

Ashland Public Schools
Ashland, MA 01721

GRADES PreK-12 REGISTRATION PACKAGE

To register a student in Ashland Public Schools you will need make an appointment with the Central Registrar. Please call to set up an appointment at 508-532-4005.

☐ **1. The registration packet filled out completely. (Forms a-h listed below)**

- a. Student Registration Enrollment Form
- b. Student Information Form
- c. Student Health History
- d. Health Emergency Form
- e. Home Language Survey

Note: If your child's first language is not English, please notify the Registrar at the time of registration/enrollment so that an appointment can be made to meet with the ELL representative at the building who will evaluate your child for language proficiency.

f. Student Records Release Consent Form

Note: If student receives Special Education services, an additional appointment will be made with the TEAM Chair to review IEP services

g. **Early Childhood Experience Survey (KINDERGARTEN Students ONLY)**

h. **Athletic Eligibility Form (HIGH SCHOOL Students ONLY)**

☐ **2. An Original Birth Certificate with the raised seal.**

We will copy this and return the original to you.

☐ **3. Immunization and physical examination records.** (See attached Health Information Registration/Enrollment Requirements)

- a. Immunization records with dates of all immunizations.
- b. Proof of a physical exam within one year of starting date, or an appointment date for a physical if the child has not had a physical within the last year.

☐ **4. Proof of residency in the town of Ashland.**

a. If you have been living in Ashland but your child previously attended a private school you will need the following: Proof of ownership or rental of a home in Ashland (an official town mailing to your residence i.e. tax bill, water bill etc.) or, a current signed rental agreement.

b. If you have just moved into Ashland or are about to move into Ashland (within 30 days), you will need an original Purchase and Sales or Rental Agreement. We will copy this and return the original to you.

Note: Students who will not be living in Ashland within 30 days of starting school here may not be enrolled in the Ashland Public Schools.

☐ **5. Transcripts**

6. Parental Identification

Ashland Public Schools

STUDENT REGISTRATION/ENROLLMENT FORM

Date of Enrollment: _____ Entering School/Grade: _____

Name: _____
First (as appears on birth certificate) Middle (no initials) Last

Address: _____ Telephone number: _____

Date of Birth: _____ Sex: ____M ____F ____Non Binary

City of Birth: _____

School Previously Attended: _____

Address: _____ Last Grade Completed: _____

Student living with: Parents ____ Father ____ Mother ____ Guardian ____ Foster Parents ____

Parent/Guardian Name _____ Parent/Guardian Name _____

Home Address _____ Home Address _____

Employer _____ Employer _____

Work Address _____ Work Address _____

Cell Phone _____ Cell Phone _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Current E-Mail _____ Current E-Mail _____

Children in family in chronological order (including this child)

<u>Name</u>	<u>Sex</u>	<u>Date of Birth/Grade</u>
1.		
2.		
3.		
4.		

***Note:** Attach copy of legal custody agreement/restraining order if applicable. Without this information, either parent may access your child's educational information and/or dismiss/withdraw your child at any time.

Ashland Public Schools
For Office use only:

Local ID # _____
State ID # _____

Ashland Public Schools
STUDENT INFORMATION FORM

PLEASE PRINT

Name: _____
FIRST (As it appears on the Birth Certificate) FULL MIDDLE (No initials) LAST

Address: _____

Home Telephone Number: _____

Date of Birth: _____ Sex: ____M ____F ____ Non-Binary

City of Birth: _____

Primary Language Spoken: _____

FOSTER CHILD OR STATE WARD? ____YES ____NO

ALIEN: _____ ALIEN REGISTRATION NO. & STATUS _____
DATE OF ARRIVAL IN UNITED STATES: _____

***Ethnicity: Select only one**

_____ **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, Brazilian, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."

_____ **Not Hispanic or Latino.**

***RACE – Select all that apply**

_____ **American Indian or Alaskan Native**--A person having origins in any of the original peoples of North 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, the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

_____ **Black or African American**--A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander**—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **White**--A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

*These definitions were provided by the Commonwealth of Massachusetts.

ASHLAND PUBLIC SCHOOLS

Health Information Registration Requirements **For New Students Enrolling in Ashland Public Schools**

All new students enrolling in Ashland Public Schools **must** submit:

1. A Certificate of Immunizations meeting the requirements of Massachusetts Department of Public Health Immunization Schedule; 105 CMR 220.500 (B)
 - Students with **no** immunization documentation may not attend school. See School Nurse for specific immunization requirements.
 - Students with **incomplete** immunization documentation will need to receive the needed immunizations before attending school. See School Nurse for specific immunization requirements.
 - Kindergarten students with **no** immunization documentation may attend the orientation meeting, but cannot attend school until required immunization documentation is submitted.
2. A copy of a physical exam completed within the past 12 months or proof of a doctor's appointment for a physical exam, 105 CMR 200.100.
3. *Student Health – Emergency* Form
4. *Student Health History* Form

Withdrawals: During the school year, the School Nurse must be notified if a student is withdrawing. The School Nurse will release the student's health record and give it to the school secretary, so the health record can be combined with educational record and forwarded to the student's new school.

