

THE PUBLIC SCHOOLS OF BROOKLINE, MASSACHUSETTS

Brookline High School

Registration Quick Facts

IN PERSON and by APPOINTMENT ONLY

Contact the Registrar's Office at **617-713-5006** for appointments to enroll in Brookline High School.

Both Student and Parent/Guardian **must** attend registration appointment.

DOCUMENTS TO BRING:

Completed Registration Form

Original birth certificate *and*

Passport, if the child was not born in the United States

Immunization records, *in English*

- You will meet with the school nurse or secretary in the clinic. A physical examination within the last year should be presented and immunizations will be reviewed. (*Immunizations required by the Commonwealth of Massachusetts are listed in the Registration Packet.*)
- Approval by the school clinic is required prior to class scheduling.
- A physical exam must be obtained in the United States.

Previous school records, *in English.* Complete records are required for class placement.

- Original Official *current* High School transcripts are required for transferring students entering Grades 9 through 12
- Students registering for Grade 9 are required to bring copies of their 7th and 8th grade report cards that show promotion.
- International Students must bring current school year, plus previous two years translated records.

Required Proof of Brookline Residency, see attached

Landlord Living Agreement Form, included

***International Students must meet the same requirements listed ***

***All documents submitted must be current, translated to English and notarized ***

PUBLIC SCHOOLS OF BROOKLINE BROOKLINE, MASSACHUSETTS

PROOF OF RESIDENCY SECTION

Residency

Under state law, only students who actually reside in the Town of Brookline have a right to attend the Public Schools of Brookline. Students who are temporarily residing in the Town of Brookline solely for the purpose of attending school may attend the Public Schools of Brookline, subject to space availability and the payment of tuition.

Required at Time of Registration

In order to adequately demonstrate that a student actually resides in the Town of Brookline, the adult seeking to enroll that student must:

- Fill out and sign the **Affidavit of Residency**
- Provide proofs of residency from each of the groups (A, B, C) listed below.

Proof from GROUP A	Proofs from GROUP B	Proof from GROUP C
<i>For Homeowners</i>	<i>Two (2) utility bills dated within the past 60 days from the following list:</i> <ul style="list-style-type: none">* Cable/Satellite TV Bill* Electric bill* Gas bill* Home telephone bill (cellular telephone is not acceptable)	<ul style="list-style-type: none">* Valid government-issued photo identification that shows the current address
<ul style="list-style-type: none">* Copy of Deed <u>&/or</u> a record of the most recent mortgage payment* Property tax bill <u>&</u> the most recent payment* Copy of Closing Statement <u>&</u> a record of payment		<i>Dated within the past year:</i> <ul style="list-style-type: none">* W-2 form that shows the current address <i>Dated within the past 60 days:</i>
<i>For Renters</i>		<ul style="list-style-type: none">* Payroll stub that shows the current address* Bank statement that shows the current address
<ul style="list-style-type: none">* Copy of current lease <u>&</u> a signed Landlord Living Agreement* Signed Landlord Living Agreement <u>&</u> a record of the most recent rent payment		
<i>If you are unable to provide all of the information listed above, please indicate this to the student registrar. An appointment will be made for you with the Assistant Superintendent in order to complete registration.</i>		



**PUBLIC SCHOOLS OF BROOKLINE
BROOKLINE, MASSACHUSETTS**

REGISTRATION/LANDLORD LIVING AGREEMENT

To: Public Schools of Brookline

From: _____

Address: _____

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

(names): _____

are my tenants and live at the above address.

I agree that if the Public Schools of Brookline investigate and find these statements to be false, that I may be responsible for repayment of any tuition or educational costs due the Public Schools of Brookline for the education of the above referenced children.

