



**MONOMOY REGIONAL SCHOOL DISTRICT
SCHOOL REGISTRATION CHECKLIST**

Date: _____

Grade: _____

Dear Parents,

Please complete the entire registration packet and return all documents to your child's new school.

Student's Name _____

Address: _____

Date of Birth: _____ **Phone #:** _____

Anticipated Start Date: _____ **Primary Cell Phone #:** _____

**ALL INCOMING STUDENTS MUST HAVE CURRENT PHYSICAL EXAM AND
COMPLETE IMMUNIZATION RECORD TO BEGIN**

To Ensure Accuracy of Information Please Print Clearly

**ALL INFORMATION MUST ACCOMPANY THIS FORM IN ORDER TO
REGISTER YOUR CHILD. THANK YOU.**

This Checklist is for **SCHOOL USE ONLY**

INITIALS	COMMENTS
Registration (White)	_____
Birth Certificate	_____
Home Language Survey (Green)	_____
Special Learning Needs Survey (Pink)	_____
Military Family Status	_____
Proof of Residency	_____
Release of Records	_____
Transportation Slip (Yellow)	_____
Acceptable Use Policy (color)	_____
Health History (White)	_____
Immunizations	_____
Medical Records	_____
Attendance/Discipline Records	_____
Standardized Testing	_____
Academic Records	_____
Athletic Interest Form	_____
REGISTRATION COMPLETED	_____



MONOMOY REGIONAL SCHOOL DISTRICT

() Harwich Elementary School

() Chatham Elementary School

SASID # _____

() Monomoy Regional Middle School

() Monomoy Regional High School

LASID # _____

Registration Date: _____ Entrance Date: _____ Grade: _____ Birth Certificate _____

Last Name	First Name	Middle Name (required)	Preferred Name	Gender
Home Telephone Number		Date of Birth	Place of Birth	
Residential Address (required)	Town	State	Zip Code	
Mailing Address-if different from above (required)	Town	State	Zip Code	
Does your student have a Cell Phone? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, what is the number _____				

Primary Parent/Guardian Information #1

Last Name	First Name	Relationship to student		
Residential Address-if different from above (required)	Town	State	Zip Code	
Mailing Address-if different from above (required)	Town	State	Zip Code	
Home Telephone	Work Telephone	Work Hours		
Cell Phone Number - Primary	Email Address - Primary			

Does this caregiver live with the student? ☐ Yes ☐ No If yes, days: All ☐ other please specify: _____

Does this caregiver receive mail regarding this student? ☐ Yes ☐ No

May this caregiver dismiss this student? ☐ Yes ☐ No

Will this caregiver have access to Aspen Parent Portal (student information system)? ☐ Yes ☐ No

Parent/Guardian Information #2

Last Name	First Name	Relationship to student		
Residential Address-if different from above (required)	Town	State	Zip Code	
Mailing Address-if different from above (required)	Town	State	Zip Code	
Home Telephone	Work Telephone	Work Hours		
Cell Phone Number	Email Address			

Does this caregiver live with the student? ☐ Yes ☐ No If yes, days: All ☐ other please specify: _____

Does this caregiver receive mail regarding this student? ☐ Yes ☐ No

May this caregiver dismiss this student? ☐ Yes ☐ No

Will this caregiver have access to Aspen Parent Portal (student information system)? ☐ Yes ☐ No

Student's Name _____

Has this student previously attended school in Harwich or Chatham? **Yes** **No**

If yes, please list _____
School(s) _____ Dates _____

General questions regarding this student:

This student lives with: ☐ = Both parents ☐ = Father ☐ = Mother ☐ = Other (please specify):

Parent(s) are: ☐ Married ☐ Not married ☐ Separated ☐ Divorced ☐ Widowed

Does your child have Mass Health? ☐ Yes ☐ No If yes, ID # _____

Is your child eligible for free or reduced lunch? ☐ Yes ☐ No

Please list other school age siblings, their ages and schools they attend:

Sibling Name	Date of Birth	Biological	Step/Half	Foster	School

EMERGENCY CONTACT 1 OTHER THAN PRIMARY PARENT/GUARDIAN #1 or #2

Last Name	First Name	Relationship to Student	
Home Telephone	Work Telephone	Cell Phone Number	
Residential Address	Town	State	Zip Code

EMERGENCY CONTACT 2 OTHER THAN PARENT/GUARDIAN #1 or #2

Last Name	First Name	Relationship to Student	
Home Telephone	Work Telephone	Cell Phone Number	
Residential Address	Town	State	Zip Code

