



## Winchester Public Schools REGISTRATION CHECKLIST

Welcome to the Winchester Public Schools!

In order for your child to start school, we must have all required documents. Along with the Registration for Admission Forms, please present the following documents at the time of registration.

- \_\_\_\_\_ **Registration Form for Admission**
- \_\_\_\_\_ **State Mandated Race Data/Ethnicity Data Collection**
- \_\_\_\_\_ **Emergency Contact Information Form**
- \_\_\_\_\_ **Home Language Questionnaire**
- \_\_\_\_\_ **Use of Student Information & Images for Educational Purposes**
- \_\_\_\_\_ **Parent Questionnaire**
- \_\_\_\_\_ **Preschool Inventory**
- \_\_\_\_\_ **Proof of Residency** - Current Property Tax Bill, Lease Agreement
- \_\_\_\_\_ **Proof of Occupancy** - Current Utility Bill or Notarized Occupancy Statement
- \_\_\_\_\_ **Birth Certificate or Passport** of the child
- \_\_\_\_\_ **Physical Exam Forms with Immunization Records**
- \_\_\_\_\_ **Student transcripts from current school** (if transferring to WPS)
- \_\_\_\_\_ **Copy of IEP or Section 504 Plan** (if applicable)
- \_\_\_\_\_ **Custody Papers/Care Giver Affidavit** (if applicable)



# Winchester Public Schools Registration for Admission New Students Entering 2017-2018

**To register for Kindergarten your child must be 5 by September 1, 2017**

**Grade entering:**   K   1   2   3   4   5   6   7   8   9   10   11   12

## STUDENT INFORMATION

<b>First Name</b>		<b>Middle Name</b>		<b>Last Name</b>	
<b>Date of Birth</b> <i>(mm/dd/yyyy)</i>		<b>Birth Place</b> <i>(City/State/Country)</i>			
<b>Home Address</b>					
<b>City, State and Zip Code</b>	City	State	Zip code	<b>Home Phone</b>	
<b>Gender</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> non-binary				
<b>State Mandated Ethnicity</b>  (Choose all that apply)	The Winchester Public Schools are required by the State of Massachusetts to report each student's ethnicity and race using the State's newly defined categories. If you have questions or concerns regarding this request, please contact the Department of Education at 781-338-3000. <b>See back of this sheet for race code that best describes your child.</b>				
	<input type="checkbox"/> American Indian 04 or Alaska Native 04 <input type="checkbox"/> Asian/Indian 03 <input type="checkbox"/> Black or African American 02 <input type="checkbox"/> Caucasian (White) 01 <input type="checkbox"/> Native Hawaiian or other Pacific Islander 05 <input type="checkbox"/> other _____				
	<input type="checkbox"/> Hispanic or Latino or <input type="checkbox"/> Non-Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or of other Spanish Culture or origin, regardless of race)				
<b>Primary Language</b>	Primary Language (other than English) _____				
<b>Student lives with:</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian   Other, specify: _____				

## PARENT 1/GUARDIAN 1 - INFORMATION

<b>First Name</b>		<b>Last Name</b>	
<b>Relationship</b>			
<b>Home Address</b>			
<b>City, State and Zip Code</b>	City	State	Zip code
<b>Home Phone</b>		<b>Cell Phone</b>	<b>Work Phone</b>
<b>Email</b>			
<b>Employer</b>			

## PARENT 2/GUARDIAN 2 - INFORMATION

<b>First Name</b>		<b>Last Name</b>	
<b>Relationship</b>			
<b>Home Address</b>			
<b>City, State and Zip Code</b>	City	State	Zip code
<b>Home Phone</b>		<b>Cell Phone</b>	<b>Work Phone</b>
<b>Email</b>			
<b>Employer</b>			

## Winchester Public Schools State Mandated Race/Ethnicity Data Collection

Circle ONE numeric code:

### One Race

01 White
02 Black or African American
03 Asian
04 American Indian or Alaska Native
05 Native Hawaiian or Other Pacific Islander

### Combination of Two Races

06 White & Black or African American
07 White & Asian
08 White & American Indian or Alaska Native
09 White & Native Hawaiian or Other Pacific Islander
10 Black or African American & Asian
11 Black or African American & American Indian or Alaska Native
12 Black or African American & Native Hawaiian or Other Pacific Islander
13 Asian & American Indian or Alaska Native
14 Asian & Native Hawaiian or Other Pacific Islander
15 American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander

### Combination of Three Races

16 White & Black or African American & Asian
17 White & Black or African American & American Indian or Alaska Native
18 White & Black or African American & Native Hawaiian or Other Pacific Islander
19 White & Asian & American Indian or Alaska Native
20 White & Asian & Native Hawaiian or Other Pacific Islander
21 White & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander
22 Black or African American & Asian & Native Hawaiian or Other Pacific Islander
23 Black or African American & Asian & American Indian or Alaska Native
24 Black or African American & Native Hawaiian or Other Pacific Islander & American Indian or Alaska Native
25 Asian & Native Hawaiian or Other Pacific Islander & American Indian or Alaska Native

### Combination of Four Races

26 White & Black or African American & Asian & American Indian or Alaska Native
27 White & Black or African American & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander
28 White & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander
29 White & Black or African American or Alaska Native & Native Hawaiian or Other Pacific Islander
30 Black or African American & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander

### Combination of Five Races

31 White & Black or African American & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander
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Has your child previously attended Winchester Public Schools? Y \_\_\_\_\_ N \_\_\_\_\_ Date withdrawn: \_\_\_\_\_

