



SCITUATE PUBLIC SCHOOLS

New Student Registration Packet

Mailing: 606 Chief Justice Cushing Highway, Scituate MA 02066

Physical Location: 460 First Parish Road Phone: 781-545-8759 x23300

Please complete the following 6 pages and provide the addition items listed below to complete your child's Scituate Public Schools Student Registration.

- Proofs of Residence – See summary below**
 - Evidence of Residency
 - Evidence of Occupancy -
 - Evidence of Identification
- If you are unable to provide evidence of residency or occupancy, please contact the Assistant Superintendent, the District Homeless Liaison at 781.545.8759 X 23313.**
- Your child's Immunization Record**
- For Grades Pre-K to 12 present an original child's Birth Certificate or Passport to be copied.**
- Transportation application – if applicable**

Kindergarten Additional Items

- A completed Kindergarten Developmental History Form
- Kindergarten Application and Supplemental Information Form – if applicable
- Full Day Kindergarten \$300 deposit – if applicable

Summary of the Proof of Residency Requirements

Evidence of Residency: Provide one (1) of the following:

- Record of recent mortgage payment and/or property tax bill
- Fully signed and executed Lease and/or Rental Agreement (Must be executed by both parties)
- Landlord/Owner of Property Affidavit (see Residency Statement/Affidavit below)
- Fully signed and executed Purchase and Sale (P&S) Agreement (provided occupancy date occurs within 30 days of enrollment)
- Section 8 Agreement

Evidence of Occupancy: Provide one (1) of the following:

- Gas/Oil Bill, Electric Bill, Home (not cell) Telephone Bill, Cable Bill, Water Bill
(**Note:** Bill must be dated within the past 45 days and address and name must be stated)
- Recent bill dated within the past 45 days showing Scituate address and name
(**Note:** A Residency Statement/Affidavit is required with this option)
- Occupancy Statement/Affidavit must be notarized if a bill cannot be provided prior to student's enrollment.

Proof of Identification of Parent/Guardian: Provide one (1) of the following:

- Valid MA Driver's License
- Valid MA Photo ID Card
- Valid Passport
- Other Government issued Photo ID



SCITUATE PUBLIC SCHOOLS

SCHOOL REGISTRATION

606 Chief Justice Cushing Highway, Scituate MA 02066 781-545-8759 x23300

Please complete all items on the form

Please print clearly

Student Information

| | | | |
|--|---|---------------------------------|---------------------|
| Student's Legal First Name: | | Middle Name: | Last Name: |
| Street Address: | | Mailing Address: (if different) | |
| City: | | State: | Zip: |
| Home Phone: | | Primary Family Email: | |
| Grade Entering? ____ | Gender: M <input type="checkbox"/> F <input type="checkbox"/> | Date of Birth: | City/Town of Birth: |
| First Native Language: English <input type="checkbox"/> Other <input type="checkbox"/> Please specify the language. | | | |
| Child resides with?: (please check one) Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> | | | |
| Are there any legal custody issues? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide documentation to school principal. | | | |

Previous School Information

| | |
|--|---------------------------------|
| Last School Attended: | City/State/Zip |
| Records have been requested from last school: Yes <input type="checkbox"/> | Number of years attended: _____ |
| Has your child previously attended any Scituate Public Schools? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Please check any of the school based services your child currently receives:

| | | | | |
|---|---|--|---|---|
| Math Support <input type="checkbox"/> | Reading Support <input type="checkbox"/> | Speech/Language <input type="checkbox"/> | Physical Therapy <input type="checkbox"/> | Occupational Therapy <input type="checkbox"/> |
| English Language Learner <input type="checkbox"/> | Section 504 Accommodation Plan <input type="checkbox"/> | Special Education Individual Education Plan (IEP) <input type="checkbox"/> | | |

Limited English Proficiency Students:

| |
|---|
| LEP Students in their first year in United States school: Has the student attended schools in the US for less than 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| If the student was not born in the United States: Has the student completed three (3) full academic years of school in any state? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> |

Race: (please check all that apply)

| |
|---|
| American Indian/Alaskan Native <input type="checkbox"/> |
| Native Hawaiian/Other Pacific Islander <input type="checkbox"/> |
| Asian <input type="checkbox"/> |
| Black or African American <input type="checkbox"/> |
| White/Caucasian <input type="checkbox"/> |

Ethnicity: (please check one)

| |
|---|
| Is the student Hispanic or Latino? Yes, Hispanic or Latino <input type="checkbox"/> No, Not Hispanic or Latino <input type="checkbox"/> |
|---|