STUDENT HEALTH INFORMATION

Name of Health Insurance Provider _____

Primary Care Physician: _____ Phone: _____

Dentist: _____ Phone: _____



MONOMOY REGIONAL SCHOOL DISTRICT

Student's Name _____

The No Child Left Behind law requires that we make efforts to identify students who may be homeless. To that end regulatory guidance from the federal and state regulations require we ask the living arrangements of the family or unaccompanied youth, including asking if they are living in motels, hotels, trailer parks or camping grounds due to the lack of alternative accommodations; with relatives or others due to loss of housing, economic hardship or a similar reason; shelters; cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; are abandoned in hospitals or are awaiting foster care placement; or have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

☐ Please check if the above applies. Please list the type of accommodation _____
This information is CONFIDENTIAL for school administration ONLY.

Every school district in Massachusetts is required to report to the Massachusetts Department of Education each year student data by race and ethnicity categories that are set by the federal government. The Department of Education does not report individual student data to the federal government, but does report the total number of students in various categories in each school. These reports help us keep track of changes in student enrollments and ensure that all students receive the educational programs and services to which they are entitled.

Please answer BOTH questions 1 and 2.

1. Is this student Hispanic or Latino? (Choose only one)

- ☐ No, not Hispanic or Latino
- ☐ Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race)

2. What is the student's race? (choose one or more)

- ☐ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- ☐ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- ☐ Black or African American (A person having origins in any of the black racial groups of Africa.)
- ☐ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- ☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Signature of person completing this form: _____

Relationship to student: _____ **Date:** _____



MONOMOY REGIONAL SCHOOL DISTRICT

Military Family Status

Student Name: _____

In May 2012, as part of the VALOR Act, Massachusetts became a member of the Interstate Compact on Educational Opportunity for Military Children. The Compact aims to make the transition to a new school easier for military children in areas such as enrollment, assessment, graduation, etc. The provisions of the Compact also apply to students whose Parent/Guardian is currently deployed, or who was discharged from active duty due to a disability or died while on active duty within the past year.

☐ The above student **DOES NOT** have a Parent or Guardian that qualifies for Military Family Status. (If Yes, please proceed with form below)

☐ There is a Parent or Guardian in the student's household who:

(Please check one box that applies)

☐ Is a member of the uniformed services or National Guard and Reserve on full-time active duty orders.

☐ Is currently deployed.

☐ Is a veteran who retired within the past year.

☐ Was medically discharged within the past year.

☐ Died while serving our country within the past year.

☐ Other: _____

Date of discharge, retirement, death, deployment, military transfer, etc. _____

Name of Service Member: _____

Name of Person completing this form: _____

Date: _____

For more information, please visit: www.mic3.net



MONOMOY REGIONAL SCHOOL DISTRICT

Health History

☐ Harwich Elementary School

☐ Chatham Elementary School

☐ Monomoy Regional Middle School

☐ Monomoy Regional High School

NAME _____ SEX _____
Last First Middle Name

Date Of Entry _____ Grade Entered _____ DOB _____

Family Physician or Source of Medical Care _____

Address _____ Telephone _____

Family Dentist _____

Address _____ Telephone _____

Does your child have any of the following:

Allergies YES ☐ NO ☐ Please Explain _____
(food, bee stings/insects, medications) Epi Pen or other medication needed _____

Asthma YES ☐ NO ☐ Medication YES ☐ NO ☐

Seizures/Convulsions YES ☐ NO ☐ Medication YES ☐ NO ☐

Diabetes YES ☐ NO ☐ Medication YES ☐ NO ☐

Kidney Problems YES ☐ NO ☐ Medication YES ☐ NO ☐

Heart Problems YES ☐ NO ☐ Medication YES ☐ NO ☐

History of Ear Infections YES ☐ NO ☐ Tubes YES ☐ NO ☐ When _____

Hearing Problems YES ☐ NO ☐ Hearing exam at Dr.'s Office in past year YES ☐ NO ☐
Specialist Seen _____

Vision Problems YES ☐ NO ☐ Vision exam at Dr.'s Office in past year YES ☐ NO ☐
Wears Glasses YES ☐ NO ☐ Eye Doctor _____

Speech Problems YES ☐ NO ☐

History of Chicken Pox YES ☐ NO ☐ Date _____

Hospitalizations/Serious Injuries/Trauma (Please explain, giving dates) _____

Physical Disabilities/Special Needs (Please explain, giving dates) _____

Medications (Please list any medication your child takes (*please note policy on giving medications in school*)) _____

