



SOMERSET PUBLIC SCHOOLS
SOMERSET, MA 02726

OFFICE USE ONLY

SASID: _____
LASID: _____
LUNCH _____

REGISTRATION

K-8 Early Intervention Child Find Preschool
 Morning Session Afternoon Session Full Day

Regulations on School Entrance

To be eligible for entrance into kindergarten for the September, 2019, school year, a child must reach his/her fifth (5th) birthday on or before **August 31st**. For Preschool aged children, they must reach their 3rd or 4th birthday by August 31st. There will be **no exceptions** to this rule.

Eligible children will be admitted upon submission of (1) a **state issued birth certificate or birth abstract** (hospital certificates are **NOT** acceptable) **and** (2) a physician's certificate stating that your child has been successfully immunized.

PLEASE PRINT, COMPLETING ALL PORTIONS OF THE FORM.

Name of Child _____

Address _____
Last First Full Middle Name

Home Telephone _____ Date of Birth _____

Place of birth: City _____ State _____ Country _____ Gender (circle one): Male Female

mm/dd/yyyy
Has your child ever attended a Massachusetts Public School? _____ Grade Last Attended: _____

Does your child currently have a/an: 504 ACCOMMODATION PLAN IEP/SPED
If you indicated yes to either, and your child attends a district other than Somerset, please submit copies.

Race (circle all that apply) American Indian or Alaskan Native
 Asian Pacific Islander
 African American Caucasian

Ethnicity: Hispanic/Latino Non-Hispanic/Latino

First language spoken by child: _____ Language spoken at home: _____

Name of Mother/Guardian: _____ Address: _____

Work Address: _____ Work Telephone: _____ Occupation: _____

Home Telephone: _____ Cell Phone: _____ Email: _____

Name of Father/Guardian: _____ Address: _____

Work Address: _____ Work Telephone: _____ Occupation: _____

Home Telephone: _____ Cell Phone: _____ Email: _____

Please state whether the student resides in more than one home due to shared custody or otherwise: Yes _____ No _____

Address of student's other residence: (No.) _____ (Street) _____ City/Town _____ State _____

Number of Siblings: _____ Number Younger: _____ Number Older: _____

Enrolled in grades: K ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ Middle School ___ High School ___ Name: _____

Please print below the name, address, and phone number of some other individuals your child may be released to, if necessary, to provide transportation and to care for your child should we not be able to reach you.

Home: _____
Name: _____ Cell Phone: _____
Address: _____ Work: _____
Relationship to child: (aunt, grandfather, friend, etc.) _____

Home: _____
Name: _____ Cell Phone: _____
Address: _____ Work: _____
Relationship to child: (aunt, grandfather, friend, etc.) _____

Home: _____
Name: _____ Cell Phone: _____
Address: _____ Work: _____
Relationship to child: (aunt, grandfather, friend, etc.) _____

Home: _____
Name: _____ Cell Phone: _____
Address: _____ Work: _____
Relationship to child: (aunt, grandfather, friend, etc.) _____

My child may NOT be released to the following person(s):

Name of adult: _____
Relationship to child: _____

Name of adult: _____
Relationship to child: _____

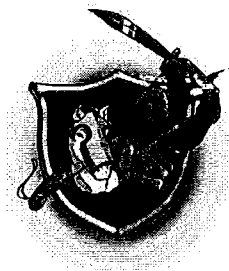
Legal documents are attached regarding this issue YES ___ NO ___

It shall be the policy of the Somerset School Committee that: "...all children who register and attend Somerset Public Schools at the expense of the citizens of Somerset be legal residents whose actual principal domicile is in Somerset. The Somerset Public Schools do not discriminate in admission to, access to, treatment in, or employment in its services, programs and activities: on the basis of race, color or national origin; sex; age; domicile; native language; disability; sexual orientation; religion or gender identity.

I understand that enrolling a child in the Somerset Public Schools is contingent upon the conditions of the Residency Policy, which I have read. I also understand that violation of this policy may result in termination of the child's enrollment and that I may be liable for this child's tuition reimbursement based on the number of days the student was enrolled in the Somerset Public Schools. I hereby certify that under the pains and penalties of perjury that the information provided is accurate and true.

