



## MEDFORD PUBLIC SCHOOLS

489 Winthrop Street  
Medford, MA 02155  
781-393-2132/ 2131  
[MedfordRegOffice@medford.k12.ma.us](mailto:MedfordRegOffice@medford.k12.ma.us)

### REGISTRATION CHECKLIST

To enroll a student in Medford Public Schools, **ALL documents must be brought to the Registration Office at Medford High School.** Follow the registration packet link to fill it out.

#### REQUIRED DOCUMENTS:

- Proof of Residency:** 2 utility bills (i.e., gas, electric, oil, TV cable) or a Lease Agreement
- Proof of Parent/Guardian/Caregiver Identity:** Driver's license, Photo ID or Passport. If a Legal Guardian, a Custody Agreement must be provided.

*\*If a student and caregiver are living with a Medford resident, then the following are required to complete registration:*

- Notarized Living Residency Affidavit*
- Proof of Residency for a person signing the document (2 recent utility bills, etc.)*
- Both the Homeowner and Tenant must sign the document in front of a Notary Public*

#### STUDENT INFORMATION:

- Registration Packet**, fill out everything that applies, print and sign it
- Birth Certificate** (original, translated, and certified if not in English)

#### HEALTH DOCUMENTS:

- Recent immunizations
- Copy of latest physical exam (dated within 12 months of registration date)
- Tuberculosis risk assessment or skin test results.
- Preschool and Kindergarten: Lead screening results
- Kindergarten: Vision screening results including stereopsis exam

*Health documents may be faxed to 781-393-2379, or emailed to [MedfordHealthOffice@medford.k12.ma.us](mailto:MedfordHealthOffice@medford.k12.ma.us)*

*with the subject: "Registration: {name, school, and grade (if known)}". For any health-related questions please call 781-393-2218 and ask to speak to a nurse.*

#### ACADEMIC RECORDS:

- Individualized Education Program (if applicable)
- 504 Plan (if applicable)
- ACCESS for ELLs Score Report (If applicable)
- Mass Transfer Card from previous school (if available)
- Report cards and MCAS scores (if available)

#### **Grade 9 students**

- Course Selection Sheet

#### **Grade 10-12 students**

- Transcripts
- Discipline Records
- Attendance Records

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# MEDFORD PUBLIC SCHOOLS

489 Winthrop Street  
Medford, MA 02155  
781-393-2132/ 2131  
MedfordRegOffice@medford.k12.ma.us

### For School Use Only

SASID: \_\_\_\_\_ LASID: \_\_\_\_\_ Date Received: \_\_\_\_\_ Entry Date: \_\_\_\_\_ HR: \_\_\_\_\_  
Date Enrolled: \_\_\_\_\_ Proximity Zone: \_\_\_\_\_ School Assigned: \_\_\_\_\_ Grade: \_\_\_\_\_

## REGISTRATION FORM

### STUDENT INFORMATION (Please type or print)

Has this student attended Medford Public Schools in the past: <input type="checkbox"/> Yes <input type="checkbox"/> No		Grade / Years Attended:
First Name:	Middle Name:	Last Name:
Gender	Male	Female
		Non-Binary
Date of Birth (mm/dd/yyyy):	City of Birth:	Country of Birth:
Home Address, Apt#:		City, State, Zip:
Student Phone #:	Student Email:	
Date of USA Entry (mm/dd/yyyy):		
<b>SPECIAL EDUCATION / STUDENTS WITH DISABILITIES</b>		
Does the student currently have an IEP or receiving Special Education Services?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student receiving accommodations on a 504 Plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No

### HOME LANGUAGE

<input type="checkbox"/> English	<input type="checkbox"/> Chinese	<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Spanish	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Other: _____
----------------------------------	----------------------------------	---	----------------------------------	-------------------------------------	---------------------------------------

### PARENT/ GUARDIAN /CAREGIVER INFORMATION

PARENT/GUARDIAN/CAREGIVER 1	PARENT/GUARDIAN/CAREGIVER 2
Name:	Name:
Home Phone	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email Address:	Email Address:
Relationship to student:	Relationship to student:
Is Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No
Receives Student Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives Student Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Language:	Primary Language:

