



SOUTH HADLEY PUBLIC SCHOOLS

"Excellence in Education"

SOUTH HADLEY HIGH SCHOOL • MICHAEL E. SMITH MIDDLE SCHOOL • MOSIER ELEMENTARY SCHOOL • PLAINS ELEMENTARY SCHOOL

Student Registration and Enrollment

Welcome to the South Hadley Public Schools & Tiger Country!

We are so excited that you are considering or have decided to enroll your student(s) into the South Hadley Public Schools. Steeped in a history of academic, athletic and artistic success, our school district is comprised of approximately 1,890 students, 375 employees, and five sites. With a robust curriculum PK-12, highly trained educators, state of the art technology and quality facilities, your child's educational experience has every opportunity to be exceptional!

This registration packet has been created to facilitate an enrollment process that is family-centric in meeting the needs of today's busy households. Whether you are joining us from a private institution, a surrounding community, another state or another country, we look to provide families with the essential information and documents necessary to make registration a clear and simple process. Visit our registration page for more information at www.southhadleyschools.org/registration

Once your family has completed the forms and has gathered all the required documents noted on the registration checklist within, please contact the respective school(s) to set up an appointment with our administrative assistants to finalize the enrollment process for your student(s).

Toddler to young adult, on behalf of our entire team of educators and faculty, we look forward to your student(s) becoming a part of Tiger Country! Their experience will be GRRRREAT!

All students, regardless of race, color, sex, gender identity, religion, national origin, sexual orientation, disability or homelessness, pregnancy, or pregnancy related conditions have equal access to the general education program and the full range of any occupational and vocational education programs offered by the South Hadley Public Schools.

Todos los estudiantes, independientemente de su raza, color, sexo, identidad de género, religión, origen nacional, orientación sexual, discapacidad o falta de vivienda, embarazo, o condiciones relacionadas al embarazo tienen acceso equitativo al programa de educación general y a toda la gama de programas de educación ocupacional y profesional ofrecidos por Escuelas Públicas de South Hadley.

Offices of the Superintendent, Student Services, Business, Curriculum, Grants & Technology

Town Hall - 2nd Floor

116 Main Street South Hadley, MA 01075 413.538.5057

Registration Documents Last Updated: 2/08/2019

SHPS Registration Required Document Matrix



**SOUTH
HADLEY
PUBLIC
SCHOOLS**

NOTE: This registration packet is available, in its entirety, as a form-fillable PDF document on our website. It is **strongly recommended** that you complete the registration using this method, and bring a printed copy to your registration appointment. Visit our registration page located at <http://www.southhadleyschools.org/registration>

All families registering a new student with the South Hadley Public Schools must bring the following required documents to the respective school along with a completed student registration and enrollment packet as part of the registration process.

Students must have primary residence in the Town of South Hadley (unless accepted into the school choice program) to be eligible to attend the South Hadley Public Schools. Residency fraud is a violation of state law and is subjected to per diem fines for every day a student attends a school outside the district that they legally reside (*M.G.L. c. 76 § 5*). This residency requirement does not apply to students or families who meet homeless criteria as defined by the McKinney-Vento Homeless Assistance Act. Students or families who meet criteria defined by this act and who need assistance with the registration process can contact SHPS Homeless Education Liaison at 413-538-5072 Ext. 101.

Families with limited English are encouraged to bring an interpreter with them to the school for their enrollment appointment.

Critical Enrollment Information:

Pre-School Entrance: Plains School houses an inclusive preschool program to serve children with special needs. If you are interested in applying for a peer partner slot, please call Plains School at 413-538-5068 for an application. Currently, enrollment in this program must be approved by the school prior to registration.

Kindergarten Entrance: A child is eligible for entrance into kindergarten in August provided he or she reaches the age of five (5) by August 31 in that calendar year.

Grade 1 Entrance: A child shall be enrolled in grade one (1) in August provided he or she reaches the age of six (6) by August 31 in that calendar year, or can provide satisfactory documentation proving successful completion of a kindergarten program elsewhere (regardless of age on August 31st).