(Owner Signature)

(Renter Signature)

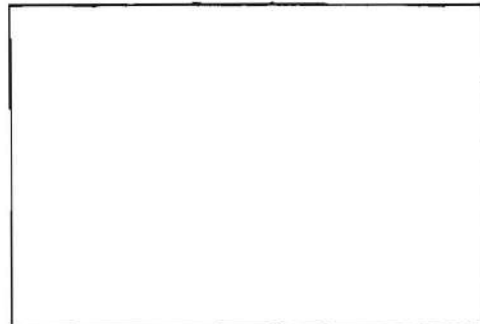
(Print owner's name)

(Print renter's name)

(Date)

Notary Public stamp/signature

Notary Public
stamp/signature





THE PUBLIC SCHOOLS OF BROOKLINE

AFFIDAVIT OF RESIDENCY

I/we, the undersigned parent(s) or legal guardian(s) of _____,
hereby certify as follows: (Print Student's Full Name)

1. I/we reside at:

No. Street Apt/Unit No. Brookline, MA Zip Code Telephone

2. I/we wish to enroll / continue the enrollment of the above named student in the Public Schools of Brookline for the **2014 – 2015** school year.

I/we understand that pursuant to Massachusetts law and Brookline School Committee policy, students who actually reside in the Town of Brookline may attend the Public Schools of Brookline and students who do not actually reside in the Town of Brookline may not attend the Public Schools of Brookline, unless a policy exception applies.

I/we hereby acknowledge that no such policy exception applies to the above student.

3. I/we hereby certify that the above named student resides with me at the Brookline, Massachusetts address shown on this form.
4. I/we acknowledge that I am/we are required to notify the Principal/Headmaster of 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 and **to provide new proof of residency** pursuant to the Public Schools of Brookline Admission policy.
5. I/we understand that this affidavit will be relied upon by the Public Schools of Brookline for the purpose of determining the above student's eligibility to attend the Public Schools of Brookline on the basis of residency. If said student is enrolled in the Public Schools of Brookline based upon the information contained in this affidavit and it is subsequently determined that the student does not actually reside in Brookline, I/we understand that the student's enrollment in the Public Schools of Brookline may be promptly terminated and I/we may be held jointly and severally liable to the Public Schools of Brookline for the student's tuition for the full academic year.
6. I/we further certify that I am/we are the parent(s) or legal guardian(s) of the above student.

Signed under the pain and penalties of perjury on this

(DAY)

(MONTH)

(YEAR)

Parent/Guardian 1

Parent/Guardian 2

THE PUBLIC SCHOOLS OF BROOKLINE

Brookline High School Registration Form

Student Information:

First Name (Full Legal Name as shown on birth certificate)	Full Middle Name	Last Name

Birthdate: _____ / _____ / _____
month day year

☐ Hispanic/Latino
☐ Not Hispanic/Latino

Nickname: _____
classroom use only

☐ American Indian/Alaskan Native
☐ Asian
☐ Black
☐ Hawaiian/other Pacific Islander
☐ White

Grade entering: _____

<u>OFFICE USE ONLY</u>	
Deed/Lease	_____
Utility	_____
Birth Cert./ Passport	_____
Medical	_____
Stu. Records	_____
Y.O.G	_____

Student Address Information:

House #			
Street		Apartment#	
City		State, Zip	
Home Phone			

Mass Department of Elementary and Secondary Education:

Previous School(s) Attended:

SCHOOL	CITY, STATE	GRADES	DATES

- If student is entering from a Massachusetts Public School,
enter State Assigned ID #: _____
- Is the student a holder of an F1 Visa? ☐ Yes ☐ No _____
- Did student attend pre-school? ☐ Yes ☐ No Number of years _____
- What language(s) did the child learn first? _____
- What language(s) is primarily spoken in your home? _____
- Number of years child has attended school in the United States: _____

Birth City

Birth State (Only if born in U.S.)

Birth Country

Guardian /Custodial Information:

➤ With whom does the student live:

☐ Father ☐ Mother ☐ Legal Guardian ☐ Sibling ☐ Other _____

	Parent/Guardian-1	Parent/Guardian-2
Relationship to student		
Name: Last, First		
House #		
Apartment #		
Street		
Town		
State, Zip		
Home Phone		
Work Phone		
Cell Phone		
Occupation		
Email		
Custody Status:	Parent/Guardian 1 (Please circle)	Parent/Guardian 2 (Please circle)
Legal Custody:	Sole Joint/Shared	Sole Joint/Shared None*
Physical Custody:	Sole Joint/Shared	Sole Joint/Shared None*

*Note: – Access to student records by a non-custodial parent is governed by the provisions of M.G. L. c.71, s 34H. Student records will not be released until these provisions have been met.

