



ASHLAND
PUBLIC SCHOOLS

NEW STUDENT REGISTRATION

Caregiver Checklist

Student Name: _____

REQUIRED FORMS

All required forms must be completed and signed:

- ☐ 1. Student and Family Information Form
- ☐ 2. Health Emergency Form
- ☐ 3. Health History Form
- ☐ 4. Home Language Survey
- ☐ 5. Student Records Release Form

REQUIRED DOCUMENTS

These documents must be submitted at the time of your registration appointment. The Student Registration Center will make copies and return all original documents. More information is available at ashland.k12.ma.us/register.

- ☐ Valid proof of residency
- ☐ Valid proof of occupancy
- ☐ Original birth certificate with a raised seal
- ☐ Valid photo proof of parent/guardian identity
- ☐ Most up-to-date student immunization record
 - ☐ Students with no immunization documentation may not attend class.
 - ☐ Kindergarten students with no immunization documentation may attend the orientation meeting but cannot begin school until data is submitted.
 - ☐ Students with incomplete immunization documentation have until October 1 or within 30 days of starting school to complete immunizations or they will be excluded from school.
- ☐ Copy of physical exam completed within 12 months prior to the first day of school or doctor's appointment for a physical exam
 - ☐ Documentation must be submitted to the school nurse by October 1 or within 30 days of starting school or the student will be excluded from school.

ADDITIONAL DOCUMENTATION AND FORMS

The following documents and forms are not mandatory but may be applicable to your specific student.

- ☐ Lead screening for Pre-K students
- ☐ Lead screening *and* vision screening for Kindergarten students
- ☐ Guardianship papers or Notarized Caregiver Authorization Affidavit
- ☐ Residency Affidavit
- ☐ Copy of Student's Individualized Education Program (IEP)
- ☐ Copy of Student's 504 Plan
- ☐ English Learner Records
- ☐ WIDA ACCESS Scores
- ☐ Transcripts
- ☐ Bus Transportation Form
- ☐ Free and Reduced Lunch Application Form

REGISTRATION PROCESS

When each registration packet has been completed, email it to Central Registrar Lila Boutaghou at registration@ashland.k12.ma.us.

You will be contacted to schedule an appointment to meet with the Central Registrar once your registration packet has been received. All required documents must be presented at the time of the registration appointment.

STUDENT REGISTRATION

STUDENT AND FAMILY INFORMATION

STUDENT INFORMATION			
First Name _____ Middle Name _____ Last Name _____			
Current Address:			
Foster Child or State Ward?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student Lives With:	
City of Birth:	State:	Country:	
Primary Language:		Date of Arrival in United States (If applicable):	
Date of Birth:	Sex/Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	Date of Enrollment:
Entering School:	Entering Grade:	Last Grade Completed:	
Previous School:			
Previous School Address:			

PARENT/GUARDIAN INFORMATION	
Primary Caregiver #1	Primary Caregiver #2
Name:	Name:
Address:	Address:
Primary Phone:	Primary Phone:
Alternate Phone:	Alternate Phone:
Email:	Email:
Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No

FAMILY INFORMATION			
Please list all children in the family (including the child you are registering) in chronological order.			
	Name	Sex/Gender	Date of Birth
1.			
2.			
3.			
4.			

Note: Attach a copy of the legal custody agreement or 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.

STUDENT REGISTRATION

STUDENT AND FAMILY INFORMATION

MCKINNEY-VENTO ELIGIBILITY

Answers to the following residency information will help the school district to determine the services your child may be eligible to receive relative to the [McKinney-Vento Act](#).

1.	Is your current address due to domestic violence or an emergency living arrangement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Is your living arrangement due to a loss of housing, economic hardship, or other similar reasons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to one of the above questions, where is the student you are registering presently living?

- ☐ With you in the residence of a family member, friend, or acquaintance
☐ In a place not designed for ordinary sleeping accommodations (e.g. car, park, campsite, basement, floor, living room)
☐ In a shelter
 ☐ In a motel/hotel
 ☐ Moving from place to place

STUDENT DEMOGRAPHICS

The Massachusetts Department of Education requires districts to collect the following demographic data for each student.

ETHNICITY

Is the student Hispanic or Latino? *Select only one.*

- ☐ No, the student is not Hispanic or Latino.
☐ Yes, the student is Hispanic or Latino (a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race).

RACE

Please select the race(s) the student identifies with. You must select at least one.

<input type="checkbox"/>	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.
<input type="checkbox"/>	American Indian or Alaskan 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.
<input type="checkbox"/>	Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
<input type="checkbox"/>	White	A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



STUDENT REGISTRATION

HEALTH EMERGENCY INFORMATION

Student Name: _____

Date of Birth: _____

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 and 9.

Parents who choose to waive Postural, BMI or SBIRT screenings must submit a written request to school nurse.

