

AMESBURY PUBLIC SCHOOLS

MR. JARED FULGONI
INTERIM SUPERINTENDENT OF SCHOOLS



JOAN LIPORTO
DIRECTOR OF FINANCE
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LYNN CATARIUS
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5 Highland Street
Amesbury, MA 01913

LYN JACQUES
DIRECTOR OF TEACHING
AND LEARNING

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 - <u>1</u> document	Column B – <u>2</u> documents	Column C - <u>1</u> 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.*

Charles C. Cashman Elementary School



Karina Mascia-Fayes, Principal

Lauri McAllister, 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

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 Philippines 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 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: _____

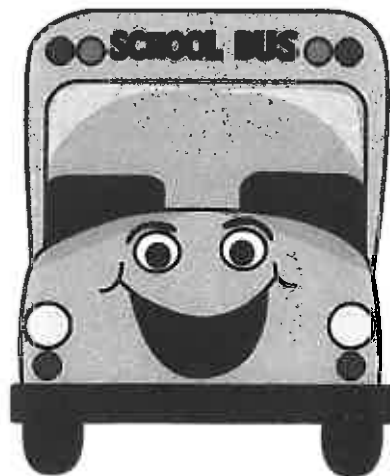
(ADDRESS IF DIFFERENT FROM HOME)

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: Amesbury

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 certificates. 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 line)

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 Mary Houde at the Office of Student Services.

Home Language Survey

Massachusetts Department of Elementary and Secondary Education requires 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 _____
Country of Birth _____	Date of Birth (mm/dd/yyyy) _____
Last Name _____	Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____
Gender F <input type="checkbox"/> M <input type="checkbox"/>	
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 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, 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? _____ _____
How many years has the student been in U.S. Schools? (not including pre-kindergarten) _____ _____	Which language 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"/> If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____
Parent/Guardian Signature: X _____	Today's Date: _____ / _____ / _____ (mm/dd/yyyy)

CONFIDENTIAL HEALTH HISTORY

NAME _____ **Sex** _____ **D.O.B.** _____
 Last First Middle

Father _____ **Employer** _____ **Phone** _____

Mother _____ **Employer** _____ **Phone** _____

Guardian is: Father Mother Other (Name) _____

Address: _____ **Home Phone:** _____

List brothers and sisters and their date of birth:

Names:	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 or allergies? Y N

Do these concerns require daily medications or treatment? Y N

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

Is your child 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.

Parent/Guardian Signature _____ Date _____

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