Siblings:

Name	Grade	School

Emergency Contact Information:

1. In case of emergency, contact the following individual(s), if the parent cannot be reached.
2. Can emergency contact pick up student? ☐ YES ☐ NO

Name_____
Relationship to studentTEL: _____
circle-home/cell/work_____
Name_____
Relationship to studentTEL: _____
circle-home/cell/work

THE PUBLIC SCHOOLS OF BROOKLINE STATEMENTS OF PARENTAL CONSENT

HIGH SCHOOL STUDENTS

To be completed by the student's custodial parent /guardian.
Please answer the following questions by circling the **YES** or **NO**.

NOTE: Information regarding Non-Custodial Parent access to student records may be obtained in the School Office.

- | | | |
|--|------------|-----------|
| 1. Do you give consent for your child's name and demographic*information to be included in the School Directory? (*address, phone and email) | YES | NO |
| 2. Do you give consent for photographs, videotaping and interviews of your Child to be used in school/classroom projects and publications? | YES | NO |
| 3. Do you give consent for photographs, videotaping and interviews of your child to be used on the PSB web-site and outside media related to school activities? (i.e. Newspapers, television, cable) | YES | NO |
| 4. Do you give consent to provide your names, address, email and phone number to the following: | | |
| a) Brookline Education Foundation | YES | NO |
| b) 21 st Century Fund | YES | NO |
| c) Brookline Recreation Department | YES | NO |
| d) Brookline Adult & Community Education Department | YES | NO |

Note: Pursuant to the "No Child Left Behind Act of 2011", schools receiving federal funds are required to provide names, address and telephone numbers of secondary school students upon a request made by military recruiters or an institution of higher education, unless requested not to do so by a parent/guardian.

- | | | |
|---|------------|-----------|
| 5. Do you consent for your child's name, address and home phone number to be released to military recruiters? | YES | NO |
| 6. Do you give consent for your child's name to be provided to institutions of higher education? | YES | NO |

Previous School History:

- | | | |
|---|------------|-----------|
| 7. Has your child ever been suspended from school for more than 5 days? | YES | NO |
| 8. Has your child ever been expelled from school? | YES | NO |
| 9. Has your child ever had an Individual Education Plan (IEP)? | YES | NO |
| 10. Does your child have an Individual Education Plan (IEP)? | YES | NO |
| 11. Has your child ever been suspended for a felony under Mass General Laws Chapter 70, 37H1/2? | YES | NO |

Signature of Custodial Parent/Guardian

Student Name

Date

THE PUBLIC SCHOOLS OF BROOKLINE

CONTRACT /PARENT AUTHORIZATION REGARDING STUDENT TECHNOLOGY USE

I, _____ (student) have read and understand the Student Technology Use policy. I hereby acknowledge my understanding of the following:

- That the purpose of the Public Schools of Brookline (PSB) network, Internet and other technology devices is academic;
- That the use of PSB network, hardware and other technological devices is a privilege, not a right;
- That should I violate the Student Technology Use Policy with inappropriate behavior, penalties may include, but would not necessarily be limited to, disciplinary action up to and including expulsion from school, suspension, legal action or referral to appropriate authorities, and/or permanent revocation of all rights to have a PSB account or to use a PSB computer or use the PSB network;
- That should either I or my parent/guardian decline to sign this agreement, I will be prohibited from independent use of the PSB computers and networks.

Further, I agree:

- To abide by all rules which are in the Student Technology Use policy*;
(*Policy is available in the School Committee Policy Manual on the PSB website:
www.brookline.k12.ma.us)
- To release the PSB from any liability or damages that may result from my use of the network. (Parents must release on behalf of a minor.)
- To respect other users' data;
- Not to allow other individuals to use my account nor give anyone my password;
- Not to post or transmit telephone numbers, addresses or other personal information.
- Should I encounter any material that may constitute a threat against the safety of fellow students, staff members, or the property of PSB or that is otherwise inappropriate, I will immediately report my discovery of this material to a teacher or principal. All messages and information created, sent or retrieved by PSB technology are the property of the PSB.
- The PSB may monitor the use of the PSB network/equipment from time to time, to ensure appropriate use of the technology.

