

**GUIDANCE CENTER
AMESBURY MIDDLE SCHOOL
220 MAIN STREET
AMESBURY, MA 01913**

PHONE: 978-388-0515

FAX: 978-388-1626

Welcome! This folder contains both general information about Amesbury Middle School and the forms needed to register a student at AMS. Please contact us to set up your registration appointment once you have completed the forms and gathered the necessary documents. Both student and parent must be present at the registration appointment.

Forms required for all incoming students:

- Records Release Sheet
- Verification of Residence (or an approved School Choice form)
- Student Data Sheet
- Student Emergency Information
- Home Language Survey
- Student Health Card
- Handbook Acknowledgment

Forms needed only if applicable:

- Free/Reduced Lunch
- Bus Transportation
- Outside Services Consent Release Sheet

You will also need to bring the following items to your registration appointment:

- **Picture I.D.**
- **3 proof of residency for Amesbury** - Proof of residency may include: signed lease, rent receipt, notarized letter, property tax bill, property deed, and utility bill (electricity, natural gas, telephone), payroll stub, bank statement etc.
- **Copies of academic records, attendance records, and discipline records from previous school** - A student's transcript is required to place the student in the appropriate courses.
- **Medical records (immunizations and recent physical)** - Massachusetts Law requires immunizations for Diphtheria, Pertussis, Tetanus, Polio, Mumps, Rubella, Measles, Varicella, and Hepatitis B. The physical examination must be completed within one year prior to entrance to school or within 30 days after school entry. No child can attend school unless these Medical Records are submitted and reviewed by the School Nurse.
- **Copy of birth certificate** - A certified birth certificate is required for all children to register for school.
- **Copy of 504 or I.E.P.** Must be submitted to the Student Services Department for review prior to registration
- **If under DCF, DYS, or DCYF, the student must be registered by the Social Worker and Administration must be informed of any pending charges.**
- **Proof of custody if single parent**

If you have any questions, or need any other additional information, please contact the Guidance Center at 978-388-0515.

AMESBURY MIDDLE SCHOOL

VERIFICATION OF RESIDENCE

There is a residency requirement in order to attend Amesbury Public Schools; if you are not a resident of Amesbury, you must enroll your child in the community in which your legal residency has been established. New students must provide three proof of residency prior to enrolling in AMS. The school attendance officer investigates cases where attending children may not be living in town.

Child's Last Name _____ Child's First Name _____ D.O.B. _____ Grade _____

Parent/Guardian Name _____ Amesbury Address _____

PROOF OF RESIDENCY

Please bring original documents with you to your registration appointment. Copies are not acceptable.

You must provide 1 of the following:	You must provide at least 2 of the following:
Property Deed or Current Mortgage Payment or Property Tax Bill	Telephone Bill* (landline only-wireless not acceptable) dated within past 30 days
Fully signed and executed Purchase and Sale Agreement (occupancy date must fall within 30 days of enrollment)	Cable Bill* dated within past 30 days
Fully signed and executed Lease/Rental Agreement	Electric Bill* dated within past 30 days
Notarized Letter from Builder or Realtor	Gas/Oil Bill* dated within past 30 days
	Water Bill
	Payroll stub dated within past 30 days
	Bank Statement
	Voter Registration Record from Town Hall

*Utility documentation must be a bill from the provider, receipts from installation/set-up are not acceptable

Verified by (School Official) _____ Date _____

Last Name: _____ Middle: _____ Grade: _____
 Date of Birth: _____ Gender: _____ Phone: _____ HR: _____
 Address: _____ LASID: _____ Nutrikids: _____
 _____ Bus Route: _____

Contact 1

	<i>Corrections</i>
Name:	
Relationship:	
Address:	
City, State ZIP	
Home Phone:	
Work Phone:	
Cell Phone:	
Primary email:	

Contact lives with student Contact may pick up student

Contact 2

Current Information

Corrections

	<i>Corrections</i>
Name:	
Relationship:	
Address:	
City, State ZIP	
Home Phone:	
Work Phone:	
Cell Phone:	
Primary email:	

