CAMBRIDGE PUBLIC SCHOOLS
EMPOWERING STUDENT EXCELLENCE

K-8 Registration

Parent/Guardian/Caregiver Checklist

Student's Name: _____

Required Forms: Please Complete & Sign

- ❑ 1. **Application Form**
- ❑ 2. **Home Language Survey**
- ❑ 3. **Health History Form**
- ❑ 4. **Records Release Form**
- ❑ 5. **Controlled Choice Form**

Required Documents: Please Submit When Applying

- ❑ 6. **Proof of Age** (birth certificate or passport)
- ❑ 7. **Proof of Address** – provide one of the following:

  Lease • Section 8 Agreement • Purchase & Sales Agreement • Mortgage Statement • Deed • Property Tax Bill • Notarized Letter from Landlord • Letter from Homeless/Transition Service Provider
- ❑ 8. **Proof of Occupancy** – provide one document dated within 30 days:

  Gas Bill • Oil Bill • Electric Bill • Cable Bill • Homeless/Transition Service Provider Letter
- ❑ 9. **Proof of Parent/Guardian/Caregiver Identity** – provide one of the following:

  Massachusetts Driver's License • Massachusetts Photo ID • Passport • Vehicle Registration • W-2 Form • Payroll Stub or Bank Statement Dated within 60 Days • Excise or Property Tax Bill
- ❑ 10. **Student Immunization Record** (Must be submitted to the SRC at the time of application)

Submit when Registering or Provide to the School Nurse:

- ❑ **Physical Exam Record:** If available, please submit your child's physical exam record (doctor's report) to the SRC at the time of registration. The exam must have been completed within 1 year prior to school entry or within thirty days after school begins. Note: The exam must include evidence of lead screening (JK/K only) and a TB risk assessment (all grades.) If your child is scheduled for a physical exam between the time of registration and starting school, please provide the report directly to the school nurse.

Additional Documentation – If Applicable

- ❑ **Guardianship Papers or Notarized Caregiver Authorization Affidavit**: Provide if the person registering the student is other than the parent listed on the student's birth certificate.
- ❑ **Doubling Up Form**: Download this form or request from the Student Registration Center if the student and family are living with relatives/friends and are not named on the Proof of Address documents or Proof of Occupancy documents. Proof of Address & Occupancy for the person with whom you are staying are also required.
- ❑ **Copy of student's Individualized Education Program (IEP) or 504 Plan:** These forms will be forwarded to the Office of Student Services)
- ✷ **Previous school records:** Provide directly to student's assigned school.

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Cambridge Public Schools

K-8 Registration

FORM 1

Has the child ever registered for Cambridge Public Schools in the past? ☐ Yes ☐ No **If YES, what year(s)?** _____

Last Name _____ **First Name** _____ **Middle Name** _____

Grade Entering: _____ **Gender:** ☐ Male ☐ Female ☐ Non-binary

Home Address, Apt. # _____

Phone: _____ **Birth Date (MM/DD/YYYY):** _____ / _____ / _____

Birth City: _____ **Birth Country:** _____

If Birth Country is not the United States **Has the child completed 3 years of schooling in the US?** ☐ Yes ☐ No

(Optional) In the past year, did one or both of the student's parents or guardians*:

Serve as an active duty member of uniformed services?	☐ Yes	☐ No
Become medically discharged or retired from uniformed services?	☐ Yes	☐ No
Die while on active duty?	☐ Yes	☐ No

***Note:** Military families may be provided special consideration for registration requirements such as guardianship papers. Family military status does not influence school assignment.*

Parent/Guardian/Caregiver 1

Relationship to Student: _____

Name: _____

Address, Apt. #: _____

City/State/Zip: _____

Home Phone: _____

Cell phone: _____

Work Phone: _____

Email Address: _____

Occupation: _____

Parent/Guardian/Caregiver 2

Relationship to Student: _____

Name: _____

Address, Apt. #: _____

City/State/Zip: _____

Home Phone: _____

Cell phone: _____

Work Phone: _____

Email Address: _____

Occupation: _____

(If addresses are different) **Do you want both parents/guardians to receive school mailings?** ☐ Yes ☐ No

Emergency Contacts

In case of emergency, parents/guardians/caregivers would be called first. Please provide 2 emergency contacts in case the school is unable to reach you.

Name	Phone #	Relationship to Student

CPS K-8 Registration

Entering K Only

❶ **Has your child ever participated in the following programs for very young children?**

- ☐ Center for Families Playgroups or Programs (02)
- ☐ Home Based Early Childhood Program (visits to your home) (03)
- ☐ Baby University (Baby U) (02)
- ☐ Both (04)

❷ **Has your child attended any of the following types of preschool or childcare programs?**

Licensed Family Childcare (located in the provider's home)	❑ Part-Time (05)	❑ Full-Time (06)
Preschool or Center-based Preschool Program	❑ Part-Time (07)	❑ Full-Time (08)
Both Family Childcare and Center-based Childcare or Preschool	❑ Part-Time (09)	❑ Full-Time (10)

a. What is the name of your child's most recent preschool, daycare, or early childhood provider?