Neighborhood School District for elementary students:

| | | | |
|---|--|---|---|
| Cushing Elementary <input type="checkbox"/> | Hatherly Elementary <input type="checkbox"/> | Jenkins Elementary <input type="checkbox"/> | Wampatuck Elementary <input type="checkbox"/> |
|---|--|---|---|

Family Information

Parent 1/Guardian: Has permission to pick up child Has legal custody

| | | | |
|---|-------------|---|----------|
| Last Name: | First Name: | Middle Name: | |
| Address (if different than student) | | Email Address: Needed for school to home communications | |
| Mailing Address (if different than student) | | Occupation | |
| Home Phone | Cell Phone | Work Phone | Employer |

Parent 2/Guardian: Has permission to pick up child Has legal custody

| | | | |
|---|-------------|---------------|----------|
| Last Name: | First Name: | Middle Name: | |
| Address (if different than student) | | Email Address | |
| Mailing Address (if different than student) | | Occupation | |
| Home Phone | Cell Phone | Work Phone | Employer |

Other/Guardian: Has permission to pick up child Has legal custody

| | | | |
|-------------------------------------|-------------|---------------|----------|
| Last Name: | First Name: | Middle Name: | |
| Address (if different than student) | | Email Address | |
| Relationship to Student: | | Occupation | |
| Home Phone | Cell Phone | Work Phone | Employer |

Local Emergency Contacts

Local people who are available by phone and have your permission to pick up your child when a parent cannot be reached

| | | | |
|-----------------------|-------------|--------------------------|------------|
| Contact 1: Last Name: | First Name: | Relationship to Student: | |
| Address: | Home Phone | Cell Phone | Work Phone |
| Contact 2: Last Name: | First Name: | Relationship to Student: | |
| Address: | Home Phone | Cell Phone | Work Phone |

Siblings

| Name | Gender | Age | Grade | School Attending (if applicable) |
|------|---|-----|-------|----------------------------------|
| | M <input type="checkbox"/> F <input type="checkbox"/> | | | |
| | M <input type="checkbox"/> F <input type="checkbox"/> | | | |
| | M <input type="checkbox"/> F <input type="checkbox"/> | | | |
| | M <input type="checkbox"/> F <input type="checkbox"/> | | | |
| | M <input type="checkbox"/> F <input type="checkbox"/> | | | |

Parent or Guardian Military Status

As part of the Interstate Commission on Educational Opportunity for Military Children, Massachusetts school districts are required to collect Military Family status information.

Please check the appropriate option if the child you are registering has a parent or guardian who is:

- An active duty member of the uniformed services, including the National Guard and Reserve on active duty orders.
- Or, within the past year is either,
- A member or veteran of the uniformed services who is severely injured and medically discharged, or retired for a period of one year after medical discharge or retirement;
- A member of the uniformed services who died on active duty or as a result of injuries sustained on active duty.
Date of discharge, retirement, death, or active deployment. ___/___/____

Residency Declaration

I am the undersigned and the parent OR legal guardian of the child being registered. This child resides with me and my place of residence is within the boundaries of the Scituate Public Schools and the attendance area for this school OR my child has been approved for admission to the Scituate Public Schools through an authorized school program (e.g. Special Education or METCO) OR you have contacted the Assistant Superintendent regarding residency/occupancy documentation. By my signature below, I am affirming that all information provide is accurate and truthful.

Signature of Parent/Guardian:

X _____ / _____ /20

Other School Registration Requirements for Grades K-12

In addition to this registration form, other items including those listed below are also required. Please visit the Scituate Public Schools website at <http://www.scituate.k12.ma.us/index.php/new-student-registration> for additional details.

- Proof of Scituate Residency (see School Registration page at <http://www.scituate.k12.ma.us>)
Birth Certificate (Original - must have seal)
- Health Record (listing up-to-date immunizations)
- Current IEP (if applicable) with parent signature
- Current 504 (if applicable)
- Proof of Physical Custody (if applicable)
- Additional Kindergarten Registration Forms (if applicable)

If you are unable to provide these documents, please contact the Assistant Suoerintendent, the District's Liaison for students that are homeless.

The Scituate Public Schools have a commitment to maintaining an educational environment and workplace where bigotry and intolerance, including discrimination on the basis of race, color, national origin, age, sex, sexual orientation, gender identity, religion, homeless status or disability are not tolerated and where any form of intimidation, threat, coercion and/or harassment that insults the dignity of others and interferes with their freedom to learn or work is unacceptable.