Social/Emotional/Behavioral/Mental Health Concerns _____

Other Medical Information _____

I 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. 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

(2.7.19)



MONOMOY REGIONAL SCHOOL DISTRICT

School Health Services

Permission to Administer Over-the-Counter Medication

STUDENT'S NAME _____ SEX _____
Last First Middle Name
DOB _____

Allergies YES ☐ NO ☐ Please Explain _____
(food, bee stings/insects, medications) Epi Pen or other medication needed _____

For students **12 years and older** and with parent permission, the school nurse may, as a result of a nursing assessment, administer ibuprofen (e.g. Advil, Motrin) or acetaminophen (e.g. Tylenol) for pain/discomfort, Calcium Carbonate (e.g. Tums) for heartburn/upset stomach, and diphenhydramine (e.g. Benadryl) for minor, non life-threatening signs of allergic reaction (hives, localized itching, and/or rash). Although it is preferable that an individual order from the student's health care provider is on file in the nurse's office, use of the District's Standing Order for the above medications is an option for a *limited* number of medication administrations.

Note: students who receive acetaminophen or ibuprofen **in excess** of the recommended doses, or who are under the age of 12 years, require a signed Medication-Specific Parent Consent and a Provider Medication Order Form.

<input type="checkbox"/> Tylenol/Acetaminophen 325mg	<input type="checkbox"/> 1 tablet	<input type="checkbox"/> 2 tablets
<input type="checkbox"/> Advil/ Ibuprofen 200mg	<input type="checkbox"/> 1 tablet	<input type="checkbox"/> 2 tablets
<input type="checkbox"/> Tums/ Calcium Carbonate	<input type="checkbox"/> 1 tablet	<input type="checkbox"/> 2 tablets
<input type="checkbox"/> Benadryl/ Diphenhydramine 25mg	<input type="checkbox"/> 1 tablet	<input type="checkbox"/> 2 tablets

Parental Releases:

1. By signing below I give consent for medication administration to my child for the above checked over-the-counter medication.
2. By signing below I grant permission for the School Nurse to share information relevant to my child's health condition with appropriate school personnel on a need to know basis to ensure my child's health and safety needs.
3. I grant permission for the school nurse to exchange information with my child's healthcare provider. All information will be kept strictly confidential and used only to provide appropriate individualized healthcare services for my child while in school or school related activity.
4. By signing below, I understand that in case of illness or injury to my child, the school will make every effort to notify me or the emergency contact on file with the school. In the event that emergency medical care is necessary, I grant permission for emergency medical services to be initiated for my son/daughter.

Signature of Parent/Guardian _____ Date _____ (2.8.19)



MONOMOY REGIONAL SCHOOL DISTRICT 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

Student's Current Grade _____

Today's Date: _____

First Name	Middle Name	Last Name	Gender
Country of Birth	Date of Birth	Date first enrolled in ANY U.S. school	
Start Date in New School	Name of Former School and Town		

Questions for Parents/Guardians

What is the native language(s) of each parent/guardian?

_____ ☐ mother ☐ father ☐ guardian

_____ ☐ mother ☐ father ☐ guardian

What language did your child first understand and speak?

Which other languages does your child know?

_____ ☐ speak ☐ read ☐ write

_____ ☐ speak ☐ read ☐ write

Will you require written information from school in your native language? YES ☐ NO ☐

Parent/Guardian Signature: _____

Which language(s) are spoken with your child?

(include relatives -*grandparents, uncles, aunts, etc.* - and caregivers)

_____ ☐ seldom ☐ sometimes ☐ often ☐ always

_____ ☐ seldom ☐ sometimes ☐ often ☐ always

Which language do you use most with your child?

Which languages does your child use?

_____ ☐ seldom ☐ sometimes ☐ often ☐ always

_____ ☐ seldom ☐ sometimes ☐ often ☐ always

Will you require an interpreter/translator at Parent-Teacher meetings? YES ☐ NO ☐

To be completed by qualified ELL Program Staff Member

Recommendation

- ☐ Proficiency testing to determine LEP placement and academic record review
 - ☐ Sheltered English Immersion (WIDA)
 - ☐ FLEP
- ☐ Proficient- No English language learner program required

Signature of ELL Staff Member _____ Date _____

(green) 2.14.19



MONOMOY REGIONAL SCHOOL DISTRICT Special Learning Needs Survey

To help us identify children with possible special learning needs, please fill in the information on the form below at the time of registration.

