

Date Received: _____ Year of Graduation: _____

MELROSE PUBLIC SCHOOLS KINDERGARTEN REGISTRATION FORM

ALL FIELDS MUST BE COMPLETED. IF SOMETHING DOES NOT APPLY TO YOU PLEASE ENTER "NO" OR "N/A"

DOES STUDENT CURRENTLY ATTEND THE FRANKLIN ECC? YES NO**STUDENT INFORMATION**STUDENT NAME: _____
LAST NAME
FIRST NAME
MIDDLE NAMEGENDER: MALE FEMALE NON-BINARY STUDENT BIRTHDATE: _____
MM-DD-YYYY

PLACE OF BIRTH (city): _____ COUNTRY OF ORIGIN (where child was born): _____

RACE/ETHNICITY (choose one): HISPANIC NOT HISPANICCHOOSE ALL THAT APPLY: WHITE/CAUCASIAN BLACK/AFRICAN AMERICAN ASIAN NATIVE AMERICAN NATIVE HAWAIIAN/PACIFIC ISLANDER

NATIVE LANGUAGE: _____

INDIVIDUAL EDUCATION PLAN (IEP) DOES THE STUDENT CURRENTLY RECEIVE SERVICES ON AN IEP? YES NO504 ACCOMODATION PLAN DOES THE STUDENT CURRENTLY RECEIVE SERVICES ON A 504? YES NO**DOES THE CHILD'S FAMILY HAVE A MILITARY AFFILIATION?** NO, NOT A MEMBER OF A MILITARY FAMILY YES, CHILD OF ACTIVE DUTY MEMBER YES, CHILD OF MEMBERS OR VETERANS WHO ARE MEDICALLY DISCHARGED OR RETIRED FOR 1 YEAR YES, CHILD OF MEMBER WHO DIED ON ACTIVE DUTYGUARDIAN STATUS: (see attached) YES NO STATE WARD STATUS: (see attached) YES NO**STUDENT RESIDENCE INFORMATION**

PARENT/GUARDIAN - FULL NAME(S) OF PARENT / GUARDIAN FOR MAILING ADDRESS LABELS

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____ PRIMARY PHONE (required): _____

"CONNECT-ED INFORMATION" – WHAT IS CONNECT-ED? (see attached)DO YOU WANT TO PARTICIPATE IN CONNECT-ED? YES NO

If you answered "YES", the Contact 1 and Contact 2 primary phone number and email address will be used.

MEDIA RELEASE – PERMISSION (see attached) select one: Unrestricted Use Limited Use Deny Use**PTO DIRECTORY INFORMATION**MAY WE LIST YOUR CONTACT INFORMATION IN THE SCHOOL'S PTO PHONE DIRECTORY? YES NO

If you answered "yes", the information provided in the Student Residence Information section will be shared with the PTO.

PARENT/GUARDIAN CONTACT INFORMATION

CONTACT 1 - (PARENT/GUARDIAN)

NAME: _____
STREET: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PRIMARY PHONE: _____ PHONE 2 _____ PHONE 3: _____
EMAIL ADDRESS: _____
EMPLOYER: _____ RELATIONSHIP TO STUDENT: _____

CONTACT 2 - (PARENT/GUARDIAN)

NAME: _____
STREET: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PRIMARY PHONE: _____ PHONE 2 _____ PHONE 3: _____
EMAIL ADDRESS: _____
EMPLOYER: _____ RELATIONSHIP TO STUDENT: _____

EMERGENCY CONTACT INFORMATION - CONTACT MUST BE SOMEONE OTHER THAN A PARENT/GUARDIAN.

NAME: _____ HOME PHONE: _____
CELL PHONE: _____ RELATIONSHIP TO STUDENT: _____

SCHOOL CHOICE

IN ORDER TO BEST MEET THE NEEDS OF ITS ELEMENTARY SCHOOL CHILDREN, MELROSE PUBLIC SCHOOLS HAS ADOPTED A SCHOOL ASSIGNMENT POLICY (SEE ATTACHED). THE GOAL IS TO PROVIDE EQUITABLE CLASS SIZE THROUGHOUT THE DISTRICT AS WELL AS THE SMALLEST CLASS SIZE POSSIBLE FOR CHILDREN IN OUR ELEMENTARY SCHOOLS.

1ST CHOICE: _____ **2ND CHOICE:** _____ **3RD CHOICE:** _____

SIBLINGS – LIST ONLY THOSE THAT ARE SCHOOL AGE AND ATTEND MELROSE PUBLIC SCHOOLS.

PLEASE INDICATE THE FIRST AND LAST NAMES OF YOUR OTHER CHILDREN, THE GRADE AND SCHOOL THEY WILL ATTEND IN SEPTEMBER.

