



Dear Parents/Guardians:

Attached is an application for entrance to the Melrose Public Schools. Please complete the entire application. In addition, the following information is required prior to reviewing your application:

_____ **COPY OF MOST RECENT REPORT CARD**
(Must accompany application)

_____ **COPY OF ACADEMIC RECORDS**
(Must accompany application)

_____ **COPY OF DISCIPLINE RECORDS**
(Must accompany application)

_____ **COPY OF ATTENDANCE RECORDS**
(Must accompany application)

_____ **COPY OF I.E.P.**
(If applicable - must accompany application)

Note: Melrose Public Schools **DOES NOT** provide transportation for school choice students and that daily transportation of your child is your responsibility.

Applications and records must be brought to Ms. Kim Candilieri, Parent Information Center/Registrar, 360 Lynn Fells Parkway, Melrose, MA 02176. Upon receipt of all documentation your application will be reviewed and you will be notified of the Superintendent's decision.

Please note that if your child is accepted under the School Choice program, as stated in M.G.L. c. 71, s. 37L, "A student transferring into a local system must provide the new school system with a complete school record of the entering student. Said record shall include, but not be limited to any incidents involving suspension or violation of criminal acts or any incident reports in which such student was charged with any suspended act."

If you have any questions, please do not hesitate to contact my office at 781-979-2294. Thank you for your interest in the Melrose Public Schools.

Sincerely,

Cyndy S. Taymore
Superintendent of Schools

MELROSE PUBLIC SCHOOLS

SCHOOL CHOICE REGISTRATION CHECKLIST

CHILD'S NAME: _____

LAST

FIRST

MIDDLE

GENDER: MALE FEMALE NON-BINARY

_____ **COMPLETED REGISTRATION FORM**

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

_____ **COPIES OF THE FOLLOWING RECORDS:**

- MOST CURRENT REPORT CARD
- ACADEMIC RECORDS
- DISCIPLINE RECORDS
- ATTENDANCE RECORDS
- I.E.P.

_____ **BIRTH CERTIFICATE**

- ORIGINAL DOCUMENT WITH SEAL MUST BE PRESENTED
- WE WILL MAKE A COPY FOR OUR FILE AND RETURN THE ORIGINAL BACK TO YOU

_____ **CURRENT PROOF OF RESIDENCY**

- TAX OR UTILITY BILL
- MUST BE AN ORIGINAL MAILED FROM THE BILL SOURCE, NOT A FAX OR PRINTOUT FROM AN ONLINE BILLING/PAYMENT CENTER
- WE WILL MAKE COPIES FOR OUR FILES AND RETURN THE ORIGINALS BACK TO YOU

_____ **HOME LANGUAGE SURVEY**

_____ **CURRENT PHYSICAL EXAM & IMMUNIZATIONS**

- MUST BE WITHIN THE PAST 12 MONTHS
- WE WILL ACCEPT A COPY

_____ **RELEASE OF STUDENT RECORDS FORM**

_____ **CONFIDENTIAL STUDENT HEALTH & EMERGENCY INFORMATION FORM**

Date Received: _____ Year of Graduation: _____

MELROSE PUBLIC SCHOOLS REGISTRATION FORM - SCHOOL CHOICE

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

STUDENT INFORMATION

GRADE ENTERING: _____

STUDENT NAME: _____
LAST NAME FIRST NAME MIDDLE NAME

GENDER: 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 HISPANIC

CHOOSE 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 NO

504 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 DUTY

GUARDIAN 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: _____

CURRENT SCHOOL INFORMATION

NAME OF SCHOOL: _____
STREET: _____
CITY: _____ STATE: _____ ZIP: _____
PUBLIC OR PRIVATE: _____ ENTRANCE GRADE: _____ PREVIOUS GRADE: _____

HAS STUDENT APPLICANT EVER BEEN SUSPENDED OR EXPELLED FROM SCHOOL? YES NO
IF YES, EXPLAIN IN DETAIL: (USE REVERSE SIDE)

IS THE STUDENT APPLYING A SIBLING OF A CURRENT MELROSE STUDENT? YES NO
IF YES, PLEASE PROVIDE NAME OF STUDENT: _____

ON THE BACK OF THIS FORM, PLEASE WRITE A BRIEF STATEMENT AS TO WHY YOU ARE REQUESTING SCHOOL CHOICE INTO THE MELROSE PUBLIC SCHOOL SYSTEM.

I HEREBY CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT. I FURTHER CERTIFY THAT I WILL FURNISH MELROSE PUBLIC SCHOOLS WITH ALL STUDENT RECORDS NECESSARY TO COMPLETE THE REGISTRATION (I.E.: BIRTH CERTIFICATE, IMMUNIZATION RECORD, ACADEMIC RECORDS, MOST CURRENT REPORT CARD, DISCIPLINE RECORDS, MCAS, CURRENT IEP, 504 PLAN). ACCEPTANCE IS CONTINGENT UPON RECEIPT OF ALL RECORDS.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

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."

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) / / 20	Name of Former School and Town
	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 _____