

Taunton Public Schools
New Student Registration Form



Current Grade Level: _____ School: _____ Today's Date: ___/___/___ LASID: _____

Student Information

Legal Last Name: _____ Legal First Name: _____ Legal Middle Name: _____

Date of Birth: ___/___/___ Gender: Male _____ Female: _____ Non-Binary _____

Race (Optional*) American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Ethnicity (Optional*): Hispanic or Latino Yes No

***Ethnicity and race reporting is optional, a determination *must be made* by a school official if left blank for MA DESE reporting purposes.**

City/Town of Birth: _____ State of Birth: _____ Country of Birth: _____

If born in a foreign country, when did child first arrive in the United States? Month: _____ Year: _____

School History Information

Previous School: _____ Previous District: _____ Previous City: _____

Has this student ever attended Taunton Public Schools? Yes No School Attended: _____

Has student ever been suspended/expelled in any district? Yes No If yes, reason: _____

Is this student currently suspended or expelled in another district? Yes No If yes, reason? _____

Previous schools attended in the United States. Please list month/year of enrollment.

School: _____ City: _____ State: _____ Start Date: ___ End Date: ___ Grade: ___

School: _____ City: _____ State: _____ Start Date: ___ End Date: ___ Grade: ___

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Health Information

Health Insurance: Yes No Name of Health Insurance Provider: _____

Significant Health Issues: Yes No (If yes, parent should arrange meeting with school nurse.)

Educational Support Information

Is student currently eligible for Special Education services? Yes No Most recent IEP: ___/___/___

Who has Special Education decision making authority for student? Name: _____ Phone: _____

Has student ever participated in any of the following?

Title I Reading Title I Math Counseling Speech Language Therapy
 504 plan Occupational Therapy Physical Therapy Other _____

Has student ever been retained? Yes No If yes, at what grade level? _____

Custodial Information

Custody/Parenting Document in effect? Yes No (If yes, document must be on file with the school for enforcement)

Who has legal custody? (Full Name) _____ Relationship: _____

Restraining orders in effect? Yes No Restraining order against: Mother ___ Father ___ Other _____

(If yes, document must be on file with the school for enforcement)

PART II: HOME AND FAMILY INFORMATION (All information below must be completed)

Primary Household

Student lives with: (Please circle one)

Both Parents Name: _____ Please check: Legal Guardian ____ Foster Parent ____
Mother only Address: _____ Apt. # _____ Phone: _____
Father only City: _____, State: _____ Zip Code: _____
Grandparents Employment: _____ Work Phone: _____
Mother/Stepfather Cell: _____ E-Mail: _____
Father/Stepmother Name: _____ Please check: Legal Guardian ____ Foster Parent ____
Legal Guardian Address: _____ Apt. # _____ Phone: _____
Foster Parent(s) City: _____, State: _____ Zip Code: _____
Agency: _____ Employment: _____ Work Phone: _____
Other: _____ Cell: _____ E-Mail: _____

Secondary Household

Relationship: (Please circle one.)

Both Parents Name: _____ Please check: Legal Guardian ____ Foster Parent ____
Mother only Address: _____ Apt. # _____ Phone: _____
Father only City: _____, State: _____ Zip Code: _____
Grandparents (if different than above)
Mother/Stepfather Employment: _____ Work Phone: _____
Father/Stepmother Cell: _____ E-Mail: _____
Legal Guardian Name: _____ Please check: Legal Guardian ____ Foster Parent ____
Foster Parent(s) Address: _____ Apt. # _____ Phone: _____
Agency: _____ City: _____, State: _____ Zip Code: _____
Other: _____ Cell: _____ E-Mail: _____

Other Children in the Family:

Name (s)	Date of Birth (Month/Day/Year)	Grade	School
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____

Military Family Status:

Students who are children of active duty members of the uniformed services:

National Guard and Reserve - Active Duty Order Yes No

Members or Veterans - Medically Discharged Retired ____ (within 1 year) ____

Members of Deceased (while on active duty) Yes No

III. Home Language Survey

Student: _____

Date: _____

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. Thank you for your assistance.