SIBLING NAME: _____ GRADE: _____ SCHOOL: _____

SIBLING NAME: _____ GRADE: _____ SCHOOL: _____

SIBLING NAME: _____ GRADE: _____ SCHOOL: _____

MELROSE PUBLIC SCHOOLS
REGISTRATION
EXPLANATION OF TERMS

GUARDIAN STATUS

Answer "YES" if: You are not the birth parent of the child you are registering but have legal responsibility for the minor, for example: Guardianship is the legal responsibility one person has over another person or over another person's affairs. The most common use of the term is with regard to an adult-minor relationship. This typically involves the appointment of a guardian by the courts when the child's parent or parents become unable to provide care due to death or other incapacitating circumstances.

Or Answer "NO".

STATE WARD STATUS

Answer "YES" if: The child you are registering is a child whose guardianship is determined by a judge who appoints a government agency to oversee the ward of the state's affairs. A child is only a ward of the state until his 18th birthday, when he becomes a legal adult. This does not apply, however, to those who are mentally incapable of taking care of themselves, as they may spend their whole lives in state-run facilities.

Or Answer "NO".

CONNECT-ED

Connect-ED® is a school-to-parent communication system that allows the district to send periodic and personalized messages by telephone/email. The Connect-ED service helps us provide a safer learning environment, enhance emergency preparedness and improve student attendance. The system also improves parental involvement through messages sent to families regarding school programs, testing schedules, major events and other initiatives underway at the Melrose Public Schools. We firmly believe that a more informed and involved parent leads to a higher achieving student.

*This service is not mandatory for families. Please select **YES** if you want to participate and **NO** if you do not.*

INSTRUCTIONS: If you choose to participate, we ask that you indicate two phone numbers where you can be notified. The primary phone number will be the number called for *outreach* * messages only. In the event of a *time sensitive situation* **, both the primary and secondary numbers will be called. We request you also include a primary email address to receive these messages at.

Please be aware that the Connect-ED service cannot dial an extension, so be sure the numbers you include are direct lines. Also, it is our recommendation that school attendance messages be routed to a number other than the home telephone number.

If you choose not to participate, you will not receive any type of message from the school department. Please be assured that all personal information will be maintained in the strictest confidence.

**Outreach messages include, but are not limited to, information regarding: medical issues, report cards, schedule changes, picture day, upcoming exams, Open House, scholarships and other special events. Attendance calls report daily absences, including high school period attendance.*

***Time-sensitive calls include, but are not limited to, information regarding: school lockdowns, school cancellations and delays due to weather, intruders on campus, and evacuations.*

MEDIA RELEASE

Media Release: Your permission is requested to allow Melrose Public Schools to use the image/name of your child in materials, as outlined below, at school. The materials may be used by your child's teacher to celebrate learning; by the school or district to document an activity; by local newspapers or television station highlighting a school event; in the school newsletter and/or district website to promote the school and district. Your child may also have an opportunity to have work published on one of the district web pages.

INSTRUCTIONS: Please indicate the level of participation you feel comfortable with in regards to using your child's image/name as explained above. You have the option to deny permission to use your child's image/name entirely; to grant permission to use your child's image only with limited use; to grant permission to use your child's image/first name only with partial use or grant permission to use your child's image/full name with unrestricted use.

- **Deny Permission:** you agree NOT to have your child's image/name used at all.
- **Limited Usage:** you agree to have your child's image (only) used within Melrose Public Schools and in the larger community.
- **Unrestricted Usage:** you agree to have your child's image/full name used in print, video and digital media and agree that these images may be used by Melrose Public Schools and in the larger community.

DISCLAIMER: "Parental or guardian consent is required before the Melrose Public Schools ("MPS") may publish images or personal information of a child enrolled in MPS on any MPS media source, which may also include any local Melrose newspapers and/or media sources, whether in physical or electronic form. However, MPS shall not be held responsible in the event said images or other personal information are subsequently published by entities or third parties which have not lawfully obtained permission to publish or otherwise disseminate said images or other personal information."

MELROSE PUBLIC SCHOOLS

PROCEDURES FOR DETERMINING RESIDENCY



In order to attend the Melrose Public Schools, a student must actually reside in Melrose, unless the exception applies. The residence of a minor child is ordinarily presumed to be the legal residence of the child's parent or legal guardian having physical custody of the child. A student's actual residence is considered to be the place where he or she lives permanently. In determining residency, Melrose Public Schools (MPS) retains the right to require the production of a variety of records and documentation and to investigate where a student actually resides.

VERIFICATION OF RESIDENCY

To be eligible to register to attend school in Melrose, a student's parent or legal guardian must submit at least one **ORIGINAL** document from each category listed below and any other documents that may be requested, including but not limited to those referenced categories. A parent, guardian, or student who is unable to produce the required documents should contact the Registrar at 781-662-2000 x-1.