Signature of Parent/Guardian

Date



Somerset Public Schools

All Students Achieving Excellence

Welcome to the Somerset Public Schools. Registration for students entering the Somerset Public Schools requires the submission of the following documents. Please present original documents and copies will be made at the school office.

<input type="checkbox"/> Proof of Residency (Please submit the required number of documents from each of the three categories below.)		
<p style="text-align: center;">1 Proof from Category A</p> <p style="text-align: center;">For Homeowners</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Deed and/or a record of the most recent mortgage payment <input type="checkbox"/> Property tax bill and the most recent payment <input type="checkbox"/> Copy of settlement statement and a record of the most recent payment <p style="text-align: center;">For Renters</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of current lease and a signed Landlord Living Agreement <input type="checkbox"/> Signed Landlord Living Agreement and a record of the most recent rent payment 	<p style="text-align: center;">2 Proofs from Category B</p> <p style="text-align: center;">For Homeowners and Renters</p> <p>A utility bill dated within the past 45 days or a statement of service showing the service address and connection date from the following list:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Electric bill <input type="checkbox"/> Gas bill <input type="checkbox"/> Home telephone bill (landline phones only; cell phone bills are not allowed) <input type="checkbox"/> Home/renters insurance bill 	<p style="text-align: center;">1 Proof from Category C</p> <p style="text-align: center;">For Homeowners and Renters</p> <ul style="list-style-type: none"> <input type="checkbox"/> Valid government-issued photo identification that shows the current address (driver's license, passport, etc.) <input type="checkbox"/> Payroll stub dated within the past 45 days that shows the current address <input type="checkbox"/> Bank Statement dated within the past 45 days that shows the current address
<input type="checkbox"/> Affidavit of Residency (Please complete and sign)		
<input type="checkbox"/> Landlord Living Agreement (<u>For renters only</u> . Form must be notarized by a Notary Public.)		



SOMERSET PUBLIC SCHOOLS

AFFIDAVIT OF RESIDENCY

I/we, the undersigned parent(s) or legal guardian(s) of _____
hereby certify as follows:

1. I/we reside at:

No.	Street	Apt/Unit No.	Somerset, MA	Zip Code	Telephone
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2. I/we wish to enroll / continue the enrollment of the above named student in the Somerset Public Schools for the **2018 – 2019** school year. I/we understand that pursuant to Massachusetts law and Somerset School Committee policy, students who actually reside in the Town of Somerset may attend the Somerset Public Schools and students who do not actually reside in the Town of Somerset may not attend the Somerset Public Schools.

3. I/we hereby certify that the above named student resides with me at the Somerset, Massachusetts address shown on this form.

4. I/we acknowledge that I am/we are required to notify the Principal of the above student's school, **in writing**, of any change in said student's address within five (5) calendar days of such change of address and **to provide new proof of residency** pursuant to the Somerset Public Schools Admission policy.

5. I/we understand that this affidavit will be relied upon by the Somerset Public Schools for the purpose of determining the above student's eligibility to attend the Somerset Public Schools on the basis of residency. If said student is enrolled in the Somerset Public Schools based upon the information contained in this affidavit and it is subsequently determined that the student does not actually reside in Somerset, I/we understand that the student's enrollment in the Somerset Public Schools may be promptly terminated and I/we may be held jointly and severally liable to the Somerset Public Schools for the student's tuition for the full academic year.

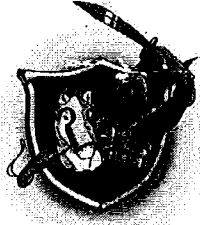
6. I/we further certify that I am/we are the parent(s) or legal guardian(s) of the above student.

Signed under the pain and penalties of perjury on this

(DAY) (MONTH) (YEAR)

Parent/Guardian 1

Parent/Guardian 2



Somerset Public Schools

All Students Achieving Excellence

LANDLORD LIVING AGREEMENT

(to be completed by landlord)

To: Somerset Public Schools

From: _____

Address: _____

Phone #: _____

I hereby certify and swear under oath that I am the legal owner/renter of the property at:

I also certify and swear that (name of parents/guardians): _____

_____ and their child(ren)

(names): _____ are my tenants and live at the above address.