ASHLAND PUBLIC SCHOOLS
Student Health History

The Student Health History is a confidential document required for all students entering the Ashland Public Schools. Please inform the school nurses of any changes in your child's health during the school year and contact the school nurse with any concerns or questions.

Student name: _____ Date of birth: _____ Grade: _____

Primary language: _____ Secondary language: _____

1. Please check off each person living in the student's household and note the ages of any siblings and foster children.

- ☐ Mom ☐ Dad ☐ Grandparents ☐ Guardian
- ☐ Siblings Age _____ Age _____ Age _____ Age _____
- ☐ Foster children Age _____ Age _____ Age _____ Age _____
- ☐ Other *Relationship to student:* _____

2. Have there been any recent changes in your family that may affect your child? If yes, please check the appropriate boxes and explain in the space below.

- ☐ Birth of a sibling ☐ Change in marital status ☐ Change in housing ☐ Military deployment
- ☐ Recent death ☐ Family illness ☐ Change in employment ☐ Other
- _____
- _____

3. Does your child wear glasses or contact lenses? ☐ Yes ☐ No

4. Does your child wear a hearing aid? ☐ Yes ☐ No

5. Has your child ever been hospitalized and/or had surgery? ☐ Yes ☐ No
If yes, please provide dates and explain below.

6. Has your child had any of the following illnesses? If yes, please check the appropriate boxes and explain in the space below.

- ☐ Ear infections (frequent) ☐ Lyme disease ☐ Pneumonia
- ☐ Encephalitis ☐ Meningitis ☐ Strep infections (frequent)
- ☐ High fevers ☐ Pertussis ☐ Tuberculosis
- _____
- _____
- _____
- _____

7. Has your child been diagnosed with any of the following conditions? If yes, please check the appropriate boxes and explain in the space below.

- | | | | | |
|-------------------------------------|--|--|---|--|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Birth defects | <input type="checkbox"/> Developmental delay | <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Muscular dystrophy |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Skin condition |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Concussion | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Sleep disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cystic fibrosis | <input type="checkbox"/> Encopresis/constipation | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Tourette's syndrome |
| <input type="checkbox"/> Autism/ASD | <input type="checkbox"/> Depression | <input type="checkbox"/> Epilepsy/seizures | <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Vision difficulties |

8. Does your child have any allergies (e.g., food, medicine, latex, seasonal, insects)? ☐ Yes ☐ No
If yes, explain below and *please be specific*.

9. Does your child take any medication daily or as needed *for his/her allergies*? ☐ Yes ☐ No
If yes, please list below.

10. Does your child take any *other* medications daily or as needed? ☐ Yes ☐ No
If yes, please list each medication and for what illness/condition it is taken.

11. Are there any diagnoses not covered above that affect your child? If so, please explain.

12. Is there anything about your child's mental or physical health you would like the school nurse to be aware of that has not been addressed thus far? If so, what?

Thank you for providing this valuable information about your child's health. If your child has a chronic illness requiring further conversation, please contact the school nurse to schedule a meeting. Please refer to the Health Services section of the Ashland Public Schools website for contact information for the nurse's office at your child's school— <http://www.ashland.k12.ma.us/health-services>.

Signature of individual completing form

Relationship to student

Date: _____

ASHLAND PUBLIC SCHOOLS
HEALTH - EMERGENCY INFORMATION Grades PreK-12

Please read carefully, sign, and return this form to school.

State mandated health requirements include the following: Physical exams are required in grades PK, K, 4, 7, and 10. Vision screening occurs annually in grades PK, K-5, 7 and 10. Hearing screening occurs annually in grades PK, K-3, 7 and 10. Postural screening occurs annually in grades 5 through 9. Body Mass Index (BMI) screening occurs annually in grades 1, 4, 7 and 10. SBIRT (Screening, Brief Intervention, and Referral to Treatment) screening occurs annually in grades 7 & 9. Parents who choose to waive Postural, BMI or SBIRT screenings must submit a written request to school nurse.

Student Name _____ DOB _____ Grade _____ Homeroom _____

Address (street) _____ (town) _____ Home Phone _____

Student living with: Parents ____ Father ____ Mother ____ Guardian ____ Foster Parents ____

Please Circle One: Mother/Father/Guardian

Name _____

Please Circle One: Mother/Father/Guardian

Name _____

Home Address _____

Home Address _____

Employer _____

Employer _____

Work Address _____

Work Address _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email Address _____

Email Address _____

Friend/Daycare/Relative who may be asked to dismiss student if unable to locate parents:

Name _____ Relationship _____ Circle: Cell/Work/Home _____

Name _____ Relationship _____ Circle: Cell/Work/Home _____

Pediatrician _____ **Phone** _____

Dentist _____ **Phone** _____

Orthodontist _____ **Phone** _____

Name of Health Insurance _____

Permission to receive Tylenol, Ibuprofen, TUMS, throat lozenges in school as needed YES _____ NO _____

In an emergency I grant permission for my son/daughter to be transported, by ambulance, to MetroWest Medical Center - Framingham Campus for treatment. I understand I will be notified of the emergency as soon as possible.

