date)

Property Owner or Lessor Signature : _____

(Relationship to Parent/Guardian) : _____

* Parent / Guardian Signature : _____

Commonwealth of Massachusetts

County of Middlesex

Subscribed and sworn to me, a Notary Public, in and for said County and State,

this _____ day of _____, 20 _____

Notary Public : _____

Printed Name of Notary : _____

My Commission Expires : _____

** My signature confirms that the information above and supporting documentaiton I have provided the School District to prove residency are true. I understand that fraudulent claims constitute perjury, punishable by law, and can also result in the expulsion of the student from school and immediate demand for tuition by the School District.*



AMESBURY PUBLIC SCHOOLS

Where children come first!

REQUEST FOR STUDENT RECORDS

To: _____

Request Records for Student:

Student's Name (please print) _____

Grade: _____

The above student has enrolled in our school. Please send all pertinent educational, special education, psychological and health records to:

- | | | |
|--|--|--|
| <input type="checkbox"/> Amesbury Elementary School
20 South Hampton Road
Amesbury, MA 01913
Phone: 978-388-3659
Fax: 978-388-4961 | <input type="checkbox"/> Cashman Elementary School
193 Lions Mouth Road
Amesbury, MA 01913
Phone: 978-388-4407
Fax: 978-388-4479 | <input type="checkbox"/> Amesbury Middle School
220 Main Street
Amesbury, MA 01913
Phone: 978-388-0515
Fax: 978-388-1626 |
|--|--|--|

Authorization to Release Pupil's Records

I have enrolled my child, _____, in the Amesbury Public Schools and authorize you to release all school records to this school.

Signature of Parent or Guardian

Date

Relationship to child: _____

LASID # _____

SASID # _____

**AMESBURY PUBLIC SCHOOLS
AMESBURY, MASSACHUSETTS 01913
STUDENT DATA SHEET**

Please print (legal name/no nicknames)

First Name: _____ Full Middle Name: _____

Last Name: _____ Gender: Male _____ Female _____

Date of Birth: (month/day/year) _____ City of Birth: _____

State of Birth _____ Country of Birth: _____ Country of Origin _____

Address: _____ Apt.# _____

City of Residence: _____ State: _____ Phone: _____

Parent/Guardian Names: _____

School Last Attended: _____

Grade: _____ Special Needs: _____ Title 1: _____

Parent Email: _____ Student Email: _____

Ethnic Background (select only one)

_____ No, not Hispanic or Latino

_____ Yes, Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

Race (you may select more than one)

_____ White: a person having origins in any of the original people of Europe, the Middle East, or North Africa

_____ Black or African American: a person having origins in any of the black racial groups of Africa

_____ American Indian or Alaska Native: a person having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliation or community attachment

_____ Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam

_____ Native Hawaiian or other Pacific Islanders: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Military Family Status: Students are children of:

_____ Active duty members of the uniformed services, National Guard and Reserve on active duty orders

_____ Members or veterans who are medically discharged or retired within one year

_____ Members who died on active duty

Parent/Guardian Signature _____

Date _____

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 school 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 their important requirements by answering the following questions. Thank you for your assistance.

Student Information

_____ F _____ M _____
First Name Middle Name Last Name (gender)
_____/_____/_____
Country of Birth Date of Birth (mm/dd/yyyy) Date first enrolled in ANY U.S. School

School Information

_____/_____/_____
Start Date in New School Name of Former School and Town Current Grade
(mm/dd/yyyy)

Questions for Parents/Guardians

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? (Include relatives Grandparents, aunts, uncles, 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?

How many years has the student been in the U.S. (not including pre-kindergarten)

Which language(s) does your child use (circle one)

_____ seldom/sometimes/often/always

_____ seldom/sometimes/often/always

Will you require written information in your native language? Y_____ N_____

Y_____N_____

If yes, what language? _____

Will you require an interpreter at parent/teacher meetings?

Y_____N_____

If yes, what language? _____

Parent/Guardian Signature

Today's Date (mm/dd/yyyy)

Back to School Pup Says

By Two Years

3 doses of Hep B

4 doses of DTaP

3 doses of Polio

3 or more doses of Hib

1 dose of MMR

1 dose of Varicella

DTaP = Diphtheria, Tetanus, and Pertussis

Hib = *Haemophilus influenzae* type b

MMR = Measles, Mumps, and Rubella

By Kindergarten

3 doses of Hep B

5 doses of DTaP

4 doses of Polio

2 doses of MMR

2 doses of Varicella

By 7th Grade

3 doses of Hep B

1 dose of Tdap

3 doses of Polio

2 doses of MMR

2 doses of Varicella



VACCINATE ALL YOUR CHILDREN

For more information, contact your health care provider
or the MDPH Immunization Program:

Massachusetts Department of Public Health Immunization Program
Main Number (617) 983-6800 or Toll-Free 888-658-2850

For BOSTON providers/schools only, you may call the Boston Health Commission:
(617) 534-5611

Visit our Website at: www.mass.gov/dph/imm

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