I agree that if the Somerset Public Schools investigate and find these statements to be false, that I may be responsible for repayment of any tuition or educational costs due the Somerset Public Schools for the education of the above referenced children.

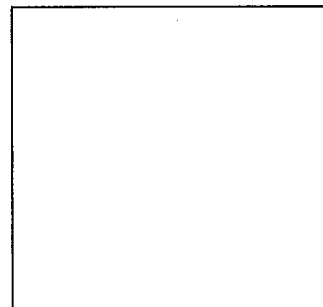
I agree that if the tenants listed above move out of the dwelling listed above, that I will notify the Somerset Public Schools of this change of residence. Signed under the pains and penalties of perjury:

(Owner's Signature) (Renter's Signature)

(Print owner's name) (Print renter's name)

(Date)

Notary Public
stamp/signature



Somerset Berkley Regional School District

Somerset Public Schools

APPENDIX D: Home Language Survey

HOME LANGUAGE SURVEY

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	F <input type="checkbox"/> M <input type="checkbox"/> Gender
Country of Birth	Date of Birth (mm/dd/yyyy)	Date first enrolled in ANY U.S. school mm/dd/yyyy)	

School Information

Start Date in New School (mm/dd/yyyy)	Name of Former School and Town	Current Grade
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Questions for Parents/Guardians

What is the native language(s) of each parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / guardian)	Which language(s) are spoken with your child? (include relatives -grandparents, uncles, aunts, etc. - 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?
Which other languages does your child know? (circle all that apply) _____ speak / read / write _____ speak / read / write	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
Will you require written information from school in a language other than English? <input type="checkbox"/> Y <input type="checkbox"/> N	Will you require an interpreter/translator when you are at the school? <input type="checkbox"/> Y <input type="checkbox"/> N
Parent/Guardian Signature: X _____	Date: _____

To Be Completed by ELE Staff:

_____ Proficiency Testing/Records Review	Need ELE Services: ___ Yes ___ No
_____ Intake Test Score	
_____ Level	ELE Staff Initials: _____ Date _____

Medical Requirements for School Entry

Dear Parents/Guardians:

All documentation should be returned to the School Nurse by August 21, 2018. Please submit forms at your earliest convenience as missing forms may delay your child's first day of school. Please call the school nurse if you have any questions or concerns.

Massachusetts State Law mandates a physical examination, completed immunizations, and a lead test for entry. Your child will not be allowed to start without these requirements.

The following items MUST be included in your child's health record for entry into:

<u>PreSchool</u>	<u>Kindergarten</u>	<u>7th Grade</u>
<input type="checkbox"/> Comprehensive Physical Exam *	<input type="checkbox"/> Comprehensive Physical Exam *	<input type="checkbox"/> Tdap
<input type="checkbox"/> 4 doses of DTaP/DTP	<input type="checkbox"/> 5 doses of DTaP/DTP	
<input type="checkbox"/> 3 doses of Polio	<input type="checkbox"/> 4 doses of Polio	
<input type="checkbox"/> 1 dose of MMR	<input type="checkbox"/> 2 doses of MMR	
<input type="checkbox"/> 3 doses of Hepatitis B	<input type="checkbox"/> 3 doses of Hepatitis B	
<input type="checkbox"/> 3 or more doses of Hib	<input type="checkbox"/> 2 doses of Varicella or <u>Certified</u> history of Chicken Pox	
<input type="checkbox"/> 1 dose of Varicella or <u>Certified</u> history of Chicken Pox	<input type="checkbox"/> Lead screening	
<input type="checkbox"/> Lead screening	<input type="checkbox"/> Vision & Hearing Screenings	
<input type="checkbox"/> Vision & Hearing Screenings	<input type="checkbox"/> TB risk assessment	
<input type="checkbox"/> TB risk assessment		

Your child's most recent physical will be accepted, however, if not dated after *March 1, 2018*, you will be required to submit an updated exam as soon as possible. Physical Exam forms must be fully completed, including vision & hearing screenings.

Please bring all updated information/forms with you to your child's screening appointment.

