



SOUTH HADLEY PUBLIC SCHOOLS

"Excellence in Education"

SOUTH HADLEY HIGH SCHOOL • MICHAEL E. SMITH MIDDLE SCHOOL • MOSIER ELEMENTARY SCHOOL • HENRY J. SKALA 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: Henry J. Skala 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 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 (within past 60 days) Current purchase & sales agreement, landlord/owner affidavit (supplemental attachment), or section 8 agreement Deed or mortgage payment (within past 60 days), or town property tax bill (within past year) Bank or credit card statement (within past 60 days) W2 form (within past year), or payroll stub (within past 60 days) Letter from an approved government agency* (within past 60 days) <p><small>*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.</small></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> (within past 12 months) AND current immunization record* <p><small>*See additional health/immunization requirements documentation within</small></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 § 1I 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...)

Questions for Parents/Guardians:

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

Language: ^{Circle One} Mother / Father / GuardianLanguage: 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 / AlwaysLanguage: 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 ☐ WriteLanguage: ☐ Speak ☐ Read ☐ Write

Which languages does your child use?

Language: ^{Circle One} Seldom / Sometimes / Often / AlwaysLanguage: Seldom / Sometimes / Often / AlwaysWill 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 ZipHas the student ever repeated a grade level? ☐ Yes ☐ NoIf yes, which grade(s)? Is the student on probation? ☐ Yes ☐ NoHas the student ever been expelled from another school? ☐ Yes ☐ NoHas the student ever been suspended for possession of a dangerous weapon, controlled substance or staff assault? ☐ Yes ☐ NoIf 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:	<input type="text"/>	<input type="text"/>	Relationship to Student:	<input type="text"/>
	First	Last		
Please provide address if different from student:				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	City	State	Zip	
Employer:	<input type="text"/>	Work phone:	<input type="text"/>	
Primary Phone:			<input type="text"/>	<u>Circle One</u> Home / Cell / Work
Other Phone:			<input type="text"/>	Home / Cell / Work
Email Address:			<input type="text"/>	
Lives with student:			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Parent / Legal Guardian #2

Parent/Guardian Name:	<input type="text"/>	<input type="text"/>	Relationship to Student:	<input type="text"/>
	First	Last		
Please provide address if different from student:				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	City	State	Zip	
Employer:	<input type="text"/>	Work phone:	<input type="text"/>	
Primary Phone:			<input type="text"/>	<u>Circle One</u> Home / Cell / Work
Other Phone:			<input type="text"/>	Home / Cell / Work
Email Address:			<input type="text"/>	
Lives with student:			<input type="checkbox"/> Yes	<input type="checkbox"/> 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, Circle One Joint / Sole / 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:	<input type="text"/>	Phone:	<input type="text"/>	Relationship to Student:	<input type="text"/>
Name:	<input type="text"/>	Phone:	<input type="text"/>	Relationship to Student:	<input type="text"/>
Name:	<input type="text"/>	Phone:	<input type="text"/>	Relationship to Student:	<input type="text"/>

SchoolMessenger Supplemental Contact Information

SHPS utilizes [SchoolMessenger Notification Service](#) to provide automated voice calls, text messages, and emails regarding attendance, general activities, 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:	<input type="text"/>	Email Address 1:	<input type="text"/>	<input type="checkbox"/> Voice	<input type="checkbox"/> Text	<input type="checkbox"/> Email
Cell Phone Number 2:	<input type="text"/>	Email Address 2:	<input type="text"/>	<input type="checkbox"/> Voice	<input type="checkbox"/> Text	<input type="checkbox"/> 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 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 ⁸	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 ☐ IEP/504 ☐ School Health Record ☐
Discipline Record ☐ Attendance Record ☐ Mental health records ☐
Physician health records ☐ MCAS Scores ☐ Others (*please specify*)

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

To Whom It May Concern,

I certify that I, _____ am recorded as the legal owner for

(Full Legal Name)

property and residence located at _____ in South Hadley, Massachusetts.

(Property Address)

I further certify that, _____ currently resides at this residence, and

(Student Enroller's Full Legal Name)

has resided at the above address beginning on _____. Please accept this as

(Date MM/YYYY)

proof of their residency requirement for school enrollment purposes.

I, _____, as the recorded legal owner at the above listed address, certify and affirm that all the information on this form is correct to the best of my knowledge. Furthermore, I understand that if a student is enrolled in the District on the basis of information knowingly falsified by me, I may be held liable to the District for the daily tuition rate, and the student will be withdrawn. (*M.G.L. c 76 §5*), I also understand that if any of the statements made by me are false, that I may be subjected to criminal prosecution for assisting in the obtaining of free public services by fraud (*106 C.M.R. § 706.300*)

(Full Legal Name)

Signed under the pains and penalties of perjury:

****This form must be presented to and signed and notarized by a duly authorized Notary Public in the Commonwealth of Massachusetts, Hampshire County.****

Name (*printed*) _____ Date: _____

Signature: _____

On this _____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____ (*name of document signer*), proved to me through evidence of identification, which were _____, to be the person whose name is signed on the document in my presence.

Official signature and seal of Notary: _____

Notary Commission expiration date: _____