Student Information		
_____ First Name	_____ Middle Name	_____ Last Name
		Gender F <input type="checkbox"/> M <input type="checkbox"/>
_____ Country of Birth	____/____/____ Date of Birth (mm/dd/yyyy)	____/____/____ Date first enrolled in ANY U.S. school (mm/dd/yyyy)
School Information		
____/____/20 Start Date in New School (mm/dd/yyyy)	_____ Name of Former School and Town	_____ Current Grade
Questions for Parents/Guardians		
What is the primary language used in the home, regardless of the language spoken by the student? _____	Which language(s) are spoken with your child? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) _____ seldom /sometimes/often/ always _____ seldom/sometimes/often/ always	
What language did your child first understand and speak? _____	Which language do you use most with your child? _____	
How many years has the student been in U.S. Schools? (not including pre-kindergarten) _____	Which languages does your child use? (circle one) _____ seldom/sometimes/often /always _____ seldom/sometimes/often /always	
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	
Parent/Guardian Signature: X	____/____/20 Today's Date: (mm/dd/yyyy)	

PART IV: Address Verification

It is the goal of the Taunton Public School system to ensure the safety and welfare of all of our students, and it is the responsibility of parents and caregivers to provide us with the most accurate and up-to date legal documentation to support their child's residency.

IMPORTANT:

If the person registering this student is other than the parent, guardianship papers or a completed Caregiver Authorization Affidavit signed by all legal parents/guardians ***must*** be presented.

(One form from each column specifying the parent/guardian's residency/address must be provided)		
Column A	Column B	Column C
<input type="checkbox"/> Copy of recent mortgage statement / receipt. <input type="checkbox"/> Quit Claim Deed <input type="checkbox"/> Section 8 Agreement <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Notarized TPS Address Affidavit form.	A utility bill or work order dated with the past sixty (60) days. <input type="checkbox"/> Gas, Oil, Electric Bill <input type="checkbox"/> Home Telephone/Cable Bill <input type="checkbox"/> Water Bill When none of the above exist: <input type="checkbox"/> MA Health Letter <input type="checkbox"/> Transitional Assist. Letter *Cell phone bill is <u>NOT</u> Acceptable	<input type="checkbox"/> Valid, current Government Issued Identification (Driver's License, State Issued Identification or Passport are accepted) What form of identification was presented? _____ * Attach a copy of the identification presented.

Important Required Documents:

- An **original** (with raised seal) or your child/ren's legal birth certificate. (***Not*** a hospital copy)
- Copy of most recent physical; if within one (1) year.
- A copy of your child/ren's immunization - ***Not*** the "blue book".
- Passport for children born in another country, only when Birth Certificate not readily available.

Please Note:

- If a family is sharing housing with an individual or family and does ***Not*** pay rent, information in the name of that person/family must also be submitted.
- If necessary, in order to preserve the credibility of residency requirements, site visits will be conducted by the Truancy Officer.
- If your residency changes within the school year, you ***must*** provide the information to the school in order for your child/ren's records to be properly transferred to the new school in a timely manner.
- This residency policy does ***Not*** apply to children who qualify under the McKinney-Vento Homeless Education Act.

