



NEW STUDENT REGISTRATION CHECKLIST

Step One: Download the Registration Packet from the Website

Visit the Ashland Public Schools website, under Central Registration

Download, Complete, and Sign the District 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)
- ☐ 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: Meet with the District Registrar:

- ☐ Once the packet is completed, Scan the QR code or email registration@ashland.k12.ma.us to schedule an appointment
- ☐ Please bring all documentation with you to this appointment.
- ☐ Please do not schedule an appointment unless all documentation is complete.
- ☐ Custodial parents or legal guardians must be present during registration

Some students may require an additional appointment for:

- ☐ Placement discussions
- ☐ Special education services
- ☐ English screening
- ☐ Health or medication planning



Registration Appointments

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?	☐ Yes ☐ No	Student Lives With:	
City of Birth:	State:	Country:	
Primary Language:		Date of Arrival in United States (If applicable):	
Date of Birth:		Sex/Gender:	☐ Male ☐ Non-binary ☐ 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: ☐ Cell ☐ Work		Primary Phone: ☐ Cell ☐ Work	
Alternate Phone: ☐ Cell ☐ Work		Alternate Phone: ☐ Cell ☐ Work	
Place of Employment:		Place of Employment:	
Email:		Email:	
Active Military? ☐ Yes ☐ No		Active Military? ☐ Yes ☐ 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

FORM

1

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?	☐ Yes	☐ No
2.	Is your living arrangement due to a loss of housing, economic hardship, or other similar reasons?	☐ Yes	☐ 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.

☐	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.
☐	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.
☐	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 or other Pacific Islands.
☐	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

FORM
3

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.

- | | | | |
|---|---|---|--|
| ☐ Birth of a sibling | ☐ Change in marital status | ☐ Change in housing | ☐ Military deployment |
| ☐ Recent death | ☐ Family illness | ☐ Change in employment | ☐ 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.

- | | | |
|--|---------------------------------------|--|
| ☐ Ear infections (frequent) | ☐ Lyme disease | ☐ Pneumonia |
| ☐ Encephalitis | ☐ Meningitis | ☐ Strep infections (frequent) |
| ☐ High fevers | ☐ Pertussis | ☐ 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.

- | | | | | |
|-------------------------------------|--|--|---|--|
| ☐ ADD | ☐ Birth defects | ☐ Developmental delay | ☐ Hearing problems | ☐ Muscular dystrophy |
| ☐ ADHD | ☐ Cerebral palsy | ☐ Diabetes | ☐ Heart problems | ☐ Skin condition |
| ☐ Anxiety | ☐ Concussion | ☐ Eating disorder | ☐ Kidney disease | ☐ Sleep disorder |
| ☐ Asthma | ☐ Cystic fibrosis | ☐ Encopresis/constipation | ☐ Mental health issues | ☐ Tourette's syndrome |
| ☐ Autism/ASD | ☐ Depression | ☐ Epilepsy/seizures | ☐ Migraine headaches | ☐ 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:	
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.	1. Please list the language(s) that parents and/or primary caregivers use to communicate with your child at home. _____ 2. Please list the language(s) that your child currently uses to communicate with others. _____ 3. Please list the language(s) your child first understood and used to communicate. _____
SECTION 2: Interpretation and Translation Services This section will let the school know if you, the parents/guardians, need an interpreter or documents translated. <i>This section is for informational purposes only and is not used to identify if your child needs support to learn English.</i>	4. In what language(s) would your family prefer to receive written communication from the school? Parent/Guardian # 1: _____ Parent/Guardian # 2: _____ 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 If yes, in which language(s)? Parent/Guardian # 1: _____ Parent/Guardian # 2: _____

STUDENT REGISTRATION

HOME LANGUAGE SURVEY

FORM
4

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: _____