School Year: _____

HEALTH & CONTACT INFORMATION FORM

(To be completed and returned to the School Nurse)

Student's Name: _____	DOB: _____
Grade/Teacher: _____	
Home Address: _____	Phone: _____
Mother/Guardian: _____	Cell: _____
Employment: _____	Work: _____
Father/Guardian: _____	Cell: _____
Employment: _____	Work: _____

PLEASE CHECK THE APPROPRIATE CONDITIONS OF YOUR CHILD: **NONE**

- SEVERE ALLERGY (requiring Benadryl &/or EPI-PEN in school) _____
- Asthma Diabetes Seizures Glasses Other (give details below)
- Physical Limitation: _____

Please give details on any item that you checked above and anything else that you would like to bring to the attention of the School Nurse, Teacher, &/or Staff: _____

List any MEDICATION: _____
Reason for Medication: _____

**For medication in school, see School Nurse for medication policy and proper medication order/parent consent forms.*

Date of last Physical Exam: _____
Physician's Name & Telephone: _____

Date of last Dental Exam: _____
Dentist's Name & Telephone: _____

- I give permission to share above information with appropriate staff
- I **DO NOT** give permission to share above information with appropriate staff

If it is necessary for us to transport your child to a hospital and we are unable to reach you, may we do so? Yes No

RESPONSIBLE ADULTS WHO MAY BE CONTACTED & PICK UP YOUR CHILD IF YOU ARE UNAVAILABLE:

NAME: _____	Relationship to student: _____	
Home Phone: _____	Work: _____	Cell: _____
NAME: _____	Relationship to student: _____	
Home Phone: _____	Work: _____	Cell: _____
NAME: _____	Relationship to student: _____	
Home Phone: _____	Work: _____	Cell: _____

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

TUBERCULOSIS SCREENING FOR SCHOOL CHILDREN

Recommended Screening Tool from the Medical Advisory Board of the
Massachusetts Committee for the Elimination of Tuberculosis

STUDENT: _____

DATE: _____

SCHOOL: _____

GRADE: _____

To help determine if your child needs to be skin tested for Tuberculosis (TB), please answer the following questions. If you answer YES to any questions, please see below.

- 1 Was the child born in Africa, Asia (except Japan), Central America, South America, Mexico, Eastern Europe, the Caribbean or the Middle East? YES NO
In what country was the child born? _____
- 2 Has the child lived or traveled in Africa, Asia (except Japan), Central America, South America, Mexico, Eastern Europe, the Caribbean or the Middle East for more than one month? YES NO
- 3 Has the child lived with or spent time with someone who has been sick with TB in the last 2 years? YES NO
- 5 Have any members of the child's household come to the United States from another country? YES NO
- 6 Does the child have any history of immunosuppressive disease or take any medications that might cause immunosuppression? YES NO

My answers to the questions above provide an accurate profile of my child's risk for tuberculosis.

Parent/Guardian Signature: _____

DATE: _____

***If you answered YES to any of the above questions, your child must receive a PPD skin test prior to the admission to school, unless there is written documentation of a previous positive TB test (TST or IGRA). Please take this form to your child's physical exam and have it completed by your physician and return to the School Nurse.**

CHILD'S NAME: _____

PPD DATE RECEIVED: _____ DATE READ: _____

RESULT: _____

PHYSICIAN'S NAME: _____

PHYSICIAN'S SIGNATURE: _____



Somerset Public Schools

All Students Achieving Excellence

Release Form for Student Records

DATE: _____

NAME: _____ GRADE: _____

FORMER SCHOOL: _____

ADDRESS: _____

PHONE: _____ FAX: _____

Dear Parent/Guardian:

Under Massachusetts Department of Education Regulations, your signature below authorizes the Somerset Public Schools To send for or forward the following parts of your child's school records:

- All parts included below
- Official administration record (name, address, birth date, grade)
- Transcript (course taken, grades, credits, grade level, attendance)
- Standardized achievement test scores / MCAS scores
- Teacher and/or counselor observation (where applicable)
- Record of extra-curricular activities (where applicable)
- Health Records
- Chapter 766 Team Evaluations, individual educational plan (IEP) and assessments
- Discipline Report
- Other

All available records will be requested / sent unless you indicate within 10 days that the information shall not be transferred. The student named above has been enrolled/withdrawn from Somerset Middle School on the date indicated above.

Signature of Parent/Guardian

Date: _____

NEW SCHOOL: _____

ADDRESS: _____

PHONE: _____ FAX: _____