**SIBLINGS:** (Please list all School Age Siblings 18 years and younger)

Name	Age	Relationship	Grade	School

**EMERGENCY CONTACTS:**

Emergency Contact 1	Emergency Contact 2
Name:	Name:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Relationship to student:	Relationship to student:
Primary Language:	Primary language:

**MILITARY STATUS:** (check as applies)

- Active-duty members of the uniformed services, National Guard, and Reserve on active-duty orders
- Members or Veterans who are severely injured and medically discharged or retired for a period of 1 year after medical discharge or retirement.
- Members of the uniformed services who die while on active duty or because of injuries sustained on active duty for a period of 1 year after death.

**RACE/ ETHNICITY:**

- Hispanic or Latino:** a person of Cuban, Puerto Rico, Central or South American origin, or any other Spanish culture or origin regardless of race
- American Indian 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 attachments
- 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, Philippines, 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, Samos, Fiji, or other Pacific Islands
- White:** a person having origins in any of the original peoples of Europe, Middle East, or Africa

## MEDICAL INFORMATION

Physician's Name:		Phone #:
Address:		
Do you have Health Insurance?	Yes      No	Health Insurance Name:
Has your child had a complete physical examination?		Date of Most Recent Exam:
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please check if your child has or had any of the following conditions:		
<input type="checkbox"/> Cardiac (Heart)	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Asthma
<input type="checkbox"/> Speech	<input type="checkbox"/> Hearing	<input type="checkbox"/> Allergies
		<input type="checkbox"/> Eczema <input type="checkbox"/> Vision
Other		
If any boxes above were checked please describe:		
Does your child take medication:		Name (s) of Medication(s):
		<input type="checkbox"/> Yes <input type="checkbox"/> No

## FOR STUDENTS ENTERING KINDERGARTEN ONLY

### EARLY CHILDHOOD EDUCATION EXPERIENCE SURVEY

<input type="checkbox"/>	My child did not have any formal early childhood program experience	01
<input type="checkbox"/>	My child did not have any formal early childhood program experience but participated in <u>Coordinated Family and Community Engagement (CFCE)</u> services	02
<input type="checkbox"/>	My child did not have any formal early childhood program experience but participated in <u>Parent-Child Home Program (PCHP)</u> services	03
<input type="checkbox"/>	My child did not have any formal early childhood program experience but participated in both <u>Coordinated Family and Community Engagement (CFCE)</u> services and <u>Parent Child Home Program (PCHP)</u> services	04
<input type="checkbox"/>	My child attended a <u>Licensed Family Childcare Provider</u> (indicate hours) <input type="checkbox"/> Less than 20 hours per week <input type="checkbox"/> 20 + hours per week	05/06
<input type="checkbox"/>	My child attended a <u>Center Based Program</u> (indicate hours) <input type="checkbox"/> Less than 20 hours per week <input type="checkbox"/> 20 + hours per week	07/08
<input type="checkbox"/>	My child attended a <u>Licensed Family Child Care Provider and a Center Based Program</u> (indicate hours) <input type="checkbox"/> Less than 20 hours per week <input type="checkbox"/> 20 + hours per week	09/10

