



AMESBURY PUBLIC SCHOOLS



WHERE LEARNING COMES TO LIFE!

“In the Amesbury Public Schools, we are unconditionally committed to the growth of every child. By creating a safe, supportive, and inclusive environment that provides dynamic learning experiences, the highest quality staff, and a vitally involved community, every child experiences success.”

SCHOOL REGISTRATION PROCESS:

1. Fill out the attached Registration Packet.
2. Gather the required documentation listed on the “Registration Checklist.”
3. Return all paperwork to the Central Registrar at Amesbury High School, 5 Highland St. Contact information below.
4. Your child’s school will be in touch with classroom assignments/schedules and additional information.

TRANSPORTATION:



If you live 2 or more miles from the school, are in grades K-6, and live in Amesbury, bussing is free. If you live closer, or are in grades 7-12, and live in Amesbury, bussing is provided for a fee. Once registration is complete, you can sign up on our website.

📞 978-388-0531

✉️ Julie.Hartshorn@amesburyma.org

📍 5 Highland St. Amesbury, MA

🌐 www.schools.amesburyma.gov





Parent/Guardian Checklist for Registering a New Student

Student Name: _____

Date of Birth: _____ **Grade:** _____ **School Year:** _____

☐ Completed Registration Packet

☐ Proof of Parent/Guardian identity - Valid Driver's License/Real ID/Photo ID Card/Passport
(Proof of custody may be necessary - Legal guardianship requires additional documentation from a court or agency)

☐ Original Birth Certificate - the original certificate will NOT be retained by the district

☐ Medical Records - including proof of up to date immunizations and a recent physical examination

☐ Proof of Residency **OR** School Choice Acceptance Letter (see below for accepted documents to prove residency, which must be pre-printed with the parent/guardian's name and address)

You must provide **ONE** of the following to prove residency:

- ☐ Property Deed
or Current Mortgage Payment
or Property Tax Bill
- ☐ Fully signed and executed Purchase and Sale Agreement (occupancy date must fall within 30 days of enrollment)
- ☐ Notarized letter from builder or realtor
- ☐ Fully signed and executed Lease/Rental Agreement

You must **ALSO** provide **TWO** of the following to prove occupancy:

- ☐ Landline telephone bill dated within last 60 days
- ☐ Gas/Oil bill dated within last 60 days
- ☐ Electric bill dated within last 60 days
- ☐ Cable/Internet bill dated within last 60 days
- ☐ Water bill
- ☐ Bank statement dated within the last 60 days
- ☐ Voter Registration Record from Town Hall
- ☐ Payroll stub dated within last 30 days

Student Data



Student's Legal First Name: _____
 Preferred First Name: _____
 Legal Middle Name: _____
 Legal Last Name: _____

Date of Birth: _____
 Grade: _____
 Gender: _____
 Preferred Pronouns: _____
 Place of Birth: _____

Street Address: _____
 City: _____ State: _____
 School Last Attended: _____ City/State: _____

(City) (State)
 (Country)

Who has legal custody of this student? ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian ☐ Other (please explain): _____
 Who does the student live with? ☐ Both Parents ☐ Mother ☐ Father ☐ Legal Guardian

Siblings Name(s)/D.O.B: _____

Special Services:

Is the student currently accessing the curriculum with the assistance of any of the following?

☐ Individualized Education Plan (IEP) ☐ 504 Plan ☐ English Language Services ☐ Title 1 ☐ Other _____ ☐ None

Ethnicity & Race:

Ethnic Background: ☐ No, not Hispanic or Latino ☐ Yes, Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

Race (you may select one or more races):

- ☐ White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa
☐ Black or African American: a person having origins in any of the black racial groups of 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 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
☐ Native Hawaiian or other Pacific Islanders: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Parent/Guardian Information:

Parent/Guardian #1:

Name: _____
 Address: _____
 Relationship: _____
 Primary Phone: _____
 Email: _____

Parent/Guardian #2:

Name: _____
 Address: _____
 Relationship: _____
 Primary Phone: _____
 Email: _____

