

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

\* 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.



# AMESBURY PUBLIC SCHOOLS

*Where children come first!*

## Kindergarten Registration

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last First Middle

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

Date of Birth: \_\_\_\_\_

Copy of Birth Certificate:  Yes  No

Proof of Residency:  Yes  No

School last attended (if any): \_\_\_\_\_

### *Authorization to Release / Request Pupil Records*

I hereby give permission for the Amesbury Public Schools to request all pertinent educational, psychological, Special Education and Health pupil records from previous schools attended.

Send records to:

Amesbury Elementary School  
20 South Hampton Road  
Amesbury, MA 01913  
Phone: 978-388-3659  
Fax: 978-388-4961

Cashman Elementary School  
193 Lions Mouth Road  
Amesbury, MA 01913  
Phone: 978-388-4407  
Fax: 978-388-4479

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Print

Relationship to child: \_\_\_\_\_

# Charles C. Cashman Elementary School



*Karina Mascia-Jayles, Principal*

*Kathleen Bissell, Building Coordinator*

*Respect, Responsibility and Reflection*

## CONSENT TO OBTAIN AND RELEASE STUDENT RECORDS

**Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Student Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Parent Cell:** \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

I hereby authorize Amesbury Public Schools to obtain records from or discuss above student with those listed below:

Daycare/Preschool	Address	Phone	Contact

Please provide any records or reports pertaining to the above named child which may be necessary either for the diagnostic study of the child, or professionally deemed helpful as part of the evaluation process. I understand all information will be treated as confidential.

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

Please send records to:  
Cashman Elementary School  
193 Lions Mouth Road  
Amesbury, MA 01913

## Early Childhood Education Experience Survey

Please check 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. Thank you!

Name of child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

My child did not have any formal early childhood program experience

My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.

My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.

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.

My child attended a Licensed Family Child Care Provider (Indicate hours below)

\_\_\_ for less than 20 hours per week

\_\_\_ for 20+ hours per week

My child attended a Center Based Program (Indicate hours below)

\_\_\_ for less than 20 hours per week

\_\_\_ for 20+ hours per week

My child attended BOTH a Licensed Family Child Care Provider AND a Center Based Program (Indicate hours below)

\_\_\_ for less than 20 hours per week

\_\_\_ for 20+ hours per week

**Definitions:**

***Coordinated Family and Community Engagement (CFCE) Services:*** 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.

***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.

***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.

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LASID # \_\_\_\_\_

SASID # \_\_\_\_\_

**AMESBURY PUBLIC SCHOOLS  
AMESBURY, MASSACHUSETTS 01913.**

**STUDENT DATA SHEET**

**Please print (legal names, no nicknames)**

**First Name:** \_\_\_\_\_ **Full Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **Gender: Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt. #** \_\_\_\_\_

**City of Residence:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Parent/Guardian Names:** \_\_\_\_\_

**Date of Birth: (month/day/year)** \_\_\_\_\_ **City of Birth:** \_\_\_\_\_

**State of Birth:** \_\_\_\_\_ **Country of Birth:** \_\_\_\_\_ **Country of Origin:** \_\_\_\_\_

**School Last Attended:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Special Needs:** \_\_\_\_\_ **Title I:** \_\_\_\_\_

**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 one or more races.)**

- White: a person having origins in any of the original peoples 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 peoples 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 -- Defined as: students who 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 die on active duty

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# KINDERGARTEN BUS INFORMATION FORM

STUDENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUS TO SCHOOL (circle one) FROM HOME/DAYCARE: \_\_\_\_\_

(ADDRESS IF DIFFERENT FROM HOME)

PARENT WILL PROVIDE TRANSPORTATION FROM HOME TO SCHOOL \_\_\_\_\_

ADDITIONAL NOTES: \_\_\_\_\_

BUS FROM SCHOOL (circle one) TO HOME/DAYCARE: \_\_\_\_\_

(ADDRESS IF DIFFERENT FROM HOME)

PARENT WILL PROVIDE TRANSPORTATION FROM SCHOOL TO HOME \_\_\_\_\_

ADDITIONAL NOTES: \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_





**AMESBURY PUBLIC SCHOOLS**  
Enrollment Form/Residency Questionnaire

NAME OF LEA: AMESBRY

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last First Middle

Gender: Male/Female Date of Birth \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_ SASID: \_\_\_\_\_  
Month Day Year

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check ONE)

\_\_\_\_ In a shelter

\_\_\_\_ With another family or person (sometimes referred to as "doubled up")

\_\_\_\_ In a hotel/motel

\_\_\_\_ In a car, park, bus, train, or campsite

\_\_\_\_ Other temporary living situation (Please describe)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ In permanent housing

\_\_\_\_\_  
PRINT name of parent, guardian or student  
(for unaccompanied homeless youth)

\_\_\_\_\_  
SIGNATURE of parent, guardian or student  
(for unaccompanied homeless youth)

Date: \_\_\_\_\_

If the student is NOT living in permanent housing, please ensure that this form is returned to the Office of Student Services

## Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information			
First Name _____	Middle Name _____	Last Name _____	Gender F <input type="checkbox"/> M <input type="checkbox"/>
Country of Birth _____	Date of Birth (mm/dd/yyyy) _____	Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____	
School Information			
Start Date in New School (mm/dd/yyyy) _____	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 -grandparents, uncles, aunts, etc. - and caregivers)  _____ seldom / sometimes / often / always  _____ seldom / sometimes / often / always		
What language did your child first understand and speak?	Which language do you use most with your child?		
Which other languages does your child know? (circle all that apply)  _____ speak / read / write  _____ speak / read / write	Which languages does your child use? (circle one)  _____ seldom / sometimes / often / always  _____ seldom / sometimes / often / always		
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/>	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>		
Parent/Guardian Signature:  X _____	Today's Date: _____ / _____ /20____ (mm/dd/yyyy)		

**CONFIDENTIAL HEALTH HISTORY**

Name \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

FATHER \_\_\_\_\_ EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

MOTHER \_\_\_\_\_ EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

Guardian is: Father \_\_\_\_\_ Mother \_\_\_\_\_ Other (Name): \_\_\_\_\_

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

List siblings with date of birth:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Do you consider your child's health to be: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_?

Is there any reason why your child cannot participate in full school activities? Y N

Does your child have any medical concerns? Allergies? Y N

Do these concerns require daily medication or treatment? Y N

Does your child have frequent ear infections (more than two a year) or is Hearing impaired? Y N

Does your child wear glasses? Y N

If you have answered YES to any of the above questions, please explain below.

\_\_\_\_\_  
Signature Date