# 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			
			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non- Binary
First Name _____	Middle Name _____	Last Name _____	Gender
Country of Birth _____	Date of Birth (mm/dd/yyyy) _____	Date First Enrolled in ANY US School (mm/dd/yyyy) _____	
SCHOOL INFORMATION			
Start Date in New School (mm/dd/yyyy) _____	Name of Former School and Town _____	Current Grade _____	
QUESTIONS FOR PARENTS/GUARDIANS			
<b>What is the primary language used in the home, regardless of the language spoken by the student?</b>  _____  _____	<b>Which languages are spoken with your child? (Check one)</b> <small>(include relatives -grandparents, uncles, aunts, etc., and caregivers)</small>  _____ seldom/sometimes/often/always <div style="text-align: center; margin: 5px 0;"> <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/> </div> _____ seldom/sometimes/often/always		
<b>What language did your child first understand and speak?</b>  _____	<b>Which language do you use most with your child?</b>  _____		
<b>How many years has the student been in U.S. Schools? (not including pre-kindergarten)</b>	<b>Which languages does your child use? (Check one)</b>  <div style="text-align: center; margin: 5px 0;"> <input type="checkbox"/> </div> _____ seldom/sometimes/often/always  _____ seldom/sometimes/often/always		
<b>Will you require written information from school in your native language?</b> <input type="checkbox"/> Y <input type="checkbox"/> N  <b>If yes, what language?</b> _____	<b>Will you require an <u>interpreter/translator</u> at Parent-Teacher meetings?</b> <input type="checkbox"/> Y <input type="checkbox"/> N  <b>If yes, what language?</b> _____		
X	<b>DATE:</b> _____		
<b>PARENT/GUARDIAN SIGNATURE</b>	MM/DD/YYYY		

# STUDENT GOOGLE PERMISSION FORM

Medford Public School District can create accounts for all students to collaborate using our custom implementation of Google Apps for Education. These accounts will be used for school-related projects. The rules governing proper electronic communication by students are included in the Technology Acceptable Use Policy.

Once accounts are assigned, the students gain access to Google Docs, word processor, spreadsheet, email, calendar, website authoring tools, plus additional services. This will allow your student to collaborate with teachers and other students as well as share information with family, friends, and other internet users.

**Official Email Address:** Students will be assigned a student email account.

**Conduct:** Students are responsible for good behavior. It is illegal to use obscene, profane, threatening, or disrespectful language. Communication with others should always be course-related. Students shouldn't access any account other than their own, share account information, or attempt to bypass any restrictions or security measures. Students should notify the teacher of anything inappropriate or anything that makes them uncomfortable. Bullying will not be tolerated, and the privacy of others should be always respected.

**Access Restriction:** Access to and use of Google Apps for Education is a privilege accorded at the discretion of Medford Public Schools. The District maintains the right to immediately withdraw the access and use of the account when there is reason to believe that violations of law or District School Committee policies have occurred. In such cases, the alleged violation will be referred for further investigation and application of necessary consequences as indicated in the Student Handbook.

**Security:** Medford Public School District does not guarantee the security of electronic files located on Google systems. Although Google does have a powerful content filter in place, the school cannot assure that users will not be exposed to non-education material.

**Privacy:** Medford Public School District reserves the right to access and review content in the Google Apps for Education system at any time. All emails are recorded and archived in our system. The District School Committee policies comply with all state and federal privacy laws.

1. I have discussed with my student his/her responsibilities regarding the use of the Medford Public Schools District Google Apps account.
2. I understand that any violation by my student of the guidelines may result in the suspension or revocation of his/her Google Apps account, school disciplinary action, and, if warranted, referral to law enforcement authorities.
3. I will not hold Medford Public School District liable or responsible for any materials my student accesses, acquires, or transmits via the Medford Public Schools Google Apps account.

**My student and I understand and agree to follow the guidelines stated above for the use of Google Apps accounts. I give permission for my student to be assigned a Google Apps account.**

**I certify that the information provided to the Medford Public Schools in this registration packet is true under the pains and penalties or perjury as identified in the Ordinance of the City of Medford and Medford Public Schools Policy.**

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDFORD PUBLIC SCHOOLS STAFF ONLY

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# MEDFORD PUBLIC SCHOOLS

489 WINTHROP STREET  
MEDFORD, MA 02155



## AUTHORIZATION FOR RELEASING/OBTAINING STUDENT RECORDS

I, \_\_\_\_\_, am the parent/legal guardian of the below-named student.

I hereby authorize the release of all academic records including official transcripts, testing results, discipline, health, Special Education, and any other information regarding my child to the Public Schools of Medford. I further give permission to the Public Schools of Medford to speak to my child's former teachers, principal, guidance counselor, and other school staff as needed.

