



MEDFORD PUBLIC SCHOOLS

489 Winthrop Street Medford, MA 02155

781-393-2132/ 2131

MedfordRegOffice@medford.k12.ma.us

DOCUMENTS REQUIRED FOR REGISTRATION

To enroll a student in the Medford Public Schools, ALL documents must be brought to the Registration Office located inside the Medford High School at 489 Winthrop St in Medford.

1. Completed Registration Packet

- Home Language Survey (include "Date first enrolled in any U.S. Schools")
- Google Permission Form
- For kindergarten students** Early Childhood Education Experience Survey
- For grades 1-12** Authorization for Release of Student Records
- For grades 6-12** Chromebook Loan Acceptance and Acetaminophen Parent Permission Form

2. Valid Photo Id of Parent/Guardian/ Caregiver

- Driver's license or Passport of the parent/ caregiver registering the child
- If a legal guardian**, a Custody Agreement must be provided

3. Your Child's Birth Certificate

- Original (no photocopies, not the hospital letter)
- Translated and certified if not in English

4. Proof of Residency

- 2 utility bills dated within the past 60 days . Bills accepted: gas, electricity, oil, cable, and home internet **OR**
- Copy of signed current lease
- IF STUDENT AND CAREGIVER ARE LIVING WITH A MEDFORD RESIDENT**, the following are required to complete the registration:
 1. [Notarized Living Residency Affidavit](#) (both the Homeowner and the Tenant must sign the document in front of a Notary Public at the same time)
 2. Proof of Residency of the person signing the Living Residency Affidavit:lease or 2 utility bills dated within 60 days(bills accepted: gas, electricity, oil ,cable, and home internet)

5. Your Child's Most Recent Health Documents

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

Any subsequent Health documents requested may be faxed to 781-393-2379 or emailed to MedfordHealthOffice@medford.k12.ma.us with the subject: "Registration: Student's Name For any health-related questions please call 781-393-2292 and ask to speak to a nurse

6. Prior School Records

- Your child's most recent school transcripts, report cards
- Mass Transfer Card from previous school if available
- MCAS scores if available
- ACCESS scores for English Language Learners students if available
- Grade 9 students**: Course selection sheet
- Grade 10-12 students**: Transcripts, discipline and attendance records
- Active IEP if applicable
- Active 504 Plan if applicable

Parent/Caregiver Signature: _____

Date: _____



For School Use Only					
SASID: _____	LASID: _____	Date Received: _____	Entry Date: _____	HR: _____	
Date Enrolled: _____	Proximity Zone: _____	School Assigned: _____	Grade: _____		

REGISTRATION FORM

STUDENT INFORMATION (Please type or print)

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

HOME LANGUAGE

<input type="checkbox"/> English	<input type="checkbox"/> Chinese	<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Spanish	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Other: _____
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PARENT/ GUARDIAN /CAREGIVER INFORMATION

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

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

Name	Age	Relationship	Grade	School

ADDITIONAL EMERGENCY CONTACTS:

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

MILITARY STATUS: (check as applies)

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

RACE/ ETHNICITY:

- Hispanic or Latino:** a person of Cuban, Puerto Rico, Central or South American origin, or any other Spanish culture or origin regardless of race
- American Indian Alaska Native:** a person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachments
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippines, Thailand, and Vietnam.
- Black or African American:** a person having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, Fiji, or other Pacific Islands
- White:** a person having origins in any of the original peoples of Europe, Middle East, or Africa

MEDICAL INFORMATION

STUDENT NAME: _____ DOB: _____

Physician's Name:	Phone #:
Address:	
Do you have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Health Insurance Name:
Has your child had a complete physical examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Most Recent Exam:
If any boxes above were checked please describe:	
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Diabetes
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Migraines
<input type="checkbox"/> Speech	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Allergies (food, insects, medication, environment) (Specify):	
<input type="checkbox"/> Hearing problems (Specify):	<input type="checkbox"/> Left <input type="checkbox"/> Right
<input type="checkbox"/> Vision problems (Specify):	<input type="checkbox"/> Eyeglasses
	<input type="checkbox"/> Seizure Disorder
	<input type="checkbox"/> Anxiety
	<input type="checkbox"/> Hearing Aids
	<input type="checkbox"/> Contact Lenses

TB Risk Assessment Parent Questionnaire

Please complete this questionnaire to help us determine if your child needs to be tested for tuberculosis (TB). This tool is used to identify asymptomatic children and adolescents to test for latent TB infection (LTBI).