CATEGORY 1 - EVIDENCE OF RESIDENCY:

- Record of recent mortgage payment and/or property tax bill from the City of Melrose
- Fully signed and executed current Lease and/or Rental Agreement (must be executed by both parties)
- Proof of current tenancy-at-will
- Fully signed and executed Purchase and Sale (P&S) Agreement (provided occupancy date occurs within 30 days of enrollment)
- Current Section 8 Agreement

CATEGORY 2 - EVIDENCE OF OCCUPANCY:

- These documents must be an ORIGINAL mailed from the bill source, not a fax or printout from an online billing/payment center
- Bill must be dated within the last 30 days
- Gas/Oil Bill or National Grid "Proof of Residency" Letter
- Electric Bill or National Grid "Proof of Residency" Letter
- Home (not cell) Telephone Bill
- Cable Bill
- Water Bill (Bill must be dated within the past 45 days and address and name must be stated)
- Occupancy Statement/Affidavit must be notarized if a bill can not be provided prior to student's enrollment.

*This is only required if an item from Category 2 cannot be provided at the time of registration

CATEGORY 3 - EVIDENCE OF IDENTIFICATION (PHOTO ID):

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

The Principal, or his/her designee, shall verify the home address and home telephone number of each student at least once during the school year. Any irregularities shall be reported promptly to the Superintendent of Schools. Parents are required to notify the school of any changes of their address or the address of the student within five business days of the change.

ENFORCEMENT

Should a question arise concerning any student's residency elsewhere while attending the MPS, the student's residency will be subject to further inquiry and/or investigation. Such questions concerning residency may arise on the basis of incomplete, suspicious, or contradictory proofs of address; anonymous tips; correspondence that is returned to the MPS because of an invalid or unknown address, or other grounds.

The Superintendent may request additional documentation, may use the assistance of School Department personnel, and/or may obtain the services of police or investigative agency personnel to conduct investigations into student residence, who will report his or her findings to the Superintendent of Schools, who shall make final determination of residency. Upon an initial determination by the Superintendent of Schools that a student is actually residing in a city or town other than Melrose, the student's enrollment in MPS shall be terminated immediately.

PENALTIES

In addition to termination of enrollment and the imposition of other penalties permitted by law (M.G.L. Chapter 76, Section 5), the MPS reserves the right to recover restitution based upon the costs of educational services provided during the period of non-residency.

EXCEPTION

THE RESIDENCY REQUIREMENTS SHALL NOT APPLY TO THE FOLLOWING:

- a) Students who are entitled to attend the Melrose Public Schools under the McKinney-Vento Homeless Assistance Act.
- b) Melrose High School seniors already enrolled in the MPS who move out on or after October 1st of a given school year, may complete the current school year provided they have made the Superintendent of Schools aware of the move in writing within 5 business days of such move.
- c) Children of school department professional employees shall be allowed to attend a regular education program in the Melrose Public Schools on a tuition-free basis with the cost of any special services to be paid for by the parents, provided that this benefit shall not apply to programs for which Melrose residents are charged tuition, such as Pre-School, before/after school programs or summer programs.
- d) The Superintendent of schools is authorized to admit new students from the Metropolitan Council for Educational Opportunity (METCO) program from K-12 subject to the school committees guidelines for class size and subject to availability of funds from the Massachusetts of Elementary and Secondary Education (DESE).

POTENTIAL WAIVER WHEN RESIDENCY IS IN TRANSITION

For students whose residency is in transition, the following exceptions to the general policy may apply, with prior written approval from the Superintendent of Schools:

1. **Pending Purchase of Dwelling** – The children of families who have signed and accepted Purchase and Sale Agreement to purchase and reside in a dwelling in the City of Melrose may be enrolled up to 30 calendar days in advance of the time actual physical residence occurs. If actual residence occurs later than 30 days after enrollment, students may be asked to leave the Schools until actual residence occurs.
2. **Construction of New Dwelling** - Children of families which are building a primary residence in Melrose may enroll in the Schools at the beginning of the school year if they have obtained a certificate of occupancy from the City.

NOTIFICATION

The Melrose Public School residency requirements, verification procedures, and consequences of falsifying or misrepresenting residency will be published in the Melrose Public School's Policy Manual, and published in each school handbook. Legal Reference: M.G.L. Chapter 76, Section 5

Melrose Public Schools

Occupancy Statement/Affidavit

I the parent/legal guardian/responsible adult of _____
(Print student's full name)

hereby certify as follows:

1. I wish to enroll the above named student in the Melrose Public Schools. I understand that pursuant to Massachusetts General Law (Chapter 76, Section 5) and Melrose Public School's Policy, students who actually reside in the City of Melrose may attend the Melrose Public Schools (MPS) and students who do not actually reside in the City of Melrose may not attend the Melrose Public Schools.