My parent/guardian's signature below indicates that he/she has read and understood the policy and agrees to the terms of this contract and to indemnify the PSB and the Town of Brookline for any and all financial and legal liabilities which may result from the my use of the PSB network and/or Internet connection.

We have read and discussed this contract and agree to abide by its content.

Parent/Guardian Signature

Date

Student Signature (18 or over)

Date

BROOKLINE PUBLIC SCHOOLS

Home Language Survey

Nombre del estudiante

生徒の名前

Fecha de nacimiento

País de nacimiento

Student's Name

Date of Birth

Birthplace

學生姓名

family 姓

first 名

出生日期

תאריך לידה

出生地點

מקום לידה 出生地

שם התלמיד

Фамилия и имя ученика

生年月日

Дата рождения

Место рождения

Address

Telephone

家庭住址

כתובת

Адрес

電話

טל.

Номер телефона

Английский

English 英	Chinese 中	Hebrew עברית	Japanese 日本語	Russian Русский	Spanish Español	Other Language
1. What language did your child first learn? 你孩子最初學的是何種語言? 1. איזו שפה למד ילדך בראשונה? 子供が最初に習ったのは、何語ですか? На каком языке ваш ребенок впервые заговорил? ¿Qué idioma aprendió primero su niño?						
2. What language do you use in speaking to your child? 你用何種語言與孩子交談? 2. באיזו שפה אתה מדבר עם ילדך? あなたは子供に話しかける時、何語を使いますか? На каком языке вы разговариваете со своим ребенком? ¿Qué idioma usa usted cuando le habla a su niño?						
(continued) (繼續後頁) (המשך) (裏へ続く) (см. на обороте)						

	English 英文	Chinese 中文	Hebrew עברית	Japanese 日本語	Russian Русский	Spanish Español	Other Language
3. What language does your child use when speaking to you? 你孩子用何種語言與你交談? 3. באיזו שפה מדבר ילדך איתך? 子供はあなたと話するとき、何語を使いますか? На каком языке ребёнок разговаривает с вами? ¿Qué idioma usa su niño cuando le habla a usted?							
4. What language does your child use with other adults in your home? 你孩子用何種語言與家中其他 成人交談? 4. באיזו שפה מדבר ילדך עם מבוגרים אחרים בביתכם? 子供は家で他の大人と話するとき、何語を使いますか? На каком языке ребёнок общается с другими взрослыми членами семьи? ¿Qué idioma usa su niño cuando habla con otros adultos en su casa?							
5. What language does your child use most often with brothers, sisters and friends? 你孩子通常用何種語言與兄弟姐妹及朋友交談? 5. באיזו שפה מדבר ילדך רוב הזמן עם אחיו, אחיותיו וחברים? 子供は兄弟や友達と話するとき、何語を最もよく使いますか? Каким языком в основном пользуется ребёнок общаться с сестрами, братьями и друзьями? ¿Qué idioma usa su hijo cuando habla con su hermanos o compañeros?							

署名 Parent/Guardian Signature Дата Date תאריך
 家長/監護人簽名 Firma de padre/guardian 日期 年月日 Fecha
 Подпись родителей/опекунов

HEALTH REQUIREMENTS FOR NEW STUDENTS ENTERING BROOKLINE PUBLIC SCHOOLS

Student Health Services

Dear Parents/Guardians:

Welcome to the Brookline Public Schools. Health Services invites you to partner with your school nurse to insure that your child has an optimal educational experience that is supported by a coordinated and comprehensive school health program.

Massachusetts Department of Public Health requires that a student may enter school only after the following requirements are met:

- **Health History** completed by parent/guardian prior to enrollment.
- **Physical Examination** performed and signed by a US health care provider completed within one year *prior* to entry.
- **Lead level and vision screening** completed before entry to kindergarten. Your health care provider is required to test your child's vision. Please have your PCP include the results with the immunization record or physical exam.
- **Immunization** documentation must be translated and is required before entry. **Dates must include month and year** and in some cases, exact day may be necessary to fully establish your child's immune status. (Schedule below).

Please arrange to meet with your school nurse to plan for any special health care needs or for the administration of any essential medications or procedures that are prescribed during the school day.