Contact lives with student Contact may pick up student

In the event the above contacts cannot be reached, please list two additional reliable contacts below

Contact 3

Current Information

Corrections

Name:		
Relationship:		
Home Phone:		
Work Phone:		
Cell Phone:		

Contact 4

Current Information

Corrections

Name:		
Relationship:		
Home Phone:		
Work Phone:		
Cell Phone:		

Who has legal custody of this student? Both Parents Mother Father Guardian Other

Is there any other legal information that the school should be aware of? (Documentation may be required)

Military Family Status

- No, not a member of a military family
- Yes, child of active duty member
- Yes, child of members or veterans who are medically discharged or retired for one year
- Yes, child of member who died on active duty

Parent/Guardian Signature: _____ Date: _____

YEARLY SIGNATURE REQUIRED ABOVE

Dear Parent/Guardians:

In the interest of your child's safety and wellbeing, I wish to highlight a few important health office requirements, mandates, and requests for the 2017-2018 school year.

Grade 7 Entry Requirements: A physician physical exam dated within 1 year of entry to grade 7 with documented 12 year old immunizations (TDAP and Varicella #2). Please submit to the health office at the start of the school year.

Health Screenings: Hearing- Grade 7

Vision- Grades 5 and 7

Height and Weight – All Grades – *done in gym class during the first week of school*

Postural Screening- All Grades- requires viewing your child's bare back

*If you do not wish your child to be screened, please provide a signed note stating so at the start of each school year. Please do not assume notification will carry over from the previous school year.

When your child has a physical exam, please request a copy of the form that ***specifically states*** what screenings your child has had and if they passed or failed. If this documentation is on file in the health office, these screenings do not need to be repeated at school. The general statement.... "this exam is normal unless otherwise stated" is not specific enough documentation.

Absenteeism: If your child is absent from school due to illness or injury and was evaluated by a doctor, *always* obtain a doctor's note to have on file in the health office. This documentation is required should academic accommodation become necessary.

Mid-day Medications: Due to the high volume of medications given during school hours, any medication needed mid-day for a student will be given at **12 noon**. Please inform your child's prescriber when obtaining medication orders.

Student Health Information Cards: Imagine your child is ill, injured, or unresponsive..... and you are in the shower or in a meeting or at the doctor's and cannot be reached for a period of time. Please consider that possibility when filling out this critical form. In the event your child needs to be transported to the hospital, this information is crucial for safe medical intervention.

Resuming Gym/Sports after Injury: For any injury that required physician evaluation and subsequent exclusion from gym and/or sports, a doctor's *clearance note* is required to resume gym and/or sports. For minor, short term injuries, a parent note is required to excuse your child from gym and again, to resume gym.

I appreciate your assistance providing appropriate communications regarding the status of your child's health.

Thank you,

Rita O'Neill RN BSN NCSN

Phone: 987-388-0515

Fax: 987-388-1626

Email: oneillr@amesburyma.gov

DIRECTIONS: Parent/Guardian please complete all areas (print), check appropriate boxes, sign and date.

Student's Legal Name: Last	First:	M.I.
Student's residence address:	City:	State:
Does student live with parent <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, provide name/relationship of guardian)		Student's home phone:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ___/___/___	Is child covered by: ___ Private health insurance ___ Medicaid ___ No insurance (Please contact school nurse for information about state sponsored health plans for uninsured children)

Siblings attending other Amesbury schools:

Name/School:	Name/School:	Name/School:
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Contact and Emergency Information

Parent/Guardian Name (Please include address if different from student)	Home Phone	Work Phone	Cell Phone	Authorized Pick-Up		Legal Custod	
				Yes	No	Yes	No
Parent/Guardian #1: Address (if different)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-Mail address:							
Parent/Guardian #2: Address (if different)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-Mail address:							

If parent/guardian cannot be reached, please notify the person below in case of an emergency.

Emergency Contact (Name/Relationship)							
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following over the counter medications have been approved for use by our school physician: Tylenol, Ibuprofen, Bacitracin ointment, Caladryl lotion, Antacid tablets, Contact Solution and Benadryl.