The answers you provide to the following questions help us to determine if you or your family may be eligible for supplemental services and/or immediate enrollment

Where is the student currently living?: (Please check **ONE**)

- ☐ In permanent housing ☐ In a shelter ☐ With another family or person (sometimes referred to as "doubled-up") ☐ In a hotel/motel ☐ In a car, park, bus, train, or campsite ☐ Other temporary living situation (please describe): _____

Military Family Status - Students who are 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 within one year
☐ Members who die on active duty

In the past 3 years, have you or someone you lived with:

A. Moved from one city or country to another city?

☐ Yes ☐ No

B. Worked or looked for work in any of the following areas?

Please check if yes:

☐ Fish/Shellfish Processing ☐ Farm Work (including tobacco)

☐ Vegetable/Fruit/Meat Processing ☐ Dairy Industry ☐ Plant Nursery

Parent/Guardian Signature: _____ Date: _____



Emergency Contact Information

Student Name: _____
(First) (Middle) (Last) (Date of Birth)

Who has legal custody of this student? ☐ Both Parents ☐ Mother ☐ Father ☐ Other (please explain): _____

PLEASE INCLUDE PARENT(S)/GUARDIAN(S)

CONTACT 1:

CONTACT 2:

<p>Name: _____</p> <p>Relationship: _____</p> <p>Address: _____</p> <p>City/Town: _____ Zip _____</p> <p>Home Phone: _____ Work: _____</p> <p>Cell: _____</p> <p>Primary Email: _____</p> <p>Does this contact live with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>This contact may pick up the student <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Name: _____</p> <p>Relationship: _____</p> <p>Address: _____</p> <p>City/Town: _____ Zip _____</p> <p>Home Phone: _____ Work: _____</p> <p>Cell: _____</p> <p>Primary Email: _____</p> <p>Does this contact live with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>This contact may pick up the student <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	---

In the event contacts #1 and #2 cannot be reached please list an additional 2 contacts below:

CONTACT 3:

CONTACT 4:

<p>Name: _____</p> <p>Relationship: _____</p> <p>Address: _____</p> <p>City/Town: _____ Zip _____</p> <p>Home Phone: _____ Work: _____</p> <p>Cell: _____</p> <p>Does this contact live with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>This contact may pick up the student <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Name: _____</p> <p>Relationship: _____</p> <p>Address: _____</p> <p>City/Town: _____ Zip _____</p> <p>Home Phone: _____ Work: _____</p> <p>Cell: _____</p> <p>Does this contact live with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>This contact may pick up the student <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	---

Parent/Guardian Signature: _____ Date: _____

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 _____
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

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 and caregivers - grandparents, uncles, aunts, etc.) <div style="text-align: right;">seldom / sometimes / often / always</div> <div style="text-align: right;">seldom / sometimes / often / always</div>
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 language(s) does your child use? <div style="text-align: right;">seldom / sometimes / often / always</div> <div style="text-align: right;">seldom / sometimes / often / always</div>
Will you require written information from school in your native language? If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? If yes, what language? _____

Parent/Guardian Signature _____ Today's Date _____

AMESBURY PUBLIC SCHOOLS

Where children come first!

Jordan Shay Lower Elementary School
P: 978-388-3659 / F: 978-388-4479

Amesbury Middle School
P: 978-388-0515 / F: 978-388-1626



Cashman Elementary School
P: 978-388-4407 / F: 978-388-4479

Amesbury Innovation High School
P: 978-388-8037 / F: 978-388-8073

Amesbury High School
P: 978-388-4800 / F: 978-388-3393

Request for Student Records

Student Name: _____ **Date of Birth:** _____

Requesting Records From: _____

School Name & School District Name

The above student has enrolled in the Amesbury Public School district. Please send the following educational records:

- ☒ Cumulative Records
- ☒ Attendance records
- ☒ Disciplinary records
- ☒ Health records
- ☒ Special Education Records including IEP, Evaluation Reports, and Progress Reports (if applicable)
- ☒ 504 Plan (if applicable)

For High School Students please also include the following additional records:

- ☒ High School Transcript including a list of all subjects, final grades, and credits (please include any unfinished quarter/semester grades)
- ☒ MCAS Results
- ☒ School Profile

Authorization to Release Student's Records

I have enrolled my child, _____, in the Amesbury Public School district and

authorize you to release all school and health records to them.