Massachusetts Department of Public Health School Immunization Regulations

REQUIRED for SCHOOL ENTRY 2014-15

	Preschool/PK	K –Grade 3	Grades 4-6 and 11-12	Grades 7-10
Hepatitis B	3 doses	3 doses	3 doses	3 doses
DTaP/DPT/DT/Td ¹	≥4 doses	≥4 doses	≥4 doses	≥4 doses plus 1 Tdap booster
Polio ²	≥3 doses	≥3 doses	≥3 doses	≥3 doses
Hib	1-4 doses	--	--	--
MMR ³	1 dose measles 1 dose mumps 1 dose rubella	2 doses measles 2 doses mumps 2 doses rubella	2 doses measles* 1 dose mumps* 1 dose rubella*	2 doses measles 2 doses mumps 2 doses rubella
Varicella ³	1 dose	2 doses	1 dose *	2 doses

¹Five doses unless 4th dose was given after 4th birthday, then only 4 doses.

²Four doses unless 3rd dose was given after 4th birthday, then only 3 doses.

³ Measles and Varicella vaccinations must have been given on or after 1st birthday.

* Two doses of MMR and two doses Varicella or MMRV combined is highly recommended.

(Physician verification of disease or serologic proof of immunity is acceptable.)

School Health Services

HEALTH HISTORY
(Completed by parent/guardian)

Brookline, Mass.

SCHOOL _____ GRADE _____ DATE _____

Name of Child _____ Sex _____ Date of Birth _____ Place of Birth _____

Home Address _____ Phone _____

Persons residing at home [list] _____

FAMILY HISTORY-PARENTS AND SIBLINGS (Use back if extra space is needed)

	Birth Date/Place	Occupation/Address/Phone	Health Problems
Parent	_____	_____	_____
Parent	_____	_____	_____

Sibling's Name/Sex	Birth Date/Place	School & Grade	Health Problems
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHILD EARLY HISTORY

Problems during Pregnancy _____

Length of Pregnancy _____ Birth Weight _____ Type of Delivery _____

Problems during Delivery _____

DEVELOPMENTAL HISTORY

Sat Alone _____	Spoke in Short Sentences _____
Crawled _____	Was Toilet Trained – Day _____ Night _____
Walked _____	Dressed Self _____

HEALTH STATUS

yes no

____ ALLERGIES: To What _____ Treatment _____

____ ASTHMA/BREATHING DIFFICULTIES Treatment _____

____ CONVULSIONS/SEIZURES/FAINTING SPELLS Treatment _____

____ HEARING/EAR or VISION/EYE PROBLEMS. Treatment _____

____ OPERATIONS: Type & Date _____

____ VARICELLA /CHICKEN POX DISEASE. Date _____

____ OTHER MEDICAL ISSUES, including serious injuries, hospitalizations _____

____ Treatment _____

____ CAN YOUR CHLD PARTICIPATE IN FULL SCHOOL ACTIVITIES including PHYSICAL EDUCATION, RECESS and FIELD TRIPS? If no, explain. _____

____ DOES YOUR CHILD TAKE MEDICATIONS? List all medications with diagnosis, if not listed above. _____

List any additional information on the back and return to the nurse before your child attends school.

MEDICAL CARE

Family Doctor/Pediatrician/Clinic _____

Address _____ Phone _____

Special Consultant _____ Type _____

Address _____ Phone _____

Dentist/Clinic _____

Address _____ Phone _____

Signature of Parent/Guardian _____

**THE PUBLIC SCHOOLS OF BROOKLINE
BROOKLINE, MASSACHUSETTS 02445**

REQUEST FOR STUDENT RECORDS

Please send all academic records for the below named student including an official transcript, discipline, IEP and attendance records. If you require more information, please don't hesitate to contact the School Office at the number or address shown below. Thank you for your attention to this matter.

Student's Name _____

Date of Birth _____ Grades or years in attendance _____

Parent/Guardian Signature

SCHOOL TRANSFERRING FROM

School Name _____

Address _____

City _____ State _____ Zip _____

School Office Number _____ FAX _____

ENROLLING SCHOOL

BROOKLINE HIGH SCHOOL

115 Greenough Street

Brookline, MA 02445

Linda Wentzell, Registrar

Phone - 617-713-5006

Fax - 617-713-5005