

64 West Main Street, Norton, MA 02766

Phone: (508) 285-0100 Fax: (508) 285-0199

Student Name: _____
(Please print)

New Student Registration Grades 1 - 12

Required Forms / Documents Checklist

<input type="checkbox"/>	NPS Registration Form
<input type="checkbox"/>	NPS Home Language Survey
<input type="checkbox"/>	NPS Verification of Residency Form (with residency proof attached) or NPS Residency Affidavit
<input type="checkbox"/>	NPS Student Transfer/Release of Records Form
<input type="checkbox"/>	Birth Certificate Copy
<input type="checkbox"/>	Health Record Copy (including immunizations)
<input type="checkbox"/>	Report Card / Transcripts from previous school
<input type="checkbox"/>	Discipline Record from previous school
<input type="checkbox"/>	Attendance Record from previous school
<input type="checkbox"/>	Special Education Assessments <i>[If applicable]</i>
<input type="checkbox"/>	Copy of I.E.P. <i>[If applicable]</i>
<input type="checkbox"/>	Copy of 504 Plan <i>[If applicable]</i>
<input type="checkbox"/>	M.C.A.S. Scores <i>[If applicable]</i>
<input type="checkbox"/>	Parent / Guardian Photo Identification

Complete registration packets should be returned to the Norton Public Schools Central Office located at 64 West Main Street.

Our Mission: Promote individual talents and maximize each student's potential.

It is the policy of Norton Public Schools to provide a learning environment free from discrimination or harassment. All students, regardless of race, color, sex, religion, national origin, limited English proficiency, sexual orientation, gender identity, disability, or housing status, have equal access to all programs including athletics and other extracurricular activities.

NORTON PUBLIC SCHOOLS

Student Registration **Date:** _____

Student Information	<i>Please Print</i>			GRADE ENTERING: _____
Student's Last Name	SASID:			
Student's First Name				
Student's Middle Name	(Enter <i>NMN</i> If Student Has No Middle Name)			
Street Address	Apt #			
City, State Zip Code				
Primary Contact Phone				
Sex (Circle One)	Female	Male	Non-Binary	
Birth Date (Month / Day / Year)				
School (Circle One)	JCS	LGN	HAY	NMS NHS
Place Of Birth				
State of Birth				
First Language				
Country Of Origin				
Race (You May Circle More Than One)	01 White			04 American Indian Or Alaska Native
	02 Black Or African American			05 Native Hawaiian Or Other Pacific Islander
	03 Asian			
Ethnicity (Circle One)	No, Not Hispanic Or Latino		Yes, Hispanic Or Latino	
Baby Sitter/Day Care (If Applicable)	Name:		Phone:	
Does your child have an Individualized Ed. Plan or 504 Plan? (Circle One)	IEP	504 Plan	No Plan	
Student's Physician				
Student's Dentist				
Is your child covered by health insurance? (Circle One)	Yes	No		
Please list other family members enrolled in Norton Public Schools				

Parent/Guardian Contact Information	Father/Guardian 1	Mother/Guardian 2
Name		
Cell Phone		
Email		
Employer		
Business/Work Phone		
Pupil Lives With (Circle One)	Both Parents	Father Mother Guardian
Custodial Issues (Circle One)	Yes No	If there are any legal issues concerning custodial / parental rights, please explain on the reverse side.
Release Only To:		

Emergency Contact Information	Emergency Contact 1	Emergency Contact 2
Name		
Relationship		
Emergency Phone		

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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) _____ / _____ /20 _____		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 -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? _____		
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: _____ / _____ /20 _____ (mm/dd/yyyy)		

Verification of Residency

STUDENT'S NAME _____
[Last] [First] [Middle Initial]

RESIDENCE _____
[House Number/Street] [Apartment #] [Zip Code]

DATE OF BIRTH _____
[Month] [Day] [Year]

THE ABOVE-LISTED STUDENT IS REGISTERING AT -

[Check One]

- | | |
|--|---|
| <input type="checkbox"/> L. G. Nourse Elementary School
<input type="checkbox"/> H. A. Yelle Elementary School
<input type="checkbox"/> Norton High School | <input type="checkbox"/> J. C. Solmonese Elementary School
<input type="checkbox"/> Norton Middle School |
|--|---|

