



KINDERGARTEN REGISTRATION CHECKLIST

Step One: Download the Registration Packet from the Website

Visit the Ashland Public Schools website, under Kindergarten Registration

Download, Complete, and Sign the Registration Packet

<https://www.ashland.k12.ma.us/departments/central-registration>

Step Two: Gather Required Documents:

- Proof of **age** (original birth certificate, passport, or adoption/guardian documentation)
- Proof of **residency** (Mortgage, Fully executed, signed Lease, Real Estate Tax Bill)
- Proof of **occupancy** (Eversource Bill, Eversource Service Letter, other utility bills)
<https://www.ashland.k12.ma.us/departments/central-registration/new-students>
- Up to Date **immunization** records
- A complete **physical exam** completed within 12 months prior to the first day of school
- Parent/guardian **photo ID** (Driver's License, Passport)
- Guardianship papers or legal custody agreements, **if applicable**
- Official **transcripts** for all middle and high school students (helps with accurate class placement)
- English Learner (EL) records, WIDA ACCESS** scores, or EL documentation
- IEP** or **504** Accommodation Plan

Step Three: Kindergarten Registration Day Saturday, January 31, 2026- 9 am-12 pm

- Bring the complete registration packet
- Bring all required documentation with you
- One custodial parent or a legal guardian must be present during registration

Need help? Contact Colleen Brewer, District Registrar, 508-532-4005
registration@ashland.k12.ma.us



ASHLAND
PUBLIC SCHOOLS

STUDENT REGISTRATION

STUDENT AND FAMILY INFORMATION

FORM
1

STUDENT INFORMATION			
Today's Date:			
First Name:		Middle Name	Last Name:
Current Address:			
Foster Child or State Ward?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Student Lives With:
City of Birth:	State:		Country:
Primary Language:		Date of Arrival in United States (If applicable):	
Date of Birth:		Sex/Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Female
Entering Grade:	Last Grade Completed:		Pronouns:
Previous School:			
Previous School Address:			

PARENT/GUARDIAN INFORMATION			
Parent/ Guardian #1		Parent/ Guardian #2	
Name:		Name:	
Address (If different from student):		Address (If different from student):	
Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work		Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Alternate Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work		Alternate Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Place of Employment:		Place of Employment:	
Email:		Email:	
Active Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Active Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Student:		Relationship to Student:	

FAMILY INFORMATION				
Please list all children in the family (including the child you are registering) in chronological order.				
	Name	Sex/Gender	Date of Birth	Grade
1.				
2.				
3.				
4.				

Note: Attach a copy of the legal custody agreement or restraining order if applicable. Without this information, either parent may access your child's educational information and/or dismiss/withdraw your child at any time.

STUDENT REGISTRATION

STUDENT AND FAMILY INFORMATION

MCKINNEY-VENTO ELIGIBILITY

Answers to the following residency information will help the school district to determine the services your child may be eligible to receive relative to the [McKinney-Vento Act](#).

1.	Is your current address due to domestic violence or an emergency living arrangement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Is your living arrangement due to a loss of housing, economic hardship, or other similar reasons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to one of the above questions, where is the student you are registering presently living?

- With you in the residence of a family member, friend, or acquaintance
 In a place not designed for ordinary sleeping accommodations (e.g. car, park, campsite, basement, floor, living room)
 In a shelter
 In a motel/hotel
 Moving from place to place

STUDENT DEMOGRAPHICS

The Massachusetts Department of Education requires districts to collect the following demographic data for each student.

ETHNICITY

Is the student Hispanic or Latino? *Select only one.*

- No, the student is not Hispanic or Latino.
 Yes, the student is Hispanic or Latino (a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central America, Brazilian, or other Spanish culture or origin, regardless of race).

RACE

Please select the race(s) the student identifies with. You **must** select at least one.

<input type="checkbox"/>	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.
<input type="checkbox"/>	American Indian or Alaskan 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.
<input type="checkbox"/>	Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
<input type="checkbox"/>	White	A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



STUDENT REGISTRATION

HEALTH EMERGENCY INFORMATION

FORM
2

Student Name: _____

Date of Birth: _____

A school may disclose information regarding a student to appropriate parties in connection with a health or safety emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals. The school nurse may share health information that is necessary for the student's health and safety with authorized school personnel.

Emergency contacts should be people **other than the student's parents or guardians** who may be asked to dismiss the student if the school is unable to locate their primary caregivers.

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/PRIMARY CAREGIVER)

Emergency Contact #1	Emergency Contact #2
First Name:	First Name:
Last Name:	Last Name:
Phone :	Phone:
Relationship to Student:	Relationship to Student:
Primary Language:	Primary Language:

HEALTHCARE PROVIDERS

Pediatrician

Name: _____ Phone: _____

Dentist

Name: _____ Phone: _____

Orthodontist

Name: _____ Phone: _____

Health Insurance

Name: _____ Phone: _____

Does your child have permission to receive Tylenol, Ibuprofen, TUMS or throat lozenges in school, as needed? Yes No

In an emergency, I grant permission for my child to be transported, by ambulance, to MetroWest Medical Center - Framingham Campus for treatment. I understand I will be notified of the emergency as soon as possible.

I will notify the school if there is any change in the above information.