I will notify the school if there is any change in the above information.

Signature of Mother/Father/Guardian _____ **Date** _____

Detail below any pertinent medical needs relevant to the care of your child in school (medications, allergies, religious exemptions).

Emergency Form: English 1/2021

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 _____
		F <input type="checkbox"/> M <input type="checkbox"/> Gender
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) _____ / _____ /20____	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 - <i>grandparents, uncles, aunts, etc.</i> - 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 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"/> 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	_____ / _____ /20____ Today's Date: (mm/dd/yyyy)	

Ashland Public Schools
STUDENT RECORD RELEASE CONSENT

Guidance Services

Student Name	Date of Birth	SASID #
Street	Town	State
	Zip	Phone

In conformance with the 1976 Student Record Regulations of the Massachusetts Department of Education, I authorize the appropriate office of:

_____ Ashland High School, 65 East Union Street, Ashland, MA. 01721

_____ Ashland Middle School, 87 West Union Street, Ashland, MA. 01721

_____ David Mindess School, 90 Concord Street, Ashland, MA. 01721

_____ Henry E. Warren School, 73 Fruit Street, Ashland, MA. 01721

_____ William Pittaway School, 75 Central Street, Ashland, MA. 01721

 X Special Education Department, 87 West Union Street, Ashland, MA. 01721

To send _____ or to receive _____ from the following school, the records of the above named student.
Signed permission is granted below:

School	Special Education Department
Street	Street
Town	Town
State	State
Zip	Zip

Transcript (grades, courses, grade level completed)	
Standardized Test Scores (MCAS/PARCC)	
Health Records	
Teacher/Counselor Comments	
IEP and Assessments	
Attendance Record	
Discipline Records	
WIDA	
ACCESS Scores	

Signature of Parent/Guardian	Date
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- This form may be signed by a student 14 years or older

WARREN SCHOOL Kindergarten Only

EARLY CHILDHOOD EXPERIENCE SURVEY (Kindergarten Only)

This survey is required by the state Department of Elementary and Secondary Education for all Kindergarten Students

Name of Student: _____
(Please PRINT)

What type of education experience has your child had prior to Kindergarten?

CHECK **ONE** Only

1. ____ No formal early childhood program experience
2. ____ Family Support: Coordinated Family and Community Engagement (CFCE)
3. ____ Family Support: Parent Child Home Program (PCHP)
4. ____ Family Support: Both CFCE & PCHP
5. ____ Formal: Licensed Family Child Care Provider less than 20 hours per week
6. ____ Formal: Licensed Family Child Care Provider greater than 20 hours per week
7. ____ Formal: Center Based Program less than 20 hours per week
8. ____ Formal: Center Based Program greater than 20 hours per week
9. ____ Formal: BOTH Family Child Care Provider and Center Based Program less than 20 hours per week
10. ____ Formal: BOTH Family Child Care Provider and Center Based Program greater than 20 hours per week

Parent Name: _____ Date: _____

NEW STUDENT ATHLETIC ELIGIBILITY FORM

This form must be completed by all new students

DATE: _____

STUDENT'S NAME: _____ YEAR OF GRAD: _____
STREET: _____ TOWN: _____ STATE: _____
ZIP: _____ PHONE: _____

DATE OF BIRTH: _____ DATE OF ENTRY TO AHS: _____

SCHOOL LAST ENROLLED IN: _____
ADDRESS: _____
PHONE #: _____ GUIDANCE COUNSELOR: _____

IS THIS A RE-ENTRY TO ASHLAND HIGH SCHOOL? _____ YES _____ NO
HAVE YOU EVER REPEATED A GRADE? _____ YES _____ NO
IF YES, WHAT GRADE? _____

REASON ENROLLING IN ASHLAND HIGH SCHOOL:

1. _____ SCHOOL CHOICE
2. _____ MOVED TO ASHLAND WITH CUSTODIAL PARENTS
3. _____ OTHER (PLEASE EXPLAIN) _____

PREVIOUS SPORTS PLAYED AT THE VARSITY LEVEL (OR IT'S EQUIVALENT ie: SELECT TEAMS, CLUB TEAMS, ETC.) FOR ANY LENGTH OF TIME. PLEASE INCLUDE YEARS.
(If not sure, list all sports played in high school).

1. _____ YEARS _____
2. _____
3. _____ YEARS _____
4. _____
5. _____ YEARS _____

Student's Signature

Parent's Signature

Please forward completed form to the Athletic Director