Instructions: Please check all the boxes that apply to your child. Latent TB infection testing is recommended if any of the three boxes below are checked.

Has your child been born or lived in a country with an elevated TB rate? <ul style="list-style-type: none"> • Description: This includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child currently or planned to be immunosuppressed? <ul style="list-style-type: none"> • Description: This means the body's immune system is weakened. This includes conditions like HIV infection or being an organ transplant recipient. It also includes being treated with certain medications, such as TNF-alpha antagonists (e.g., infliximab, etanercept), immunosuppressive interleukin antagonists, or steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child had close contact with someone sick with infectious TB disease during their lifetime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/ Caregiver Name: _____	
Signature: _____	Date: _____

For School Nurse Only:

No TB risk factors. TB test not indicated.
 Further testing required within 30 days of enrollment



AUTHORIZATION FOR RELEASING/OBTAINING STUDENT RECORDS

I, _____ am the parent/caregiver the below-named student.

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

Parent/Caregiver Signature: _____ Date: _____

Student Name:	DOB	
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Previous School Name:	Grade:
School Address:	
City, State & Zip:	
Phone Number:	
Email Address:	

Please email the following records to our Registration Office at Medfordregoffice@medford.k12.ma.us

***** **School Use Only** *****

- Transfer Card
 Transcripts of Grades
 Health Records
 IEP/504
 Discipline and Attendance Records
 Standardized Test Scores
 ELL Testing/Folder
 (for grades 10-12)

Send the complete records to the following school

- Brooks Elementary School 388 High St, Medford, MA 02155 or by fax 781-393-2174
- McGlynn Elementary School, 3002 Mystic Valley Pkwy, Medford, MA 02155 or by fax 781-393-5462
- Missituk Elementary School, 37 Hicks Ave. Medford MA 02155 or by fax 781-393-2178
- Roberts Elementary School, 35 Court St, Medford, MA 02155 or by fax 781-393-2158
- Andrews Middle School, 3000 Mystic Valley Pkwy, Medford, MA 02155 or by fax 781-395-8128
- McGlynn Middle School, 3002 Mystic Valley Pkwy, Medford, MA 02155 or by fax 781-393-5462
- Medford Registration Office 489 Winthrop St, Medford MA 02155

STUDENT GOOGLE PERMISSION FORM

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

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

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

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

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

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

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

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

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

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

Parent/ Caregiver Signature: _____ Date: _____

MEDFORD PUBLIC SCHOOLS STAFF ONLY

AUTHORIZED SIGNATURE: _____ DATE: _____



Medford Public Schools

Home Language Survey



Massachusetts is home to speakers of many different languages. This Language Survey helps us learn about your child's English language skills and provide support to your child if necessary to help them learn English. Please answer the questions below. If your response to any of the questions in SECTION 1 is a language other than English, the school district will give your child a test to see if they may benefit from English language support.

If you need help completing this form, please ask for assistance.