Signature of Parent/Guardian

Date



STUDENT REGISTRATION

STUDENT HEALTH HISTORY

Student Name: _____

Date of Birth: _____

The Student Health History is a confidential document required for all students entering the Ashland Public Schools. **Please inform the school nurses of any changes in your child's health during the school year.**

1. Have there been any recent changes in your family that may affect your child? If yes, please check the appropriate box(es) and explain in the space below.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Birth of a sibling | <input type="checkbox"/> Change in marital status | <input type="checkbox"/> Change in housing | <input type="checkbox"/> Military deployment |
| <input type="checkbox"/> Recent death | <input type="checkbox"/> Family illness | <input type="checkbox"/> Change in employment | <input type="checkbox"/> Other: |

2. Does your child wear glasses or contact lenses? Yes No

3. Does your child wear a hearing aid? Yes No

4. Has your child ever been hospitalized and/or had surgery? If yes, please provide dates and explain below. Yes No

5. Has your child had any of the following illnesses? If yes, please check the appropriate boxes and explain in the space below.

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Ear infections (frequent) | <input type="checkbox"/> Lyme disease | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Encephalitis | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Strep infections (frequent) |
| <input type="checkbox"/> High fevers | <input type="checkbox"/> Pertussis | <input type="checkbox"/> Tuberculosis |

6. Has your child been diagnosed with any of the following conditions? If yes, please check the appropriate boxes and explain in the space below.

- | | | | | |
|-------------------------------------|--|--|---|--|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Birth defects | <input type="checkbox"/> Developmental delay | <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Muscular dystrophy |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Skin condition |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Concussion | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Sleep disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cystic fibrosis | <input type="checkbox"/> Encopresis/constipation | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Tourette's syndrome |
| <input type="checkbox"/> Autism/ASD | <input type="checkbox"/> Depression | <input type="checkbox"/> Epilepsy/seizures | <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Vision difficulties |



STUDENT REGISTRATION

STUDENT HEALTH HISTORY

FORM
3

7. Does your child have any allergies (e.g., food, medicine, latex, seasonal, insects)? If yes, explain below, and please be specific. Yes No

8. Does your child take any medication daily or as needed for his/her allergies? If yes, please list below. Yes No

9. Does your child take any other medications daily or as needed? If yes, please list each medication and for what illness/condition it is taken. Yes No

10. Are there any diagnoses not covered above that affect your child? If so, please explain.

11. Is there anything about your child's mental or physical health you would like the school nurse to be aware of that has not been addressed thus far? If so, what?

Thank you for providing this valuable information about your child's health. If your child has a chronic illness requiring further conversation, please contact the school nurse to schedule a meeting. Please visit ashland.k12.ma.us/Health for contact information or additional details.

Signature of Parent/Guardian

Date



ASHLAND
PUBLIC SCHOOLS

STUDENT REGISTRATION

HOME LANGUAGE SURVEY

FORM
4

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.

Student Name:	
Grade:	
Date of Birth (mm/dd/yyyy):	
Name of Parent/Guardian #1:	
Name of Parent/Guardian #2:	
<p>SECTION 1: 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 at home.</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: Interpretation and Translation Services 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 the school? Parent/Guardian # 1: _____ 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 the school about your child (including American Sign Language or other types of sign language)? _____ Yes _____ No</p> <p>If yes, in which language(s)? Parent/Guardian # 1: _____ Parent/Guardian # 2: _____</p>

STUDENT REGISTRATION

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?

What is the last grade your child was enrolled in or completed? _____

9. Has your child ever received support to improve their English in 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): _____



STUDENT REGISTRATION RECORDS RELEASE

FORM
5

AUTHORIZATION FOR RELEASING/OBTAINING STUDENT RECORDS

I, _____, am the parent/legal guardian of the below-named student. I hereby authorize the release of all academic records including official transcripts, testing results, discipline, health, special education, English learner records, and any other information regarding my child to/from Ashland Public Schools. I further give permission to Ashland Public Schools to speak to my child's former/new teachers, principal, school counselor and other school staff as needed.

Signature of Parent/Guardian

Date

Student Name:

Date of Birth:

Current Address:

Previous or New School Name:

Grade Level:

School Address:

City, State & Zip Code:

Phone Number:

Fax Number:

FOR SCHOOL USE ONLY

School records must be requested from or submitted to:

School	Address	Fax	Email	
◆ Ashland High School	65 E. Union St.	508-881-0186	Jessica Blank	jblank@ashland.k12.ma.us
◆ Ashland Middle School	87 W. Union St.	508-881-0169	Christine Watt	cwatt@ashland.k12.ma.us
◆ David Mindess School	90 Concord St.	508-881-0153	Jamie Giles	jgiles@ashland.k12.ma.us
◆ Henry E. Warren Elementary School	73 Fruit St.	508-881-0191	Girija Phatak	gphatak@ashland.k12.ma.us
◆ William Pittaway School	75 Central St.	508-881-0148	Donna Pederson	dpederson@ashland.k12.ma.us

Special education records must be requested from or submitted to:

Makayla Warner	508-881-0152	87 West Union Street, Ashland, MA. 01721	mwarner@ashland.k12.ma.us
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STUDENT REGISTRATION

EARLY CHILDHOOD EXPERIENCE SURVEY

This survey is required by the state Department of Elementary and Secondary Education for all Kindergarten students.

Student Name: _____

What type of education experience has your child had prior to Kindergarten? Please only check one.

1. No formal early childhood program experience
2. Family Support: Coordinated Family and Community Engagement (CFCE)
3. Family Support: Parent Child Home Program (PCHP)
4. Family Support: Both CFCE & PCHP
5. Formal: Licensed Family Child Care Provider less than 20 hours per week
6. Formal: Licensed Family Child Care Provider greater than 20 hours per week
7. Formal: Center Based Program less than 20 hours per week
8. Formal: Center Based Program greater than 20 hours per week
9. Formal: BOTH Family Child Care Provider and Center Based Program less than 20 hours per week
10. Formal: BOTH Family Child Care Provider and Center Based Program greater than 20 hours per week

Parent Name: _____

Date: _____