Student's Name _____ Grade Entering _____

Parent/Guardian's Name(s) _____

1. Has your child ever been identified as being in need of Special Education Services? YES ☐ NO ☐

If yes, what services did your child receive _____

Has your child ever been tested? YES ☐ NO ☐

When? _____ For what reason? _____

2. Does your child have an Individualized Education Program (IEP)?

YES ☐ (please attach) NO ☐

3. Has your child ever received additional help such as instruction by a Reading Specialist, Title 1 Tutor, or a Speech and Language Specialist?

YES ☐ NO ☐

If yes, please explain service provider and when services were provided

4. Is your child on a 504 Plan? YES ☐ NO ☐

For office use only: student LASID _____

DOE 10 _____

DOE 24 _____

(pink) (2.7.19)



MONOMOY REGIONAL SCHOOL DISTRICT HANDBOOK: OPT-OUT SECTION & SIGNATURE PAGE

located on www.monomoy.edu (under your child's school)

Student's name: _____ Grade: _____

As a parent/guardian, you have the right to "opt-out" of the following sections of the handbook:

DISTRICT'S SYSTEM/NETWORK

In consideration for the privilege of using the district/system network, and in consideration for having access to the public networks, I hereby release the district, its operators, and institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system/network, including without limitation, the type of damage identified in the district and administrative procedures. I also understand that I will be personally responsible for any damages or costs caused by my child's violation of the guidelines.

☐ I **do not** give permission for my child to participate in the district's system/network.

PERMISSION TO PHOTOGRAPH, AUDIOTAPE, VIDEOTAPE, OR USE PHOTOGRAPH ON WEB PAGE

☐ I **do not** give permission for my child to be photographed or videotaped for use within the school

☐ I **do not** give permission for my child's picture and name to appear in local newspapers.

☐ I **do not** give permission for my child's picture and **first name only** to be included on the Monomoy Public School's web page to highlight educational activities.

Monomoy Regional School District provides handbooks to students early in each school year, and places the handbook on the school's website for parent and public review. This form serves as a method for parents and students to acknowledge receipt of the handbook and to opt-out of participation for certain provisions related to media and network usage and/or human sexual education curricula.

Parent/guardian and student signatures below indicate:

1. We have received, read, and understood the provisions of this handbook.
2. We agree to abide by all of the school policies and procedure as set forth in this handbook, except for those policies, listed above, where we have explicitly "opted-out".
3. We recognize that all students of the Monomoy Regional School District are held accountable for acting in accordance with the contents of the student handbook, both during regularly scheduled school hours and at all school sponsored events.

FOR STUDENTS AT MONOMOY REGIONAL MIDDLE & HIGH SCHOOLS -HUMAN SEXUAL EDUCATION CURRICULUM

☐ I would prefer my child be exempt from a portion, or the entirety, of a course curriculum dealing with human sexual education

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Name: _____

Student Signature _____ Date: _____

(any color) 2.13.18))



MONOMOY REGIONAL SCHOOL DISTRICT

425 Crowell Road, Chatham, MA
508-945-5130 FAX: 508-945-5133

PROOF OF RESIDENCE IN ORDER TO ENROLL CHILD

I am the parent or legal guardian of

Name(s) of child (ren)

and wish to enroll such child(ren) in the Monomoy Regional School District. I understand that Massachusetts law provides, with few exceptions*, that each child must attend a public school in the attendance area where the parent or guardian resides. I attest to the fact that my child resides at the following street address which is located in the Town of Harwich or Chatham.

I understand that officials of the School Department may require additional proof that I am the parent or legal guardian of the child(ren) identified by me on this form. I also understand that officials of the School Department require proof that my child resides at the address given on this form and will accept a copy of a lease/rental agreement, current utility bill, tax or excise bill, mortgage statement or deed.

Declaration

I declare that the above information provided by me is true and complete.

*Please note that the Monomoy Regional School District participates in the Massachusetts School Choice Program. Interested non-resident parents must file a specific application which must meet eligibility requirements set by the Monomoy Regional School Committee. Contact the School Principal for information.