<p>Student Name:</p> <p>Grade:</p> <p>Date Of Birth (mm/dd/yyyy) :</p> <p>Name of Parent/Guardian #1:</p> <p>Name of Parent/ Guardian #2:</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>SECTION 1:</p> <p>These questions will help the school identify students who may need English language supports. If your response to any question 1-3 is a language other than English, your child will be tested on their use and understanding of English to determine if English language supports are needed.</p>	<p>1. Please list the language (s) that parents and/or primary caregivers use to communicate with your child</p> <p>_____</p> <p>2. Please list the language (s) that your child currently uses to communicate with others.</p> <p>_____</p> <p>3. Please list the language (s) your child first understood and used to communicate</p> <p>_____</p>
<p>SECTION 2:</p> <p>Interpretation and Translation Services</p> <p>This section will let the school know if you, the parents/guardians, need an interpreter or documents translated.</p> <p><i>This section is for informational purposes only and is not used to identify if your child needs support to learn English</i></p>	<p>4. In what language (s) would your family prefer to receive written communication from schools:</p> <p>Parent/Guardian #1: _____</p> <p>Parent/ Guardian #2: _____</p> <p>5. Would you prefer for the school to arrange for an interpreter to be available to you free of charge during meetings and phone calls with school about your child (including American Sign Language or other types of sign language?)</p> <p style="text-align: center;">Yes No If yes, in which language (s)?</p> <p>Parent/Guardian #1: _____</p> <p>Parent/ Guardian #2: _____</p>



Medford Public Schools

Home Language Survey



SECTION 3

[Optional]: Prior Education

This section will provide the school with background information about your student and their prior education.

This section is optional and is not used to identify if your child needs support to learn English.

6. Please list the name and location of the last school your child attended.

School Name: _____

City /town: _____ Country: _____

7. How many years has your child attended school in the United States? (beginning with kindergarten) _____ Please list the date your child first started school in the United States if known (mm/yyyy): _____

8. Has your child ever attended school outside of the United States?

Yes No Not sure

If yes, for how many years? _____ In what language (s) did your child learn while attending school outside of the United States? _____

9. Has your child ever received support to improve their English in the United States schools?

Yes No Not sure

10. Is there anything else you think is important for the school to know about your child? (for example, special interests, talents, or concerns you have about your child's experience in school?)

Parent/ Guardian Name:

Parent/Guardian Signature:

Date (mm/dd/yyyy):



FOR STUDENTS ENTERING GRADES 6-12 ONLY

STUDENT USE CHROMEBOOK LOAN ACCEPTANCE FORM

STUDENT NAME: _____ **SCHOOL:** _____

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

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

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

Parent/Caregiver Name: _____

Parent/Caregiver Signature (required if the student is under 18): _____

Student Signature: _____ Date: _____

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

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

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

MEDFORD PUBLIC SCHOOLS
Health Services Department

FOR STUDENTS ENTERING GRADES 6-12 ONLY

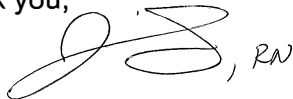
Parent Permission Form: Acetaminophen (Tylenol)

Dear Parent/Caregiver,

The school nurse may administer Acetaminophen (Tylenol) to your child, with your permission, for minor complaints of headache, cramping, or general aches and pains. Each student will be assessed individually by the School Nurse on duty prior to administration. A more serious illness will be referred to the parent immediately.

Please complete the form if you give permission for your child to receive regular strength Acetaminophen (Tylenol). Per the Medford Public Schools Medication Policy and Massachusetts law, any other medications, either over the counter (OTC) or prescription, must have a physician's order as well as parent/caregiver permission. This completed form should be returned to the school nurses at your child's school.

Thank you,



Jennifer Silva, M.Ed., BSN, RN, NCSN
Interim Director of Health Services, Medford Public Schools
jsilva@medford.k12.ma.us

Student Name:		Grade:
Please circle the appropriate dosage Tylenol 325mg tablet by mouth	325mg (1 tablet)	650mg (2 tablets)
Other medications student is currently taking:		
Any known allergies or medical conditions:		
Parent/Caregiver Signature: _____		Date: _____
Emergency Contact Name and Number (1): _____		
Emergency Contact Name and Number (2): _____		



FOR STUDENTS ENTERING KINDERGARTEN ONLY

EARLY CHILDHOOD EDUCATION EXPERIENCE SURVEY

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