

AMESBURY PUBLIC SCHOOLS

ELIZABETH MCANDREWS
SUPERINTENDENT OF SCHOOLS



JOAN LIPORTO
DIRECTOR OF FINANCE
AND OPERATIONS

LYNN CATARIUS
DIRECTOR OF STUDENT SERVICES

5 Highland Street
Amesbury, MA 01913
Tel : 978-388-0507
Fax : 978-388-8315

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 - 1 document	Column B - 2 documents	Column C - 1 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.

AMESBURY PUBLIC SCHOOLS

ELIZABETH MCANDREWS
SUPERINTENDENT OF SCHOOLS



JOAN LIPORTO
DIRECTOR OF FINANCE
AND OPERATIONS

LYNN CATARIUS
DIRECTOR OF STUDENT SERVICES

5 Highland Street
Amesbury, MA 01913
Tel : 978-388-0507
Fax : 978-388-8315

LYN JACQUES
DIRECTOR OF TEACHING
AND LEARNING

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. _____

AMESBURY PUBLIC SCHOOLS

ELIZABETH MCANDREWS
SUPERINTENDENT OF SCHOOLS



JOAN LIPORTO
DIRECTOR OF FINANCE
AND OPERATIONS

LYNN CATARIUS
DIRECTOR OF STUDENT SERVICES

5 Highland Street
Amesbury, MA 01913
Tel : 978-388-8507
Fax : 978-388-8315

LYN JACQUES
DIRECTOR OF TEACHING
AND LEARNING

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-Jayles, Principal

Kathleen Bissell, 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 name/no nicknames)

First Name: _____ Full Middle Name: _____

Last Name: _____ Gender: Male _____ Female _____

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

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

Address: _____ Apt.# _____

City of Residence: _____ State: _____ Phone: _____

Parent/Guardian Names: _____

School Last Attended: _____

Grade: _____ Special Needs: _____ Title 1: _____

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 more than one)

_____ White: a person having origins in any of the original people 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 people 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: Students 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 died on active duty

Parent/Guardian Signature _____ Date _____

Early Childhood Education Experience Survey

Please check next to the option that best describes your child's preschool experience in the school year prior to entering Kindergarten. Select one option only, and indicate hours where applicable. Thank you!

Name of child: _____

Date of Birth: _____

☐ My child did not have any formal early childhood program experience

☐ My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.

☐ My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.

☐ My child did not have formal early childhood program experience but participated in BOTH Coordinated Family and Community Engagement (CFCE) AND Parent Child Home Program (PCHP) services.

☐ My child attended a Licensed Family Child Care Provider (Indicate hours below)

___ for less than 20 hours per week

___ for 20+ hours per week

☐ My child attended a Center Based Program (Indicate hours below)

___ for less than 20 hours per week

___ for 20+ hours per week

☐ My child attended BOTH a Licensed Family Child Care Provider AND a Center Based Program (Indicate hours below)

___ for less than 20 hours per week

___ for 20+ hours per week

Definitions:

Coordinated Family and Community Engagement (CFCE) Services: locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent-child activities).

Parent Child Home Program (PCHP): home visiting model program funded through the Department of Early Education and Care.

Licensed Family Childcare: refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families.

Center-Based Care: refers to care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools.

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 _____	Gender F <input type="checkbox"/> M <input type="checkbox"/>
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			
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 _____	Today's Date: _____ (mm/dd/yyyy)		

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 ____/____/____
Month Day Year

Grade: ____ **SASID:** _____

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
(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 Lynn Catarius at the Office of Student Services

CONFIDENTIAL HEALTH HISTORY

NAME _____ Gender M/F _____ D.O.B. _____
Last First Middle

Address: _____ Home Phone: _____

Parent/Guardian _____ Employer _____ Phone _____

Parent/Guardian _____ Employer _____ Phone _____

Please list siblings with their date of birth:

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 per 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 = Mumps, Measles, 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

Reviewed 7/2016