Signature of Parent/Guardian

Date

Parent/Guardian Name (please print)

Relationship to child

Email Records to the Central Registrar:
Julie.Hartshorn@amesburyma.org

Fax Records to:
(978)388-7224

Mail Records to:
Amesbury Public Schools / Student Services
5 Highland Street / Amesbury, MA 01913

AMESBURY PUBLIC SCHOOLS

Where children come first!

Jordan Shay Lower Elementary School
P: 978-388-3659 / F: 978-388-4479

Amesbury Middle School
P: 978-388-0515 / F: 978-388-1626



Cashman Elementary School
P: 978-388-4407 / F: 978-388-4479

Amesbury Innovation High School
P: 978-388-8037 / F: 978-388-8073

Amesbury High School
P: 978-388-4800 / F: 978-388-3393

Information about the use of your child's photograph



We are very proud of the accomplishments that our students make and we enjoy sharing that news with the community. There may be times throughout the school year when photos are taken and shared online, with the newspaper or published on our website.

***ONLY** fill out this form if you **DO NOT** want your child's photo to be used online or shared with the newspaper*

I **DO NOT** want my child's name/photo to be published in the paper or online. I understand that the only exception will be for the yearbook.

Child's Name: _____ Grade: _____ DOB: _____

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____ Date: _____



For office use only: Teacher: _____

STUDENT EMERGENCY HEALTH INFORMATION FORM**DIRECTIONS: Parent/Guardian, please complete all areas (print), check appropriate boxes, sign, and date**

Student's Legal Name: Last:	First:	Middle:	Grade:
Student's Address:	City:	State:	
Does Student live with parent? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide name/relationship of guardian: _____	Student's Home Phone:	Date of Birth:	
Is child covered by: <input type="checkbox"/> Private health insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> None (please contact school nurse for information about state sponsored health plans for uninsured children)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Siblings name(s) & grade(s) attending APS:	

Contact & Emergency Information

	Home Phone	Work Phone	Cell Phone	Authorized Pickup	Legal Custody
Parent/Guardian #1 Name:				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Email:				<input type="checkbox"/> No	<input type="checkbox"/> No
Parent/Guardian #2 Name:				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Email:				<input type="checkbox"/> No	<input type="checkbox"/> No
Emergency Contact Name: (If Parent/Guardian cannot be reached)				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
				<input type="checkbox"/> No	<input type="checkbox"/> No

Medication Permissions**Over the Counter Medications**

The following **over the counter medications** have been approved for use by our school physician: Tylenol, Ibuprofen, Cetirizine/Loratadine, Bacitracin Ointment, Caladryl Lotion, Topical Lidocaine, Antacid Tablets, Contact Solution, and Benadryl.

I give the school nurse permission to administer the above medications after assessment ☐ Yes ☐ No

KI (Potassium Iodide)

In the event of a nuclear emergency, my child may receive Potassium Iodide (see reverse for more information)

☐ Yes ☐ No

Medical Information

Medications needed during the school day must have a written physician's order, written parent/guardian permission and must be supplied in the original pharmacy container.