The Scituate Public Schools are in compliance with the McKinney –Vento Homeless Education Act of 2002. If you have any questions please contact Jill Proulx @ 781-545-8759 x 23313

Please continue to next page

Student Medical Information

Student Name First: _____ Middle: _____ Last : _____

Date of Birth: _____ Gender Male Female School: _____ Grade: _____

My son/daughter is currently receiving the following medication (to be completed if not in violation of confidentiality), including those given during the school day. A Medication Order and Parent/Guardian Consent for Administration of Prescription Medication will be required to administer medications at school

A physical exam and immunization record by a health care provider is required for all newly enrolled students. Massachusetts Law requires that all children enrolling in Public School be immunized. Please provide a complete immunization record and a copy of the most recent physical exam.

| DOES YOUR CHILD HAVE? | No | Yes | If Yes, Please explain |
|---|----|-----|------------------------|
| Allergies (drug, environmental or food) | | | |
| Food or Lactose Intolerance | | | |
| Seizures | | | |
| Heart Issues | | | |
| Diabetes | | | |
| Migraines or Headaches | | | |
| Frequent Ear Infections | | | |
| Urinary/Kidney Problems | | | |
| Skin Conditions | | | |
| Scoliosis | | | |
| Constipation | | | |
| Other Gastrointestinal Condition | | | |
| ADD or ADHD | | | |
| Developmental Delay | | | |
| Anxiety | | | |
| Psychological Conditions | | | |
| Vision or Hearing Difficulty | | | |
| Glasses, Contacts, Hearing Aides | | | |
| Asthma | | | |
| Other Health Issues | | | |

Parent/Guardian Medical Consents

- I have checked off the box to give permission to exchange information with my child's physician for the purpose of referral, diagnosis, and treatment as needed in case of an emergency
 Student's Physician: _____ Physician Phone: _____
 Student's Dentist: _____ Dentist Phone: _____
- I have checked off the box to give permission to have the School Nurse or school personnel designated by the School Nurse give the following medication (please check selection(s): In accordance with the standing doctor's order for the Scituate Public Schools prescribed by Dr. Stephen Lane, School Physician. Sterile Eye Drops
- Rhuigel or Calamine Lotion Ibuprofen(Advil) Petroleum Jelly (PK to Grade 6)
 Benadryl (Allergic Reactions) Throat Lozenge
 Antibiotic Ointment Acetaminophen(Tylenol)
- I have checked off the box to give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs.

Signature of Parent/Guardian: _____ Date ____/____/____

Please continue to next page



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Scituate MA 02066 781-545-8759

Student Home Language Survey

The 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 _____ Male Female
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 native language(s) of each parent/guardian?
_____ Mother / Father / Guardian
_____ Mother / Father / Guardian

Which language(s) are spoken with your child? (check one)
(include relatives -*grandparents, uncles, aunts, etc.* 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? _____

Which other languages does your child know? (check all that apply)
_____ Speak / Read / Write
_____ Speak / Read / Write

Which languages does your child use? (check one)
_____ Seldom / Sometimes / Often / Always
_____ Seldom / Sometimes / Often / Always

Will you require written information from school in your native language? Yes No

Will you require an interpreter/translator at Parent-Teacher meetings? Yes No

Parent/Guardian Signature: X _____ Today's Date: _____ / ____ / 20____ (mm/dd/yyyy)

Please continue to next page:



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606 Chief Justice Cushing Highway
Scituate MA 02066 781-545-8759

Scituate High School
606 C.J. Cushing Hwy
Scituate, MA 02066
Fax: 781-545-8758

Gates Middle School
460 First Parish Road
Scituate, MA 02066
Fax: 781-545-8767

Cushing Elementary
1 Aberdeen Drive
Scituate, MA 02066
Fax: 781-545-8776

Hatherly Elementary
72 Ann Vinal Road
Scituate, MA 02066
Fax: 781-545-8786

Jenkins Elementary
54 Vinal Avenue
Scituate, MA 02066
Fax: 781-545-8509

Wampatuck Elementary
266 Tilden Road
Scituate, MA 02066
Fax: 781-545-8797

Student Release for Records

The following student(s) has enrolled in Scituate Public Schools.

Would you please forward the following information to assist us in the proper placement of this student(s):

- Academic Records
- Test Results
- Medical Records
- Attendance
- Guidance Records
- SASID ID #
- Special Education Records

Student Name: _____

Entering Grade: _____

I give my permission to have all records, including health, academic records, test results and other relevant information concerning my child sent to:

Name of New School

Parent signature: _____ Date ____/____/____

Former School: _____

Address: _____

Telephone/Fax: _____

Contact Registrar at email Registrar@scit.org or by phone at 781-545-8759 x 23300.