DOCUMENT REQUIREMENTS

Evidence of Identification (ALL of the following)	Evidence of Residency/Occupancy (TWO of the following items, both items <u>CANNOT</u> be from same bullet)	Evidence of Records (ALL of the following)
<ul style="list-style-type: none"> Student's birth certificate Parent/Guardian current valid government issued photo identification <u>ANY</u> court order/legal guardianship/custody documents (If applicable) 	<ul style="list-style-type: none"> Utility bill (<i>within past 60 days</i>) Current purchase & sales agreement, landlord/owner affidavit (<i>supplemental attachment</i>), or section 8 agreement Deed or mortgage payment (<i>within past 60 days</i>), or town property tax bill (<i>within past year</i>) Bank or credit card statement (<i>within past 60 days</i>) or payroll stub (<i>within past 60 days</i>) Letter from an approved government agency* (<i>within past 60 days</i>) <p>*Approved government agencies include: Departments of Revenue, Children and Family Services, Transitional Assistance, Youth Services, Social Security Administration, any communications on Commonwealth of Massachusetts Letterhead.</p>	<ul style="list-style-type: none"> ALL prior school records (Report card, test scores, discipline, attendance, any special education information, IEP/504 records, etc.) <u>Physician signed health physical</u> (<i>within past 12 months</i>) AND current immunization record* <p><i>*See additional health/immunization requirements documentation within</i></p>

For Office
Use Only:

GRADE

TEACHER

HOMEROOM

Y.O.G

ENROLLMENT DATE

LASID#

SASID#

SECTION 1: STUDENT, REGISTRATION, AND ENROLLMENT HISTORY INFORMATION

Student Information:

Student's Name: Date of Birth:
First Middle Last MM/DD/YYYY
Gender: ☐ Male ☐ Female Grade Level: City & State of Birth:
Student's Address: Country:
Address City State Zip (If born outside the US)

Ethnicity & Race: (Required by M.G.L. c. 69 § 11 and 72 Fed. Reg. 59266)

PART 1: Ethnicity: Is the student Hispanic or Latino? Person of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture/origin, regardless of race?

☐ NO

☐ YES

PART 2: Race:

Choose one or more from the following racial groups:

☐ **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **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/ community attachment

☐ **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Black or African American:** A person having origins in any of the Black racial groups of Africa - includes Caribbean Islanders and other of African origin.

☐ **Asian:** 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

Military Family Information (Pursuant to M.G.L. c. 15E § 8)

The Massachusetts Department of Elementary and Secondary Education has asked all schools to determine whether the child is a member of a Military Family as defined by the Interstate Compact on Educational Opportunity for Military Children.

What children are eligible for assistance under the Compact?

Children of:

- Active duty members of the uniformed services, National Guard and Reserve on active duty orders
- Members or veterans who are medically discharged or retired for (1) year.
- Members who die on active duty.

What children are not eligible for assistance under the compact?

Children of:

- Inactive members of the National Guard and Reserves.
- Members now retired not covered above.
- Veterans not covered above.
- Dept. of Defense personnel, federal agency civilians and contract employees not defined as active duty.

Is this student is a member of a military family as defined by the Interstate Compact on Educational Opportunity for Military Children?

☐ NO

☐ YES

Home Language Survey (Pursuant to 20 U.S.C. § 1703 and 603 CMR 14.02)

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:

School Information:

Date first enrolled in ANY U.S. school: Start Date in New School:

Current Grade: Name of Former School and Town:

(Home Language Survey continues on next page...)

Home Language Survey (cont.)

Questions for Parents/Guardians:

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

Language: Circle One Mother / Father / Guardian
Language: Mother / Father / Guardian

Which language(s) are spoken with your child?

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

Language: Circle One Seldom / Sometimes / Often / Always
Language: Seldom / Sometimes / Often / Always

What language did your child first understand and speak?

Language:

Which language do you use most with your child?

Language:

Which other languages does your child know?(Check all that apply)

Language: ☐ Speak ☐ Read ☐ Write
Language: ☐ Speak ☐ Read ☐ Write

Which languages does your child use?

Language: Circle One Seldom / Sometimes / Often / Always
Language: Seldom / Sometimes / Often / Always

Will you require written information from ☐ Yes ☐ No
school in your native language?

Will you require an ☐ Yes ☐ No
interpreter/translator at
Parent-Teacher meetings?

Previous School History (Pursuant to M.G.L. c. 71 § 37, 37L)

Education Reform Act of 1993. Amended Section 37, 37L of said Chapter 71 of the General Laws states that a student transferring into a local system must provide the new school system with a complete school record of 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.

Last school attended: School City: State:
School District: Grades Attended: Date Left Previous School:
Home address while attending previous school:
Address City State Zip

Has the student ever repeated a grade level? ☐ Yes ☐ No

If yes, which grade(s)?