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

Name of Student:	_____	Date of Birth:	_____
------------------	-------	----------------	-------

### PREVIOUS SCHOOL INFORMATION:

Previous School Name:	_____	Grade Level:	_____
School Address:	_____		
City, State & Zip:	_____		
Phone Number:	_____		
Email Address:	_____		

..... **SCHOOL USE ONLY** .....

Records can be mailed to:	_____
	_____
	_____
	_____



AUTHORIZATION TO RELEASE HEALTH INFORMATION

<b>Patient/ Student Name:</b>		<b>Date of Birth:</b>	
I hereby authorize: _____ and _____ (Medical Provider) (School Nurse)			
to release verbal/written health and education information/records for the purposes listed below.			
<b>MEDICAL PROVIDER(S):</b>			
<b>ADDRESS:</b>			
<b>PHONE:</b>		<b>FAX:</b>	
<b>SCHOOL:</b>			
<b>ADDRESS:</b>			
<b>PHONE:</b>		<b>FAX :</b>	

**Description:**

The information to be disclosed consists of (Check appropriate boxes):

- Immunization record
- Most recent physical examination
- List of current medications
- Asthma Action Plan
- Behavioral/Mental Health assessments
- Results of TB skin test or low risk assessment
- Results of Scoliosis evaluation
- Results of most recent lead test
- Results of vision evaluation
- Results of hearing evaluation
- Results of dental exam
- Record of Office, Clinic or Emergency Room Visit for the following date (s) \_\_\_\_\_
- Other medical issues and/or concerns \_\_\_\_\_

This information will be used for the following purpose (s) (Check appropriate boxes):

- Update student health record
- Develop health care/emergency/behavioral support plan for this student.
- Develop medication administration/monitoring plan for this student.
- Determine classroom placement and accommodation plans for this student.

The school nurse or counselor may share medical information provided with appropriate members of the educational team for use in meeting the student's health and educational needs. **This will be done on a "need to know" basis, in a confidential manner and may also include communication between medical provider and school nurse to facilitate this process.**

**Authorization**

This authorization is valid for one calendar year. It will expire on \_\_\_\_\_ (date). I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that these records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

Parent/Guardian/ Caregiver Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature\* \_\_\_\_\_ Date \_\_\_\_\_

If a minor student is authorized to consent to healthcare without parental consent under federal or state law, only the student shall sign this authorization form. A competent minor, depending on age, can consent to outpatient mental health care, alcohol and drug abuse treatment, testing for HIV/AIDS, and reproductive health care services.



# **FOR STUDENTS ENTERING GRADES 6-12 ONLY**

## **STUDENT USE CHROMEBOOK LOAN ACCEPTANCE FORM**

**STUDENT NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

Medford Public Schools (MPS) is issuing a Chromebook to you to be used for schoolwork both at school and at home. You are responsible for this device, its Charger, and its Case, at all times. There should be no expectation that a stolen or damaged device will be replaced with identical equipment.

### **By signing this form, you accept and agree as follows:**

1. I am in receipt of a Chromebook, charger, and case, assigned by MPS for student use
2. I will take responsibility for the security and proper care of the Chromebook
3. I understand the Chromebook and its software are the property of MPS and I will use it in accordance with MPS's Responsible Use Policy
4. I will not modify the Chromebook, change its configuration in any way, disassemble any part of it, or attempt any repairs
5. I will return the device in the same condition in which it was provided to me
6. I agree to pay \$50.00 for a replacement Chromebook in the event the device is:
  - a) Lost or misplaced
  - b) Damaged, in which case I agree to return the damaged device; or
  - c) Stolen, in which case I agree to submit an official police report to MPS
7. I agree to pay \$25.00 for a lost or damaged Charger; and \$10.00 for a lost or damaged Case

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature (required if the student is under 18): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment for a lost/damaged/stolen Chromebook, Charger, and/or Case may be made by card, cash, check, or money order payable to Medford Public Schools.

**If there is any reason why you may not be able to pay for a lost, damaged, or stolen Chromebook or accessories; Please sign below and have your student bring this form to their Assistant Principal before picking up a Chromebook.**

\_\_\_\_\_

**No student will be denied access to an electronic device due to economic hardship.**