List any medications taken on a regular basis:

Physician diagnosed allergies:

Foods: _____

Medicines: _____

Bee/Insect: _____

Describe reaction: _____

Does child require life saving medications? ☐ Yes ☐ No

If so, which medication(s)? _____

*** If prescribed please provide school nurse with an EpiPen***

Check all that apply:

☐ Asthma ☐ Diabetes ☐ Seizures ☐ Physical Disability: _____

Hearing Problems: ☐ None ☐ Left Ear ☐ Right Ear ☐ Hearing Aid

Vision Problems: ☐ None ☐ Wears Glasses ☐ Wears Contacts

Last Physical Exam? _____ (please provide copy)

Student's Physician: _____

Does your child: ☐ drink city water ☐ receive fluoride

Student's Dentist: _____ Last Exam: _____

Military Service

Is anyone in the student's immediate family actively involved in military service? ☐ Yes Relation: _____ ☐ No

Consent: I give the school nurse permission to share information relevant to my child's health condition with appropriate school personnel if needed for my child's health, safety, and educational needs. In the event my child requires emergency medical treatment, I give permission to exchange information with emergency medical personnel and the receiving hospital, including person to contact information and my child's physician for the purpose of referral, diagnosis and treatment.

Parent/Guardian Name (print): _____ Parent/Guardian Signature: _____ Date: _____



Potassium Iodide (KI) Information

The Amesbury School District, in cooperation with the Massachusetts Department of Public Health (MA/DPH) has decided, with parent permission, to make Potassium Iodide (KI) available to students and staff prior to evacuation to our designated host facility which is Methuen High School. The school committee has given approval for this distribution. Participation of students in the distribution is VOLUNTARY. Student participation will require parental/guardian signature on the consent form following this notice.

This consent is reviewed annually. If you have any questions, please contact this office, the school nurse in your building and/or call the MA/DPH at (617)242-3035. We strongly urge you to read all emergency public information found at www.mass.gov (search for Potassium Iodide) or call the Massachusetts Emergency Management Association (MEMA) at (800)982-6846.

Reason for taking Potassium Iodide: In case of an accident at a nuclear power plant or what is known as a radiological emergency, radioactive iodine will be released into the air. The material may be inhaled or ingested and enter the thyroid gland where it can cause cancer and/or disease. Children and infants are the most vulnerable to this occurrence. When taken by pill, Potassium Iodide (KI) floods the thyroid with non-radioactive iodine and prevents the thyroid from absorbing the radioactive material. KI needs to be taken before or shortly after exposure to radiation. KI works only to prevent the thyroid from absorbing radioactive iodine.	Risk of Taking Potassium Iodide: Taking KI is safe for most people. KI <u>should not</u> be taken if someone: <ul style="list-style-type: none">• Is allergic to Iodine• Has Graves Disease• Has Thyroid Illness• Takes Thyroid medication
Potential Side Effects of Potassium Iodide: It is possible to experience any or all of the following side effects when taking KI: <ul style="list-style-type: none">• Upset stomach• Rash• Allergic Reaction	Administration of Potassium Iodide: KI will only be given: <ul style="list-style-type: none">• In case of radiological emergency• If it is recommended by public health officials• If a parent/guardian signs the consent form

Student Health History Form (Page 1 of 2)

To Parent/Guardian,

To better serve your child and provide them with the best educational experience, we request that you complete a detailed health assessment so we can address your child's needs in the classroom. Information will only be shared with school personnel who have a legitimate educational interest in the information.

This is a general assessment so we can better understand your child. Should your child require medications, or other special health treatments or procedures, additional paperwork will need to be completed. Please complete this form and contact your school nurse as needed.

PLEASE PRINT CLEARLY

Student Name (Last, First, Middle)					Birth Date (Month/Day/Year)		Today's Date: _____	
School (Circle One):							Born: Male <input type="checkbox"/> Female <input type="checkbox"/>	
SES	CES	AMS	AHS	AIHS	Grade	Primary Care Provider Name	Clinic Name	MD Phone #

PERMISSION TO EXCHANGE INFORMATION (OPTIONAL)

I, _____, authorize and request my child's primary care provider to exchange
Name of Parent/Guardian
information about my child's health and development with Amesbury Public Schools. The information may be provided by phone, fax, mail, or in person. I understand that the disclosed information will be considered confidential and will be used for the health and educational benefit of my child and family. Except as needed to comply with federal and state regulations, it will not be re-disclosed to any other person, school, or agency without my consent. I understand that this form will expire in one year unless I choose to cancel my permission in writing before that time.