Is the student on probation? ☐ Yes ☐ No

Has the student ever been expelled from another school? ☐ Yes ☐ No

Has the student ever been suspended for possession of a dangerous weapon, controlled substance or staff assault? ☐ Yes ☐ No

If yes, describe the circumstances and give the length of the suspension:

Special Programs - Please check if student has received any special services or participated in any of the following programs.

Resource Specialist ☐ ELL/Bilingual Program ☐
Gifted & Talented ☐ Speech/Language ☐
Title 1 ☐ IEP ☐
504 Plan ☐ Other:

Publication Consent (Pursuant to 603 CMR 23.07)

Massachusetts Department of Elementary and Secondary Education regulations 603 CMR 23.07 (4)(a) states a school may release for publication certain information from officially recognized school activities/functions concerning your child, from time to time without first obtaining your consent, unless indicated otherwise below. This may include, but is not limited to: student's first name, grade, school, photographs, videotaping and is typically included for classroom projects in our newspaper, local newspaper, or district website.

☐ I **DO NOT** agree to allow for the release of this information for publication without my express consent

SECTION 2: PARENT/GUARDIAN, FAMILY, AND EMERGENCY CONTACT INFORMATION

Parent/Legal Guardian Information (Pursuant to 603 CMR 23.00 and M.G.L. c. 71 § 34H)

Parent / Legal Guardian #1

Parent/Guardian Name: Relationship to Student:
First Last

Please provide address if different from student:

Other Phone: Home / Cell / Work
Address City State Zip

Email Address:

Employer: Work phone: Lives with student: ☐ Yes ☐ No

Parent / Legal Guardian #2

Parent/Guardian Name: Relationship to Student:
First Last

Please provide address if different from student:

Other Phone: Home / Cell / Work
Address City State Zip

Email Address:

Employer: Work phone: Lives with student: ☐ Yes ☐ No

Under Massachusetts 603 CMR 23.00 and regulated by M.G.L. c. 71, 34D, 34E, both parents have rights and access to their child and his/her school records, unless a court order states differently. Court orders should be submitted to, and kept in the child's record at school.

Are there any court documents ☐ Yes ☐ No Parent's/Guardian's Marital Status: Married / Single If Divorced, ☐ Joint / Sole /
(legal issues/custody) that name your child? ** Separated / Custody Arrangement: ** Restricted
☐ Divorced /Widow(er)

**If answered YES for court documents, and/or selected

RESTRICTED custody arrangement, please explain:

Check All That Apply:

Unaccompanied Youth? ☐ Yes ☐ No Without a permanent residence? ☐ Yes ☐ No Residing in a foster home? ☐ Yes ☐ No
(age 18+ not in the physical custody of a parent, guardian, or state agency)

Other household members who attend SHPS

Last Name (if different)	First Name	Date of Birth	School (if applicable)	Grade	Relationship to Student
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Emergency Contact(s)

Please provide at least one person (NOT LISTED ABOVE) who is authorized to deal with an emergency situation that may arise in your absence, pickup your student during an unplanned early dismissal, or if a parent/guardian is unable to be reached in an emergency. This list will only be utilized after exhausting all parent/guardian contact options (Note: photo identification may be required at the time of pick-up)

Name: Phone: Relationship to Student:

Name: Phone: Relationship to Student:

Name: Phone: Relationship to Student:

SchoolMessenger Supplemental Contact Information

SHPS utilizes SchoolMessenger Notification Service to provide automated voice calls, text messages, and emails regarding attendance, general activates, school closings, & emergencies. You will automatically receive voice messages on the primary phone number listed for each parent/guardian. If you would like to receive text messages or emails, please provide the additional information below. Your information protected by SchoolMessenger's privacy policy. For more information about the text messaging service, or to opt-out, please see SchoolMessenger's Text Message policy (Note: SHPS does not charge for this service, however, your service provider's standard messaging rates may apply)

Cell Phone Number 1: Email Address 1: ☐ Voice ☐ Text ☐ Email

Cell Phone Number 2: Email Address 2: ☐ Voice ☐ Text ☐ Email

SECTION 3: STUDENT HEALTH, MEDICAL HISTORY, AND MEDICATION INFORMATION

Basic Healthcare Provider / Insurance Information

Primary Care Physician:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name	Address/Practice Name	Phone Number
Dentist:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name	Address/Practice Name	Phone Number
Other/Specialist:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name	Address/Practice Name	Phone Number

Does the student have Health Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Insurance:	Public / Private / NONE	Plan Provider:	<input type="text"/>
Does the student have Dental Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Insurance:	Public / Private / NONE	Plan Provider:	<input type="text"/>