EMERGENCY CONTACT INFORMATION	
Contact #1	Contact #2
Name:	Name:
Primary Phone:	Primary Phone:
Alternate Phone:	Alternate Phone:
Relationship to Student:	Relationship to Student:

HEALTHCARE PROVIDERS			
Pediatrician			
Name:		Phone:	
Dentist			
Name:		Phone:	
Orthodontist			
Name:		Phone:	
Health Insurance			
Name:			

Does your child have permission to receive Tylenol, Ibuprofen, TUMS, throat lozenges in school, ☐ Yes ☐ No as needed?

In an emergency, I grant permission for my child 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 Parent/Guardian

Date



STUDENT REGISTRATION

STUDENT HEALTH HISTORY

Student Name: _____

Date of Birth: _____

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.

1. Have there been any recent changes in your family that may affect your child? If yes, please check the appropriate box(es) and explain in the space below.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Birth of a sibling | <input type="checkbox"/> Change in marital status | <input type="checkbox"/> Change in housing | <input type="checkbox"/> Military deployment |
| <input type="checkbox"/> Recent death | <input type="checkbox"/> Family illness | <input type="checkbox"/> Change in employment | <input type="checkbox"/> Other: |

2. Does your child wear glasses or contact lenses?

☐ Yes ☐ No

3. Does your child wear a hearing aid?

☐ Yes ☐ No

4. Has your child ever been hospitalized and/or had surgery? If yes, please provide dates and explain below.

☐ Yes ☐ No

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

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Ear infections (frequent) | <input type="checkbox"/> Lyme disease | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Encephalitis | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Strep infections (frequent) |
| <input type="checkbox"/> High fevers | <input type="checkbox"/> Pertussis | <input type="checkbox"/> Tuberculosis |

6. 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 |



STUDENT REGISTRATION

STUDENT HEALTH HISTORY

7. Does your child have any allergies (e.g., food, medicine, latex, seasonal, insects)? If yes, explain below, and please be specific.

☐ Yes

☐ No

8. Does your child take any medication daily or as needed for his/her allergies? If yes, please list below.

☐ Yes

☐ No

9. Does your child take any other medications daily or as needed? If yes, please list each medication and for what illness/condition it is taken.

☐ Yes

☐ No

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

11. 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 visit ashland.k12.ma.us/Health for contact information or additional details.

Signature of Parent/Guardian

Date



STUDENT REGISTRATION

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

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

1.	What is the primary language used in the home, regardless of the language spoken by the student?	
2.	How many years has the student been in U.S. Schools (not including pre-kindergarten)?	
3.	Which languages are spoken with your child (<i>by grandparents, uncles, aunts, caregivers, etc.</i>)? How often? Language #1: _____ Frequency: <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always Language #2: _____ Frequency: <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always	
4.	Which languages does your child use? How often? Language #1: _____ Frequency: <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always Language #2: _____ Frequency: <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always	
5.	Will you require written information from the school in your native language? If yes, what language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Will you require an <u>interpreter/translator</u> at Parent- Teacher meetings? If yes, what language?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Parent/Guardian

Date



STUDENT REGISTRATION

RECORDS RELEASE

AUTHORIZATION FOR RELEASING/OBTAINING STUDENT RECORDS

I, _____, am the parent/legal guardian of the below-named student. I hereby authorize the release of all academic records including official transcripts, testing results, discipline, health, special education, English learner records, and any other information regarding my child to/from Ashland Public Schools. I further give permission to Ashland Public Schools to speak to my child's former/new teachers, principal, school counselor and other school staff as needed.

Parent or Guardian Signature

Date

Student Name: _____

Date of Birth: _____

Current Address: _____

Previous or New School Name: _____

Grade Level: _____

School Address: _____

City, State, and Zip Code: _____

Phone Number: _____

Fax Number: _____

FOR SCHOOL USE ONLY

School records must be requested from or submitted to:

School	Address	Fax	Email
📍 Ashland High School	65 E. Union St.	508-881-0186	Jessica Blank jblank@ashland.k12.ma.us
📍 Ashland Middle School	87 W. Union St.	508-881-0169	Christine Watt cwatt@ashland.k12.ma.us
📍 David Mindess School	90 Concord St.	508-881-0153	Jamie Giles jgiles@ashland.k12.ma.us
📍 Henry E. Warren Elementary School	73 Fruit St.	508-881-0191	Girija Phatak gphatak@ashland.k12.ma.us
📍 William Pittaway School	75 Central St.	508-881-0148	Donna Lowell dlowell@ashland.k12.ma.us

Special education records must be requested from or submitted to:

Colleen Brewer	508-881-0152	87 West Union Street, Ashland, MA. 01721	cbrewer@ashland.k12.ma.us
----------------	--------------	--	--