VERIFICATION OF RESIDENCY

I UNDERSTAND THAT A STUDENT MUST RESIDE IN NORTON TO ATTEND THE NORTON PUBLIC SCHOOLS. AS THE ADULT WITH WHOM THIS STUDENT IS RESIDING AT THE ADDRESS SHOWN ABOVE, I HEREBY CERTIFY THAT I AM THE STUDENT'S

[Please Check Relationship Below]

- PARENT
 LEGAL GUARDIAN
 OTHER RELATION _____
[PLEASE SPECIFY]

I AGREE TO NOTIFY SCHOOL AUTHORITIES OF ANY CHANGE OF ADDRESS WITHOUT DELAY.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY THIS --

_____ day of _____, _____
[Date] [Month] [Year]

PRINT NAME SIGNATURE

TYPE OF RESIDENCY PROOF ACCEPTED

- PURCHASE AND SALES AGREEMENT
 UTILITY RECEIPT
 REAL ESTATE TAX BILL
 RENT RECEIPT
 OTHER DOCUMENTATION _____
[Please Specify]

Date School Staff Person Accepting Proof of Residency
 REFERRED TO ATTENDANCE OFFICER

Student's Name

Date of Birth

Request Date

[Last]

[First]

[Middle]

REASON FOR RELEASE OF RECORDS _____

THE ABOVE-LISTED STUDENT IS TRANSFERRING (CIRCLE ONE) **TO -** **FROM -**

[Check One School]

L. G. Nourse Elementary School

38 Plain Street
Norton, MA 02766
Phone [508] 285 – 0110
Fax [508] 285 – 0109

H. A. Yelle Elementary School

64 West Main Street
Norton, MA 02766
Phone [508] 285 – 0190
Fax [508] 285 – 0187

Norton High School

66 West Main Street
Norton, MA 02766
Phone [508] 285 – 0160
Guidance [508] 285 - 0164
Fax [508] 286 – 2669

J. C. Solmonese Elementary School

315 West Main Street
Norton, MA 02766
Phone [508] 285 – 0120
Fax [508] 285 - 0130

Norton Middle School

215 West Main Street
Norton, MA 02766
Phone [508] 285 – 0140
Guidance [508] 285 - 0144
Fax [508] 286 – 9457

THE ABOVE-LISTED STUDENT IS TRANSFERRING (CIRCLE ONE) **TO -** **FROM -**

SCHOOL NAME _____

STREET _____

CITY, STATE, ZIP _____

PHONE _____

FAX NUMBER _____

PLEASE FORWARD THE INFORMATION REQUESTED BELOW -

- HEALTH RECORD**
- DISCIPLINE RECORD**
- GRADES IN PROGRESS**
- ATTENDANCE RECORD**
- PERTINENT TESTING**
- MCAS TEST SCORES** [MASSACHUSETTS]
- SASID NUMBER** – [MASSACHUSETTS
STUDENT ASSIGNED STUDENT IDENTIFIER
NUMBER]

- SPECIAL ED ASSESSMENTS AND ED PLAN**
- SCHOOL PROFILE OR EXPLANATION OF COURSE
LEVELS AND MARKING SYSTEM**
- TRANSCRIPT OF ELEMENTARY/MIDDLE
SCHOOL GRADES**
- TRANSCRIPT OF HIGH SCHOOL GRADES AND
ACCUMULATED CREDITS**

Your signature below indicates that you have received notice concerning the transfer of the above-named student's records and that you have read the *Notice to Parent/Guardian*.

[See Reverse Side for Student Record Regulations and Parent/Guardian Notice]

[Signature of Parent/Guardian]

[Student's Class/Grade]

[Date]

Student Record Regulations

Under 603 CMR 23.07(4)(g) consent is not required to forward a transferring student's records to the new school if the school the student is leaving provides notice that it forwards student records to the new school when a student transfers.

Under section 37L of G.L. c.71, any student transferring into a new school district must provide the new district with a "complete school record," including but not 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." 603 CMR 23.07 allows a school district to release the entire student record of a transferring student to the new school without prior consent, provided that it gives notice that it forwards student records to other school in which the student intends to transfer.

Notice to Parent/Guardian

The student's temporary record, which consists of all information in the student record which is not contained in the transcript, shall be destroyed seven years after the student transfers or withdraws from the school system. This is in accordance with section 23.06 (3) of the Students Rights and Regulations. The transcript or permanent record will be kept for sixty years. You have the right to examine and receive a copy of any or all the information in your child's record at any time prior to its destruction.