NOTE: The Massachusetts Mandated Health Insurance Law, pursuant to M.G.L. c. 111M, and Commonwealth Health Insurance Connector Authority, regulated by 956 CMR, requires most Massachusetts residents age 18 and over who can afford health insurance to maintain a "Minimum Creditable Coverage" health insurance policy, and may impose tax penalties for failure to maintain such a policy. Please visit Healthcare.gov or the [Massachusetts Health Connector's website](http://MassachusettsHealthConnector.com) for more information about Federal and State health insurance requirements, and how you can enroll in a health insurance plan

Student Medical History

Please check all medical conditions that apply to the student:

Allergies: (please specify): <input type="checkbox"/> <input type="text"/>	ADD/Behavioral Disorder: <input type="checkbox"/>
EPI-pen been prescribed? <input type="checkbox"/>	Seizure Disorder: <input type="checkbox"/>
Bone/Joint Disease/Injury: <input type="checkbox"/>	Autism Spectrum Disorder: <input type="checkbox"/>
Depression/Mental Health Diagnosis: <input type="checkbox"/>	Hearing Problems: <input type="checkbox"/> Left: <input type="checkbox"/> Right: <input type="checkbox"/>
Asthma: <input type="checkbox"/>	Hearing Aids: <input type="checkbox"/> Left: <input type="checkbox"/> Right: <input type="checkbox"/>
Diabetes: <input type="checkbox"/>	Migraines: <input type="checkbox"/>
Ear Infections: <input type="checkbox"/>	Developmental Delay: <input type="checkbox"/>
Heart Condition: <input type="checkbox"/>	Other Conditions (please specify): <input type="text"/>
Preferential Seating: <input type="checkbox"/>	<input type="text"/>
Vision Problems: <input type="checkbox"/> Contact Lenses? <input type="checkbox"/> Eyeglasses? <input type="checkbox"/>	<input type="text"/>

Please provide any health related information that would affect the student's public school experience, particularly and physical and/or mental health related conditions that would require program and/or transportation modifications:

Please list any previous hospitalizations and/or operations:

Student Medication

Please list ANY AND ALL medication the student currently takes (at school or home)

Medication: <input type="text"/>	Dosage: <input type="text"/>	Medication: <input type="text"/>	Dosage: <input type="text"/>
Medication: <input type="text"/>	Dosage: <input type="text"/>	Medication: <input type="text"/>	Dosage: <input type="text"/>
Medication: <input type="text"/>	Dosage: <input type="text"/>	Medication: <input type="text"/>	Dosage: <input type="text"/>

South Hadley Public Schools, in compliance with M.G.L. c. 112 § 80B, requires that students who need medication during schools hours provide:

1. A written doctor's order stating the diagnosis, medication, time and duration of treatment.
2. A written consent form signed by the parent or legal guardian
3. The medication in the original, properly labeled bottle.

*No more than a 30 day supply of medication will be kept at school.

*Psychotropic drugs, such as *Ritalin*, *Adderall*, and *Dexedrine*, will be transported by an adult, counted, and co-signed with the nurse.

*All medication must be brought to the Health Room, where it will be kept in a securely locked cabinet and dispensed by the school nurse.

*Epinephrine and Asthma Inhalers will be stored securely but unlocked per M.G.L. 71 § 54B.

Please see the school nurse for the required documentation

Student Immunization and Health Records (Pursuant to M.G.L. c. 76, § 15, 105 CMR 220.000, and 105 CMR 300.191)

In compliance with Massachusetts General Law, and as outlined in 105 CMR 220.000 and 300.000, students must meet certain immunization and physical examination requirements for school entry. This applies to all students attending, or enrolled or registered to attend, kindergarten through 12th grade in a public or private school, postsecondary institutions of higher education, and certain pre-schools in the Commonwealth, including students from other states and countries in the Commonwealth.