I GIVE THE SCHOOL NURSE PERMISSION TO ADMINISTER THE ABOVE MEDICATIONS AFTER ASSESSMENT. YES NO

***IN THE EVENT OF A NUCLEAR EMERGENCY, MY CHILD MAY RECEIVE POTASSIUM IODIDE. YES NO (see reverse)**

Medications needed during the school day must have a written physician's order, written parent/guardian permission and must be supplied in the original pharmacy container.

List any medications taken on a regular basis: _____

Check all that apply:

Asthma Diabetes Seizures

Physical disability (specify): _____

Hearing Problems (specify): Left ear Right ear Hearing aid

Vision Problems (specify): Wears glasses Contacts

Illnesses/injuries since last school year?

Physician diagnosed allergies:

Foods _____

Medicines _____

Bee/Insect _____

Describe reaction _____

Does child require life saving medications? No Yes

What is/are the medications? _____

If prescribed, please provide school nurse with an EpiPen.

Last physical exam? _____ (please provide copy)

Student's Physician: _____

Does your child: drink city water receive fluoride

Student Dentist/last exam: _____

Is anyone in your student's immediate family actively involved in military service? YES NO Relation _____

I give the school nurse permission to share information relevant to my child's health condition with appropriate school personnel if needed to meet my child's health, safety, and educational needs. In the event my child requires emergency medical treatment, I give permission to exchange information with emergency medical personnel and the receiving hospital, including person to contact information and my child's physician for the purpose of referral, diagnosis and treatment.

Parent/Guardian Name (print): _____ Signature/Date: _____

AMESBURY PUBLIC SCHOOLS

Enrollment form-Residency Questionnaire

NAME of LEA: Amesbury

Name of School: Amesbury Middle 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** 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

Signature of Parent, guardian or student

(For unaccompanied homeless youth)

(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.



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: _____

**AMESBURY PUBLIC SCHOOLS
AMESBURY, MASSACHUSETTS 01913**

STUDENT DATA SHEET

Please print (legal names, no nicknames)

First Name: _____ **Full Middle Name:** _____

Last Name: _____ **Gender (circle):** **Male** **Female**

Address: _____ **Apt. #** _____

City of Residence: _____ **Home Phone:** _____

Student Email: _____

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

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

School Last Attended: _____ **City:** _____ **State:** _____

Grade: _____ **Special Needs:** _____ **Title 1:** _____

Parent/Guardian Name: _____ **Email:** _____

Parent/Guardian Relationship: _____

Parent/Guardian Name: _____ **Email:** _____

Parent/Guardian Relationship: _____

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:** _____



Amesbury Public Schools

Gary Reese, Superintendent
5 Highland Street
Amesbury, MA 01913

Phone: (978) 388-0507
Fax: (978) 388-8315
E-mail: reeseg@amesburyma.gov

Home Language Survey

Dear Parents and Guardians:

In order to help your child succeed in school, we ask that you please answer the following questions for each child in your family. Your answers will help us in creating the best possible educational program for your child.

1. What language did your child first understand or speak? _____
2. What language do you use most often when speaking with your child at home? _____
3. What language does your child use most often when speaking with you at home? _____
4. What language does your child use most often when speaking with other family members? _____
5. What language does your child use most often when speaking with friends? _____
6. What language(s) does your child read? _____
7. What language(s) does your child write? _____
8. At what age did your child start attending school? _____
9. Has your child attended school every year since that age? ___ Yes ___ No
If no, please explain: _____
10. Would you prefer oral and written communication from the school in English or in your home Language? _____

Student's Full Name (please print) _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____

.....
TO BE COMPLETED BY ELL PROGRAM STAFF BEFORE PLACEMENT:

Date/School Enrollment:	Student's Name:	Student's Family Name:	Age:	Birth date:	Grade:
Relationship of Person Completing Survey: Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <i>Specify</i> : _____			Number of Years Student in the USA: _____		
Recommendation: Proficiency Testing/Records Review <input type="checkbox"/> No ELL Services <input type="checkbox"/>			Signature of ELL Staff: _____		