2. I hereby certify that effective _____, 20____, the above named student is/will be residing at the following address in Melrose, Massachusetts, with:

Printed Name of Parent/Guardian/Responsible Adult

Melrose, MA 02176

No. Street Apt/Unit No.

Home Telephone: _____ Cell Phone: _____ Work Phone: _____

3. I acknowledge that I am required to notify the Melrose Public Schools or the above student's school, in writing, of any change in said student's address within five (5) business days of such change of address.

4. I understand that this Occupancy Statement will be relied upon by the Melrose Public Schools for the purpose of determining the above student's eligibility to attend the Melrose Public Schools on the basis of residency. If said student is enrolled in the Melrose Public Schools based upon the information provided and it is subsequently determined that the student does not actually reside in Melrose, I understand that the student's enrollment in the Melrose Public Schools will be promptly terminated and I will be jointly liable to the Melrose Public Schools for the student's tuition for the full academic year(s).

5. I further certify that I am are the parent/legal guardian/or responsible adult of the above named student.

6. I understand that all applicants must reside in the City of Melrose as outlined in Massachusetts General Laws Chapter 76, Section 5 which states:

Every person shall have a right to attend the public schools of the town where he/she actually resides, subject to the following section. No school committee is required to enroll a person who does not actually reside in the town unless said enrollment is authorized by law or by the school committee. Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly-attended public schools. No person shall be excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex, religion, national origin or sexual orientation. (Amended by st. 1971, c.622, c.1; st. 1973, c. 925, s.9A, st. 1993, c.282; st.2004, c.352, s.33)

Signed under the pain and penalties of perjury on this _____ day of _____, 20____

Parent/Guardian/Responsible Adult (Please circle relationship)

Statement of Notary Public:

Commonwealth of Massachusetts

Middlesex County, ss.

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer) proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document and acknowledged to me that he/she signed it voluntarily for its stated purpose.

Notary Public
My Commission Expires:

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	
M First Name Gender	Middle Name _____ / _____ / _____
	Last Name _____ / _____ / _____
F	
School Information	
Start Date in New School (mm/dd/yyyy)	Name of Former School and Town
_____ / _____ /20	_____
Current Grade	
Questions for Parents/Guardians	
What is the native language(s) of each parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / guardian)	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 is the native language of your child?	Which language do you use most with your child?
Which other languages does your child know? (circle all that apply) _____ speak / read / write _____ speak / read / write	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
Is your child able to complete class work in English? Y N	Will you require written information from school in your native language? Y N
	Will you require an interpreter/translator at Parent-Teacher meetings? Y N
Parent/Guardian Signature: X	_____ / _____ /20 Today's date: (mm/dd/yyyy)

Melrose Public Schools
Confidential Student Health and Emergency Information Sheet

Student's Name _____ Teacher _____ Grade _____

Date of Birth _____ Sex: Male Female Primary Language _____

Address _____

Resides with _____ Home Telephone _____

Name(s) Parent/Guardian #1 _____ #2 _____

Parent/Guardian #1 Work Phone _____ #2 _____

Parent/Guardian #1 Cell Phone _____ #2 _____

E-Mail #1 _____ #2 _____

Names and grades of siblings in Melrose Schools: _____

Does your child attend a before or after school program or have a sitter (Y / N) If yes, please provide the contact name and telephone number: _____

Does your child have health insurance? Please circle Yes / No Private / Public* _____

*If you don't have health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable healthcare (restrictions may apply). Please contact your school nurse for more information about these programs. All communications are confidential.

Note: In case of an emergency and 911 is called, your child will be transported by ambulance to an emergency care facility, if necessary. Please indicate your hospital preference: _____

In case of an emergency or illness and we are unable to reach the contacts listed above, please provide two alternative contacts who will assume responsibility and transportation:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Pediatrician _____ Phone _____

Dentist _____ Phone _____

How often does your child visit the dentist? _____ Once a year _____ Twice a year _____ Never _____

List ALL medications your child takes: _____

I give the school nurse permission to administer the following (please circle the medications that you agree with):
Acetaminophen (Tylenol) Diphenhydramine Hcl (Benadryl) Ibuprofen (Advil) –grades 6-12 only Tums

Please circle all the following that apply to your child: History of Concussion Yes No How many? _____

Heart Condition Diabetes Asthma Seizure Disorder Migraines ADHD / ADD Rheumatic Fever

Depression Kidney Disease Frequent Ear Infections Other _____

Speech Problems (specify) _____

Hearing Problems (specify) _____

Vision Problems (specify) _____

Allergies (specify-food, environmental, medication, insect) _____

I give permission to the school nurse to share this information, relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment.

Signature of Parent/Guardian _____ Date _____