The following chart shows a summary of the School Immunization Requirements for students in the Commonwealth:

Massachusetts School Immunization Requirements for School Year 2016-2017*

	Child Care/Preschool ¹	Kindergarten	Grades 1-6	Grades 7-12	College ²
Hepatitis B ³	3 doses	3 doses	3 doses	3 doses	3 doses for all health science students and full-time undergraduate and graduate students
DTaP/DTP/DT/Td/Tdap ⁴	≥4 doses DTaP/DTP	5 doses DTaP/DTP	≥4 doses DTaP/DTP or ≥3 doses Td	4 doses DTaP/DTP or ≥3 doses Td; Plus 1 dose Tdap	1 dose Tdap for all health science students and full-time undergraduate and graduate students
Polio ⁵	≥3 doses	4 doses	≥3 doses	≥3 doses	NA
Hib ⁶	1 to 4 doses ⁸	NA	NA	NA	NA
MMR ⁷	1 dose	2 doses	Grades 1-5: 2 doses Grade 6: 2 doses measles, 1 mumps, 1 rubella (See Phase-In Schedule)	2 doses	2 doses for all health science students and full-time undergraduate and graduate students
Varicella ⁹	1 dose	2 doses	Grades 1-5: 2 doses Grade 6: 1 dose (See Phase-In Schedule)	2 doses	2 doses for all health science students and full-time undergraduate and graduate students
Meningococcal ^{9,10}	NA	NA	NA ¹⁰	1 dose for new full-time residential students ⁹	1 dose for full-time residential students ⁹

*These requirements also apply to all new "enterers." NA = no vaccine requirement for the grades indicated.

NOTE: School nurses are authorized to obtain from health care providers the immunization records or other immunization related information required for school admission, without the authorization of the child's parent(s) or legal guardian(s), as necessary to carry out the immunization requirements of M.G.L. c. 76, § 15. Prior to requesting such records from the provider, school nurses shall make a good faith effort to obtain the information from the child's parent(s) or legal guardian(s) and shall notify them that the information will be obtained from the health care provider pursuant to 105 CMR 300.191 if it is not provided in a timely manner by the parent(s) or guardian(s). For purposes of the Health Insurance Portability and Accountability Act (HIPAA), school nurses are hereby designated as public health authorities and granted authority to obtain immunization information from health care providers in accordance with 105 CMR 300.000 in order to monitor and ensure compliance with the immunization requirements of M.G.L. c. 76, § 15.

Additional links for student health related resources:

Registration and Enrollment Documents & Forms

MASSACHUSETTS SCHOOL HEALTH RECORD FORM - (To be filled out by student's PCP or designee, required for school enrollment)

<http://www.mass.gov/eohhs/docs/dph/com-health/school/health-record-form.pdf>

CERTIFICATE OF IMMUNIZATION FORM - (To be filled out by student's PCP or designee, required for school enrollment)

<http://www.mass.gov/eohhs/docs/dph/cdc/immunization/record-certificate-of-immunization.pdf>

FOOD ALLERGY RESEARCH & EDUCATION (FARE)'S FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN FORM

<http://www.foodallergy.org/file/emergency-care-plan.pdf>

Additional Student Health Related Links

Complete Massachusetts School Immunization requirements:

<http://www.mass.gov/eohhs/docs/dph/cdc/immunization/guidelines-ma-school-requirements.pdf>

Complete Childhood and Adolescent Immunization Schedule:

<http://www.mass.gov/eohhs/docs/dph/cdc/immunization/guidelines-childhood.pdf>

Complete Website for Massachusetts Department of Public Health School Resources

<http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/primarycare-healthaccess/school-health/>

SECTION 4: RELEASE OF RECORDS, AFFIRMATION OF TRUTH, AND RESIDENCY CRITERIA

Release of Records Authorization (*Pursuant to 603 CMR 23.07 and M.G.L. c. 71 § 34H*)

Massachusetts Department of Elementary and Secondary Education regulations under 603 CMR 23.07 (4) limit the access of student records to third parties (*Third party* shall mean any person or private or public agency, authority, or organization other than the eligible student, his/her parent, or authorized school personnel). Except for the provisions of 603 CMR 23.07(4)(a) through 23.07(4)(h), no third party shall have access to information in or from a student record without the specific, informed written consent of the eligible student or the parent. When granting consent, the eligible student or parent shall have the right to designate which parts of the student record shall be released to the third party.