Signed under penalties of perjury on

Date

FOR OFFICE USE ONLY

Verification of Residency _____ by _____



MONOMOY REGIONAL SCHOOL DISTRICT

- ☐ *Harwich Elementary School* ☐ *Chatham Elementary School*
☐ *Monomoy Regional Middle School* ☐ *Monomoy Regional High School*

TRANSPORTATION SLIP

STUDENT ID: _____

LAST NAME: _____

FIRST NAME: _____ MIDDLE INITIAL: _____

HOUSE #: _____ STREET: _____

TOWN: _____ ZIP: _____

PHONE: _____ (home) _____ (cell)

GRADE: _____ GENDER: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

☐ New student, add to database

☐ Change of address or other information - DELETE from BUS _____

☐ School Choice – ☐ No bus needed ☐ Will use bus from closest stop

☐ I will not use bus, will walk to/from school, drives own car, etc.

CHANGE EFFECTIVE ON: _____

☐ Please call _____ at _____ with bus information.

Special Notes:

STOP: _____

BUS # _____ am _____ pm

(when complete, please FAX to BUS COMPANY)



MONOMOY REGIONAL SCHOOL DISTRICT

425 Crowell Road, Chatham, MA
508-945-5130 FAX: 508-945-5133

RELEASE/REQUEST OF STUDENT RECORDS AND INFORMATION

☐ **Harwich Elementary School**
263 South Street
Harwich, MA 02645
508-430-7216/508-430-7232(F)

☐ **Monomoy Regional Middle School**
425 Crowell Road
Chatham, MA 02633
508-945-5140/508-945-5110 (F)

☐ **Chatham Elementary School**
147 Depot Road
Chatham, MA 02633
508-945-5135/508-945-5138 (F)

☐ **Monomoy Regional High School**
75 Oak Street
Harwich, MA 02645
508-430-7200/508-430-7903 (F)

please release records from/to:

Name of student

Grade

Date of Birth

- ☐ Attendance
- ☐ School Records/Standardized Tests
- ☐ Medical Records (including proof of immunizations)
- ☐ Special Education Records
- ☐ Psychological Records
- ☐ Discipline
- ☐ Other (Specify) _____

Student's Last day _____

Date

Signature of Parent/Guardian

For office use only:

Records sent: Date _____

Signature of school official

Hand given: Date _____

Signature of school official

(2.13.18)

What preschool did your child attend (for incoming K students only) _____

Early Childhood Education Experience Survey (For Kindergarten Registrations ONLY)

Please check next to the option that best describes your child's preschool experience in the school year prior to entering Kindergarten. Select one option only, and indicate hours where applicable. Thank you!

Name of child: _____

Date of Birth: _____

- ☐ My child did not have any formal early childhood program experience
- ☐ My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.
- ☐ My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.
- ☐ My child did not have formal early childhood program experience but participated in **BOTH** Coordinated Family and Community Engagement (CFCE) **AND** Parent Child Home Program (PCHP) services.
- ☐ My child attended a Licensed Family Child Care Provider (indicate hours below)
- ____ for less than 20 hours per week
- ____ for 20+ hours per week
- ☐ My child attended a Center Based Program (indicate hours below)
- ____ for less than 20 hours per week
- ____ for 20+ hours per week
- ☐ My child attended **BOTH** a Licensed Family Child Care Provider **AND** a Center Based Program (indicate hours below)
- ____ for less than 20 hours per week
- ____ for 20+ hours per week

Definitions:

Coordinated Family and Community Engagement (CFCE) Services: locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent-child activities).

Parent Child Home Program (PCHP): home visiting model program funded through the Department of Early Education and Care.

Licensed Family Childcare: refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families.

Center-Based Care: refers to care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools.



MONOMOY REGIONAL HIGH SCHOOL ATHLETICS INTEREST FORM

NAME: _____ GRADE: _____

PARENT/GUARDIAN NAME: _____ PHONE: _____

DATE OF BIRTH: _____

ADDRESS: _____

DATE OF ENROLLMENT AT MONOMOY: _____

SCHOOL TRANSFERRING FROM: _____

SCHOOL ADDRESS: _____

SCHOOL PHONE: _____

SPORTS PLAYED AT FORMER SCHOOL: _____

REASON FOR TRANSFERRING: _____

SPORTS YOU WISH TO PLAY AT MONOMOY: _____

LIST OF SPORTS AT MONOMOY REGIONAL HIGH SCHOOL:

FALL: Football, Boys and Girls Soccer, Field Hockey, Coed Cross Country, Boys Golf, Cheer

WINTER: Boys and Girls Basketball, Boys and Girls Ice Hockey, Cheer

SPRING: Baseball, Softball, Boys and Girls Tennis, Girls Golf, Boys and Girls Track, Coed Sailing, Boys and Girls Lacrosse

All students need to create an account on Family ID (www.familyid.com) and our health office needs a recent physical on file.