Name of School requesting information	Signature of Parent/Guardian	Date
_____, Amesbury, MA 01913	_____/_____/_____	_____/_____/_____
School Mailing Address	Signature of Witness	Date
_____/_____/_____	_____/_____/_____	_____/_____/_____
School Telephone Number	School Fax Number	Signature of School Nurse
_____/_____/_____	_____/_____/_____	_____/_____/_____

SCHOOL NURSE CONTACT INFORMATION:

Jordan Shay Memorial Lower Elementary School: 193R Lions Mouth Rd **School Phone:** 978-388-3659 **Fax:** 978-388-4961

SMS **School Nurse:** Nicole Quadros, BSN, RN **Email:** Nicole.Quadros@AmesburyMA.org

CES **Cashman Elementary School:** 193 Lions Mouth Road **School Phone:** 978-388-4407 **Fax:** 978-388-4479

School Nurse: Kieran Ford, RN **Email:** Kieran.Ford@AmesburyMA.org

AMS **Amesbury Middle School:** 220 Main Street **School Phone:** 978-388-0515 **Fax:** 978-955-2562

School Nurse: Jody Omohundro, BSN, RN, NCSN **Email:** Jody.Omohundro@AmesburyMA.org

AHS **Amesbury High School:** 5 Highland Street **School Phone:** 978-388-4800 **Fax:** 978-388-4919

School Nurse: Michelle Parsons, BSN, RN **Email:** Michelle.Parsons@AmesburyMA.org

AIHS **Amesbury Innovation High School:** 71 Friend Street **School Phone:** 978-388-8037 **Fax:** 978-388-8073

School Lead Nurse: Kristin Tierney, FNP-C, NCSN **Email:** Kristin.Tierney@AmesburyMA.org

Student Health History Form (Page 2 of 2)

Student Name (Last, First, Middle) _____

Date of birth (Month/Day/Year) _____

Does your child have health insurance? Yes No
Does your child have dental insurance? Yes No

If you answered "No" to either of these questions, please contact the nurse for further assistance.

Please answer these health history questions about your child to the best of your ability.

Seasonal allergies	Yes	No	Immunity Problems	Yes	No	Is your child toilet trained?	Yes	No
Allergies to food	Yes	No	"Mono" (past 1 year)	Yes	No	Has only 1 kidney or testicle	Yes	No
Allergies to medication(s)	Yes	No	Chest pain	Yes	No	Sickle Cell Disease	Yes	No
Allergy to bee / insect stings	Yes	No	Heart (Cardiac) history/problems	Yes	No	Any problems with vision	Yes	No
Anaphylaxis	Yes	No	High / Low blood pressure	Yes	No	Limited physical activity	Yes	No
Any other allergies	Yes	No	Fainting or blacking out	Yes	No	Problems running	Yes	No
Concussion(s) / Head injury	Yes	No	Bleeding more than expected	Yes	No	Uses contacts or glasses	Yes	No
Headaches	Yes	No	Asthma treatment (past 3 years)	Yes	No	Any problems hearing	Yes	No
Migraines	Yes	No	Any smoking in the household	Yes	No	Any problems with speech	Yes	No
Traumatic brain injury	Yes	No	Problems breathing or coughing	Yes	No	Birth Defects	Yes	No
Seizure treatment (past 2 years)	Yes	No	Dental braces, caps, or bridges	Yes	No	Concerns with sleeping habits	Yes	No
Musculoskeletal problems (including cerebral palsy)	Yes	No	Does your child require a special diet?	Yes	No	Mental health/behavioral concerns (i.e., depression)	Yes	No
Any broken bones or dislocations	Yes	No	Bowel problems	Yes	No	ADHD / ADD	Yes	No
Any muscle or joint injuries	Yes	No	Stomach problems	Yes	No	Lead Poisoning	Yes	No
Any neck or back injuries	Yes	No	Excessive weight gain/loss	Yes	No	Surgeries	Yes	No
Any daily medications	Yes	No	Bladder problems	Yes	No	Any other health concerns	Yes	No
Diabetes	Yes	No	Any hospitalizations, or had any operations, procedures, or special tests?				Yes	No