Massachusetts School Immunization Requirements for School Year 2018-2019

	Child Care/ Preschool	Kindergarten	Grades 1-6	Grades 7-12
Hepatitis B	3 doses	3 doses	3 doses	3 doses
DTaP/ DTP/DT/Td/Tdap	> or = 4 doses DTaP/DTP	5 doses DTaP/ DTP	> or = 4 doses DTaP/DTP or > or = 3 doses Td	4 doses DTaP/DTP or > or = 3 Td; plus 1 dose Tdap;
Polio	> or = 3 doses	4 doses	> or = 3 doses	> or = 3 doses
Hib	1-4 doses	NA	NA	NA
MMR	1 dose	2 doses	2 doses	2 doses
Varicella (chicken pox)	1 dose	2 doses	2 doses	2 doses

Part V: SIMS DATA ... TO BE COMPLETED BY SCHOOL PERSONNEL

Current Grade Level: _____

- | | | | |
|-----|--|-----|------------------------------|
| 001 | LASID _____ | 002 | SASID _____ |
| | YOG _____ | | Date of Entry ____/____/____ |
| | Bus # _____ | | Homeroom _____ |
| 011 | Reason for Reporting _____ | 012 | Enrollment Status _____ |
| 013 | Reason for Enrollment _____ | 015 | School ID _____ |
| 019 | Low Income Status _____ | 020 | Title I Status _____ |
| 021 | LEP Recently Arrived to U.S. Schools _____ | | |
| 022 | Immigration Status _____ | | |
| 023 | Country of Origin _____ | 024 | First Language _____ |
| 025 | Limited English _____ | 026 | ELL Status _____ |
| 028 | Title I School Choice _____ | | |

Special Education Elements

- 032 Special Education Placement Information (Age 3-5) _____
- 034 Special Education Placement Information (Age 6-21) _____
- 036 Nature of Primary Disability _____
- 038 Level of Need _____
- 039 504 Plan Status _____
- 040 Special Education Evaluation Results _____

High School Elements

- 027 Program Code _____
- 031 Career & Tech Ed – Technical Competency Attainment _____
- 033 High School Complete Plans _____
- 035 Career & Technical _____
- 037 Graduate, Completed Mass. Core Curriculum _____

PART VI: Registration Checklist...TO BE COMPLETED BY SCHOOL PERSONNEL

Birth Certificate:

Original with Raised Seal: _____

Proofs of Residence:

Column A: _____

Column B: _____

Column C: _____

English Learners:

Home Language Survey Checklist: _____

Referral to EL Director: *Yes _____ No _____

- *If any language other than English is reported on the Home Language Survey, please check YES and send a copy of the registration to the Director of EL.
- Please note that placement will be determined by EL Department (Reviewing of the previous school's Initial Placement Assessment or conduct a new Initial Placement Assessment in TPS).

Special Education Services:

Yes _____ No _____

504 Plan: Yes _____ No _____

Medical Records (Must be checked by nurse):

Immunization and Lead Screening Record (PreK-K): _____

Physical exam (PreK-K): _____ Date of Exam: ____/____/____

Health Record (Grades 1-12): _____

Vision Screening with Stereopsis: _____

Lead Screening Result: _____

Annual Student Health Update Card: _____ Date Registered: ____/____/____

Documented by: _____ Position: _____

School: _____ Nurse: _____



Taunton Public Schools

Taunton, MA 02780

Release of Records

RE:

I authorize:

Student's Name

Name of School/Medical Office/Agency

Current Address

School Address

New Address

To release information to:

Name of School or Agency

Student's Signature (if applicable)

Address

City State Zip Code

Date: _____

Signature of LEGAL Parent or LEGAL Guardian

Date

Documents Requested:

Attendance _____

MA Transfer Card _____

Educational Evaluations _____

Basic Ability Card _____

Permanent Record _____

Individualized Education Plan _____

Basic Ability Testing _____

Previous School Records _____

Psychological Evaluations _____

Complete Record _____

Reading Progress _____

Related Services

Cumulative Folder _____

Report Cards _____

I. E.

Discipline _____

Student Progress Report _____

ABA

Evaluations (other agencies) _____

Temporary Record _____

PE

Health Record _____

Title I Card _____

OT

Kindergarten Evaluation _____

Writing Samples _____

AT

Other _____

COMPLETE IN DUPLICATE
RETAIN ONE (1) COPY - FORWARD ONE (1) COPY WITH RECORDS