I, , hereby authorize the South Hadley Public Schools to obtain from:
Name of Authorizer

Name/School:

Address:
Address City State Zip

The following records pertaining to the student,
Name of Student

Please check all that apply

Academic File <input type="checkbox"/>	IEP/504 <input type="checkbox"/>	School Health Record <input type="checkbox"/>
Discipline Record <input type="checkbox"/>	Attendance Record <input type="checkbox"/>	Mental health records <input type="checkbox"/>
Physician health records <input type="checkbox"/>	MCAS Scores <input type="checkbox"/>	Others (<i>please specify</i>) <input type="checkbox"/> <input type="text"/>

Please Release To:

SCHOOL	ADDRESS	PHONE	FAX
<input type="checkbox"/> SOUTH HADLEY HIGH SCHOOL	153 Newton Street South Hadley, MA 01075	(413) 538-5063	(413) 534-7752
<input type="checkbox"/> MICHAEL E. SMITH MIDDLE SCHOOL	100 Mosier Street South Hadley, MA 01075	(413) 538-5074	(413) 538-5003
<input type="checkbox"/> MOSIER ELEMENTARY SCHOOL	101 Mosier Street South Hadley, MA 01075	(413) 538-5077	(413) 538-6922
<input type="checkbox"/> PLAINS ELEMENTARY SCHOOL	00 Lyman Street South Hadley, MA 01075	(413) 538-5068	(413) 536-5803

Signature: _____ Date: _____

SECTION 1: STUDENT, REGISTRATION, AND ENROLLMENT HISTORY INFORMATION**VERIFICATION OF RESIDENCY**

I understand that a student must reside in, and have primary residence in the Town of South Hadley (unless accepted into the school choice program, or eligible for services under the McKinney-Vento Act) to be eligible to attend the South Hadley Public Schools.

WARNING: Residency fraud is a violation of state law and is subjected to per diem fines for every day a student attends a school outside the district that they legally reside. M.G.L. c. 76, § 5 allows the School Committee to obtain the full cost of any student's education from any adult who allows a student to attend South Hadley Public Schools, knowing that the student is not a resident.

☐ Student eligible for services under the McKinney-Vento Act (to be determined by school staff)

I, , attest to the fact that I reside at

(Adult over the age of 18)

in the Town of South Hadley.
Address City State Zip

I certify that I have lived at the above address

since the following date:

MM/YYYY

I also attest that,

First

Middle

Last

resides at this address Monday-Friday during the school year.

I understand that the School Resource Police Officer may visit my home to verify that the above-named student does in fact live at the South Hadley Address identified above.

I agree that this information will be shared with all town departments so as to have all appropriate fees assessed by the Town.

I agree to notify school authorities of any change of address within five (5) business days.

I acknowledge that the information I have provided related to the student's ethnicity & race, military family status, home language survey, and previous school enrollment history is true and accurate to the best of my knowledge.

I am signing this form under my own free will and understand the pains of penalty and perjury will apply for any false information being provided.

Signature: _____ Date: _____

SECTION 2: PARENT/GUARDIAN, FAMILY, AND EMERGENCY CONTACT INFORMATION

I, , attest to the fact that all information provided under
(Adult over the age of 18)

Section 2 of this registration is complete and accurate to the best of my knowledge.

I understand that if this student is enrolled in the District on the basis of information knowingly falsified by me, I am liable to the District for the daily tuition rate and the student will be withdrawn.

I acknowledge that I have provided, or will provide in the future, South Hadley Public Schools with any and all court orders naming the student being enrolled, and that I am in compliance with any such orders.

I also acknowledge that the emergency contacts listed have my permission to pick up the student in the event of an emergency or other extenuating circumstances in which I cannot be reached.

I am signing this form under my own free will and understand the pains of penalty and perjury will apply for any false information being provided.

Signature: _____ Date: _____

SECTION 3: STUDENT HEALTH, MEDICAL HISTORY, AND MEDICATION INFORMATION

I, , attest to the fact that all information provided under
(Adult over the age of 18)

Section 3 of this registration is complete and accurate to the best of my knowledge.

I understand that if this student is enrolled in the District on the basis of information knowingly falsified by me, I am liable to the District for the daily tuition rate and the student will be withdrawn.

I acknowledge that the information I have provided related to the student's healthcare provider/insurance, medical history, medication, immunizations, and health records is true and accurate to the best of my knowledge.

I acknowledge that I give permission to the school nurse to share information relevant to the student's health condition with appropriate school personnel when needed to meet the student's health and safety needs. I give permission for my child to be transported by ambulance to an appropriate emergency care facility if, under the professional opinion of the school nurse, transport is indicated.

I acknowledge that I give permission to exchange information with the student's primary care or specialist physician for the purpose of referral, diagnosis, and/or treatment as allowed by law or regulation.

I am signing this form under my own free will and understand the pains of penalty and perjury will apply for any false information being provided.