- ☐ Department of Human Services Programs Preschool: Haggerty Preschool, Kennedy-Longfellow Preschool, King Open Preschool, Dr. Martin Luther King Jr. Preschool, Morse Preschool, Peabody Preschool, Windsor Street Preschool
- ☐ Other Preschool (Name): _____

❸ **If you did not check any of the boxes in section 2, who did your child stay with during the day?**

❑ Babysitter (01+K) ❑ Parent/Guardian (01) ❑ Relative (01+K)

I give permission for the Cambridge Public Schools to contact my child's preschool or childcare provider identified above and for my child's preschool or childcare provider to release and discuss my child's information with the Cambridge Public Schools.

_____	_____	_____
Parent/Guardian/Caregiver Name	Parent/Guardian/Caregiver Name	Date

Entering Grades 1 - 8 Only

Name of Previous School: _____

Special Education / Students with Disabilities

Does your child currently have an IEP or receive special education services? ❑ Yes ❑ No

Does your child currently have a 504 Plan or receive disability accommodations? ❑ Yes ❑ No

Please provide a copy of your child's IEP or 504 Plan during the registration process.

Please list siblings (Brothers or Sisters)

Name	Birth Date	Grade	School
_____	____ / ____ / _____	_____	_____
_____	____ / ____ / _____	_____	_____
_____	____ / ____ / _____	_____	_____

Race/Ethnicity

The provision of the following information is purely voluntary. Declining to provide this information will not affect the student's registration process.

1. Race: ❑ American Indian/Alaskan Native ❑ Asian ❑ Black/African-American ❑ Hawaiian/Other Pacific Islander ❑ White/Caucasian

2. Ethnicity: ❑ Hispanic/Latino ❑ Not Hispanic/Latino

CPS K-8 Registration

School Choice	**Please note:** School assignments must follow the Controlled Choice policy. Parent preference is just one factor used to determine school assignment. Limited seats may be available within SES categories *(See Form 4)*.

Grades K-5

List 3 of the following:

- Amigos
- Baldwin
- Cambridgeport
- Dr. Martin Luther King, Jr.
- Chinese Immersion *(at Dr. Martin Luther King, Jr.)*
- Fletcher Maynard
- Graham & Parks
- Haggerty
- King Open
- Morse
- Olá Portuguese Immersion (at King Open)
- Peabody
- Tobin Montessori

Check here if a sibling will be at the school next year.

1 School Choice: _____ ☐

2 School Choice: _____ ☐

3 School Choice: _____ ☐

Office Use Only

_____

_____

_____

Does your child speak the language of an Immersion Program to which you are applying?
Check which language(s)

❏ Mandarin *(Martin Luther King-Chinese Immersion)* ❏ Portuguese *(Olá at King Open)* ❏ Spanish *(Amigos)*

Grades 6-8

Please rank order

___ Amigos School *(K-8 Spanish-English dual immersion school. Spanish language test required for admission)*

___ Cambridge Street Upper School *(sending schools: Cambridgeport, Fletcher Maynard & King Open)*

___ Putnam Avenue Upper School *(sending schools: Dr. Martin Luther King, Jr., Kennedy-Longfellow, Morse)*

___ Rindge Avenue Upper School *(sending schools: Baldwin, Peabody)*

___ Darby Vassall Upper School *(sending schools: Graham & Parks, Haggerty, Tobin Montessori)*

I understand that pursuant to Massachusetts law and Cambridge School Committee policy, students who actually reside in the City of Cambridge may attend the Cambridge Public Schools and students who do not actually reside in the City of Cambridge may not attend the Cambridge Public Schools, unless a policy exception applies. I hereby acknowledge that no such policy exception applies to the child named on this registration form. I also acknowledge that I am required to notify the school Principal, in writing, of any changes in said student's address within five (5) calendar days of such change of address.

I understand that this certification will be relied upon by the Cambridge Public Schools for the purpose of determining the eligibility to attend the Cambridge Public Schools on the basis of residency. If it is subsequently determined that the student does not actually reside in Cambridge, I understand that the student's enrollment in the Cambridge Public Schools will be promptly terminated and that I will be liable to the Cambridge Public Schools for the student's tuition for the duration of the student's attendance in the Cambridge Public Schools.

I understand that after seven (7) years of my initial date of registration, or if I withdraw my child from CPS, my registration file will be destroyed but that I may claim my file from the Student Registration Center within the first seven years of my initial date of registration or my withdrawal of my child from CPS, whichever comes first.

I hereby certify that I can, and will upon request, substantiate all statements made on this application and that such statements are true, accurate, and complete and are made in good faith.

Parent/Guardian/Caregiver Signature: _____ **Date:** _____

Office Use Only: LEP Y N Score: _____ Language: Home _____ Primary _____ SEI ELL