

64 West Main Street, Norton, MA 02766  
 Phone: (508) 285-0100 Fax: (508) 285-0199

Student Name: \_\_\_\_\_  
*(Please print)*

By checking this box and typing my name in required fields,  
 I am electronically signing my application.

## 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"/>	Parent / Guardian Photo Identification
<input type="checkbox"/>	Photo / Video Release Form

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.

# NORTON PUBLIC SCHOOLS

**Student Registration**    **Date:** \_\_\_\_\_

Student Information	<i>Please Print</i>			GRADE ENTERING: _____
Student's Last Name	<b>SASID:</b>			
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		

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.

If there are any legal issues concerning custodial / parental rights, please explain below.

## 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: (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"/> J. C. Solmonese Elementary School |
| <input type="checkbox"/> H. A. Yelle Elementary School  | <input type="checkbox"/> Norton Middle School              |
| <input type="checkbox"/> Norton High 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]

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### **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.*

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### **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.*

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## **Photo and Video Release**

Dear Parents/Guardians:

Throughout the year, students in the District may participate in special occasions or projects either within their classrooms or school-wide. This often brings the Norton Cable Station and local newspapers into the school to report on the newsworthy events. The students become very excited at the prospect of appearing in the local newspaper or on the school's/District's social media accounts.

By granting general permission in advance, you are simply allowing for your student to be photographed or videotaped by the school staff, the principal, the local newspaper, or local cable station throughout the year. If for any reason you do not wish for your student to be photographed or videotaped, please indicate below.

Student's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ My student may be photographed and/or videotaped.

\_\_\_\_\_ My student MAY NOT be photographed and/or videotaped.

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