If you answered "Yes" to any of the above questions, please further explain your answers here: _____

All medications taken in school abide by Amesbury Public Schools Policies and Procedures for the Administration of Medications

Does your child take ANY medications? Please list name(s) of medication(s): _____

Please list any **medications** your child will need to take **during** school hours: _____

Will your child require any emergency medication (e.g. epinephrine auto-injectors, inhalers, glucagon, diastat, etc.) to be administered in school? _____

Does your child require any special health treatments or procedures (e.g. tube feeding or catheterization)? Yes No

If "Yes," please contact the school nurse for a meeting (contact info on Page 1).

Would you like to request a meeting with your school nurse to discuss your child's needs? Yes No

By signing below I agree that the above information in regards to my child have been answered to the best of my ability. Should there be any changes to my child's health status, I acknowledge that it is my responsibility to notify the nurse as soon as possible.

Print: _____ Sign: _____ Date: _____
Name of Parent/Guardian Signature of Parent/Guardian Today's Date

AMESBURY PUBLIC SCHOOLS

ELIZABETH MCANDREWS
SUPERINTENDENT OF SCHOOLS

MARTHA ROBINSON
DIRECTOR OF STUDENT SERVICES

*These 2 forms are **only** to be filled out and notarized if you are **unable** to produce 3 documents, in your name, to prove residency.



5 Highland Street
Amesbury, MA 01913
Tel : 978-388-0507
Fax : 978-388-7224

JOAN LIPORTO
DIRECTOR OF FINANCE AND OPERATIONS

CHRISTOPHER HEATH
INTERIM DIRECTOR OF TEACHING, LEARNING & EQUITY

Property Owner Information

Today's Date:	Student's Full Name:	Parent(s)/Guardian(s) Name(s):
Current Address:	Current Telephone Number:	Date Student will Enter School:
Property Owner:	Address of Property Owner:	Telephone Number of Property Owner:

The undersigned do hereby certify that _____ is living in Amesbury, Massachusetts and that all records relating to the enrollment of _____ into Amesbury Public Schools are true. Any falsification of this information will subject me, as parent or guardian, to full tuition payment for the number of days he/she was not a legal resident of the City of Amesbury as well as the removal of the student from Amesbury Public Schools.

Parent Signature

Property Owner's Signature

The following documentation must be provided along with this form:

- ☐ Copy of property owner's current real estate tax bill
- ☐ Copy of current utility bill with either the lessor or lessee's name (due within 30 days of actual residence)
- ☐ Proof of identification of property owner: Driver's License/Passport, etc.

AMESBURY PUBLIC SCHOOLS

ELIZABETH MCANDREWS
SUPERINTENDENT OF SCHOOLS

MARTHA ROBINSON
DIRECTOR OF STUDENT SERVICES



5 Highland Street
Amesbury, MA 01913
Tel : 978-388-0507
Fax : 978-388-7224

JOAN LIPORTO
DIRECTOR OF FINANCE AND OPERATIONS

CHRISTOPHER HEATH
DIRECTOR OF TEACHING LEARNING & EQUITY

AFFIDAVIT OR RESIDENCY

I Certify that:

Name of Parent(s)/Legal Guardian(s): _____

Name(s) of Child(ren): _____

Reside at: _____

In the Amesbury Public School District, as of _____
(Date)

Property Owner or Lessor Signature: _____

(Relationship to Parent(s)/Guardian(s)): _____

*Parent/Guardian Signature: _____

Commonwealth of Massachusetts / County of Essex

Subscribed and sworn to me, a Notary Public, in and for said County and State,

this _____ day of _____, 20____.

Notary Public Signature: _____

Printed Name of Notary: _____

My Commission expires: _____

***My signature confirms that the information above and supporting documentation I have provided the School District to prove residency are true. I understand that fraudulent claims constitute perjury, punishable by law, and can also result in the expulsion of the student from school and immediate demand for tuition by the School district.**