Signature: _____ Date: _____

For Office Use Only
Para personal de oficina solamente

Applicants must submit ONE document from both columns A & B, and ALL documents from Column C
Los aplicantes deberán presentar UNO de los documentos de las dos columnas A y B, y todos los documentos de la columna C

COLUMN A/COLUMNA A	COLUMN B/COLUMNA B	COLUMN C/COLUMNA C
Utility bill (within past 60 days) <i>Factura de servicios (de los últimos 60 días)</i> <input type="checkbox"/>	Bank or credit card statement (within past 60 days) Estado de cuenta bancaria o de tarjeta de crédito (de los últimos 60 días) <input type="checkbox"/>	Student's birth certificate <i>Partida de nacimiento del estudiante</i> <input type="checkbox"/>
Current purchase & sales agreement <i>Acuerdo de compra y venta</i> <input type="checkbox"/>	W2 form (within past year) <i>Forma W-2 (del último año)</i> <input type="checkbox"/>	Parent/Guardian current valid government issued photo identification <i>Documento válido de identificación con foto, emitido por una agencia gubernamental</i> <input type="checkbox"/>
Landlord/homeowner affidavit (within past 60 days), or section 8 agreement <i>Affidavit de arrendatario/ dueño (de los últimos 60 días), o Acuerdo de Sección 8</i> <input type="checkbox"/>	Payroll stub (within past 60 days) <i>Talón de nómina (detalle del salario) de los últimos 60 días</i> <input type="checkbox"/>	ANY court order/legal guardianship/custody documents (If applicable) <i>Cualquier orden de la corte/tutela legal/ documentos de custodia (si aplican)</i> <input type="checkbox"/>
Deed or mortgage payment (within past 60 days) <i>Escritura o pago de hipoteca (de los últimos 60 días)</i> <input type="checkbox"/>	Letter from an approved government agency (within past 60 days) <i>Carta de una agencia aprobada por el gobierno (de los últimos 60 días)</i> <input type="checkbox"/>	ALL prior school records (or consent to obtain) <i>TODOS los registros de la escuela anterior (o la aprobación para poderlos obtener)</i> <input type="checkbox"/>
Town property tax bill (within past year) <i>Factura de impuestos de propiedad de la ciudad (del último año)</i> <input type="checkbox"/>		Physician signed Health physical (within past 12 months) AND current immunization record <i>Examen físico firmado con el médico (de los últimos 12 meses) Y el registro actual de inmunizaciones.</i> <input type="checkbox"/>

☐ Meets Residency Criteria OR
Cumple con criterios de residencia O

☐ Referred to SRO:
Referido a SRO:

☐ Residency confirmed
Residencia confirmada

☐ Residency not confirmed
Residencia no confirmada

☐ Student eligible for services under the McKinney-Vento Act
(to be determined by school staff)
*El estudiante calificada para servicios dentro del acta McKinney-Vento
(será determinado por el personal de la escuela)*

Signature of authorized school personnel
Firma del personal de la escuela autorizado

Date
Fecha

Signature of authorized school nurse
Firma de la enfermera de la escuela autorizada

Date
Fecha



SOUTH HADLEY PUBLIC SCHOOLS

Structured Developmental History

Date: ____ / ____ /20 ____

Child's Name: _____ Gender: [] F [] M
First Middle Last

Address: _____
Street City/Town

Phone: _____ Date of Birth: _____ Age: _____

School: _____ Teacher: _____ Grade: _____

Person Answering Questionnaire

Name: _____ Relationship to Child: _____
First Middle Last

Address: _____
Street City/Town

Phone #1: _____ [] Home [] Work [] Cell

Phone #2: _____ [] Home [] Work [] Cell

Are you completing this form as a result of a referral? [] No [] Yes, please explain

Who referred you to our school? _____

Parent/Guardian Information:

Name of Parent/Guardian 1: _____
First Middle Last

Address: _____
Street City/Town

Phone #1: _____ [] Home [] Work [] Cell

Phone #2: _____ [] Home [] Work [] Cell

Occupation: _____ Employer: _____



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Name of Parent/Guardian 2: _____
First Middle Last

Address: _____
Street City/Town

Phone #1: _____ [] Home [] Work [] Cell

Phone #2: _____ [] Home [] Work [] Cell

Occupation: _____ Employer: _____

Does the child have a stepparent(s)? [] No [] Yes, please see below.

Name: _____ Relationship: _____
First Last

Name: _____ Relationship: _____
First Last

Other Care Givers:

Does that child live with any other adult? (Please indicate name and relationship)

Who cares for your child when caregivers are at work?

How many hours a day is your child in a child-care setting?

Educational History:

Preschool and Daycare

Does your child attend preschool &/or daycare? [] No [] Yes, at what age? _____

Name of Agency: _____

Dates Attended: from _____ to _____

Describe your child's experience:

Family History:

Had the child ever experienced any parental separations, divorces, or death? [] No [] Yes
If yes, how old was the child at the time? _____



SOUTH HADLEY PUBLIC SCHOOLS

Please list all brothers and sisters and any other children living with the family.

Name	Age	Gender (M/F)	Relationship to Child

Does the child have siblings who *do not* live in the home? If so, please note name and age.

Name	Age	Gender (M/F)	Relationship to Child

Family Relationships:

Check the activities in which this child often participates with the family.

<input type="checkbox"/>	Church	<input type="checkbox"/>	Conversations	<input type="checkbox"/>	Games	<input type="checkbox"/>	Meals
<input type="checkbox"/>	Movies	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Television	<input type="checkbox"/>	Trips
<input type="checkbox"/>	Visit Relatives	<input type="checkbox"/>	Other:				

What do you feel are your child's strengths, interest areas, and significant positive qualities?

What is the child's nap schedule? _____

What time does your child typically go to bed? _____ what time do they wake? _____

What are your hopes for your child over the next 1-5 year period?

Pregnancy:

List any complications that occurred during pregnancy (optional).

Length of Pregnancy: _____ Birth Weight: _____ lbs. _____ oz.



SOUTH HADLEY PUBLIC SCHOOLS

Early Development:

At what age did this child first do the following? Please **indicate year/month of age**.

	Turn Over		Walk Down Stairs
	Sit Alone		Show Attraction to Sound
	Crawl		Understand First Words
	Stand Alone		Speak First Words
	Walk Alone		Speak in Sentences
	Walk Up Stairs		

When was this child toilet trained? Days: _____ Nights: _____

Did bed-wetting occur after toilet training? [] No [] Yes (If yes, until what age? _____)

Did bed-soiling occur after toilet training? [] No [] Yes (If yes, until what age? _____)

Has this child experienced problems with any of the following? If *yes*, please describe.

Walking	No	Yes	_____
Speech	No	Yes	_____
Feeding	No	Yes	_____
Weight	No	Yes	_____
Colic	No	Yes	_____
Sleep	No	Yes	_____
Eating	No	Yes	_____

Were any special circumstances noted in the following areas? If *yes*, please describe.

Eating	No	Yes	_____
Motor Skills	No	Yes	_____
Temper Tantrums	No	Yes	_____
Failure to Thrive	No	Yes	_____
Separating from Parents	No	Yes	_____
Excessive Crying	No	Yes	_____

Which hand does your child use from writing or drawings? _____ Left _____ Right

Which hand does your child use for eating? _____ Left _____ Right

Which hand does your child use for throwing (other)? _____ Left _____ Right



SOUTH HADLEY PUBLIC SCHOOLS

Medical History:

Childhood Illness/Injuries

Please list any significant childhood illnesses, injuries, operations, or hospitalizations:

Illness/Injury	Age

Is there anything you would like to tell us about your child's history that may impact their educational experience?

Is there anything you would like to tell us about family history that may impact this child's educational experience?

Friendships:

Is there any other information you would like us to know about your child and how they relate to others?

Circle No or Yes. If Yes, please describe.

Fights frequently with playmates	No	Yes	
Prefers playing with younger children	No	Yes	
Has difficulty making friends	No	Yes	
Prefers to play alone	No	Yes	

How much time each week does this child play with children other than family members?



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Educational History:

Preschool and Daycare

Does your child attend preschool &/or daycare? ☐ No ☐ Yes, at what age? _____

Name of Agency: _____

Dates Attended: from _____ to _____

Describe your child's experience:

c Educational History:

Preschool and Daycare

Does your child attend preschool &/or daycare? ☐ No ☐ Yes, at what age? _____

Name of Agency: _____

Dates Attended: from _____ to _____

Describe your child's experience:

Educational History:

Preschool and Daycare

Does your child attend preschool &/or daycare? ☐ No ☐ Yes, at what age? _____

Name of Agency: _____

Dates Attended: from _____ to _____

Describe your child's experience:

If your child attended preschool:

Does the child like going to school? ☐ No ☐ Yes

Is the child frequently absent from school? ☐ No ☐ Yes

Additional Information:



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If there are any other details that are important to best supporting this child as they enter into school that have not been shared, but that you would like to inform school personnel about, please indicate below.

Early Childhood Education Experience Survey

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