List previous schools attended: \_\_\_\_\_ Student has completed Grade: \_\_\_\_\_

**SIBLING INFORMATION: List name, date of birth, and school of other children in the family**

Full Name		DOB	
School		Grade	
Full Name		DOB	
School		Grade	
Full Name		DOB	
School		Grade	

**Student Services**

Is your child eligible for a Section 504 plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Section 504 of the Rehabilitation Act of 1973 is a national law that protects qualified individuals from discrimination based on their disability. <a href="http://www.doe.mass.edu/sped/links/sec504">www.doe.mass.edu/sped/links/sec504</a>
Is your child eligible for an IEP program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Individualized Education Plan)
Is your child eligible for McKinney-Vento?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	The McKinney-Vento Act is a Federal Law that ensures immediate enrollment and education stability for Homeless Children and Youth.
Are you sharing the housing of other persons due to loss of housing, economic hardship, or similar circumstances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<a href="http://www.doe.mass.edu/mv/">http://www.doe.mass.edu/mv/</a>

**Immigrant status**

Federal definition: Immigration status is an indication of whether a student is considered to be an immigrant student under the Federal Definition. 1. Not have been born in any state AND, 2. Not have completed 3 full academic years of school in any state.

Is your child an Immigrant?  Yes  No If Yes, Country of origin? \_\_\_\_\_

**Military Family Status**

The Commonwealth of Massachusetts requires us to collect the following: Students of Military Families are defined as children of:

- Active duty members of the uniformed services, National Guard and Reserve on active duty orders
- Members or veterans who are medically discharged or retired for 1 year
- Members who die on active duty

Is your child a member of a Military Family as defined above?  Yes  No

**\*\*Low Income Status:**  00-Not Eligible  01-Eligible for free lunch  02-Eligible for reduced lunch

**Statement of truth: By signing this Electronic Signature Acknowledgment, I agree that my electronic signature is the equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. By signing below, I agree that the information I submit in this document is true.**

(I agree) electronic signature x \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature x \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use only**

Proof of Birthdate? (i.e. Birth Certificate)  Yes  No \_\_\_\_\_ initials of staff that reviewed Birthdate

Immunization Records received?  Yes  No \_\_\_\_\_ initials of staff Start Date: \_\_\_\_\_

Previous School Transcripts received?  Yes  No \_\_\_\_\_ initials of staff IEP, 504 PLAN \_\_\_\_\_

Proof of Residency and Occupancy: \_\_\_\_\_ Custody Papers (if applicable): \_\_\_\_\_

Assigned to Grade: \_\_\_\_\_ Teacher/Homeroom: \_\_\_\_\_ Counselor: \_\_\_\_\_

## Home Language Survey 2017-18

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
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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 - <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? _____
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 Parent/Guardian require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/>	Will Parent/Guardian require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>
Parent/Guardian Signature:	/      /20 Today's Date: (mm/dd/yyyy)



## Winchester Public Schools Emergency Contact Information

Child's First Name		Child's Middle Name		Child's Last Name		For School use only	
Date of Birth		Gender		School		Grade	
Street Address			City		State		Zip code
Parent/Guardian: Please indicate where parents can be reached during the day				Persons to contact if parent/guardian cannot be reached			
Parent/Guardian 1 to call		Parent/Guardian 2 to call		Contact 1		Contact 2	
Name:		Name:		Name:		Name:	
Relationship:		Relationship:		Relationship:		Relationship:	
Home phone:		Home phone:		Contact phone:		Contact phone:	
Work/Employer phone:		Work/Employer phone:					
Mobile phone#:		Mobile phone#:		Mobile phone#:		Mobile phone#:	
email:		email:		email:		email:	
<b>Medical Information</b>							
<p><b>At WMS and WHS only</b> school nurses may administer Acetaminophen and Ibuprofen to students <b>who have parental consent</b>. Adult strength Acetaminophen 325mg (one ___ or two ___ tablets). or Ibuprofen 200mg. (one ___ or two ___ tablets) will be given at the discretion of the school nurse for the following conditions: Headache, menstrual cramps, dental related pain, muscle soreness.</p> <p>Signature: _____ Date: _____</p> <p>I give permission to the school nurse to administer Acetaminophen. Yes _____ No _____ Initial _____</p> <p>I give permission to the school nurse to administer Ibuprofen. Yes _____ No _____ Initial _____</p> <p>Does your child have Health Insurance? Yes/No _____ Health Insurance Provider: _____</p> <p>Does your child have Dental Insurance? Yes/No _____ Dental Insurance Provider: _____</p> <p>I give permission to the school nurse to contact my child's physician. Yes/No _____</p>						Physician Name:	
						Physician Phone:	
						Dentist Name:	
						Dentist Phone:	
						Notes:	
						Notes:	
<p><b>EMERGENCY PERMISSION: In the event I cannot be reached in an emergency, I give permission to school authorities to provide emergency medical treatment in the case of injury or illness for my child as considered necessary. I accept responsibility for any expenses incurred in handling emergency care.</b></p> <p>Signature: _____ Date: _____</p>							

# Winchester Public Schools

## Use of Student Information and Images for Educational Purposes

Under Department of Education Regulations, the school may release for publication certain information concerning your child from time to time without first obtaining your consent, UNLESS you indicate now that we should not do so. The Winchester Public Schools regularly recognize students by publishing their names and/or pictures in the newspaper, Internet, school newsletters, video/cable access television, etc. The information, which may be released for publication, includes only the student's name, class, participation in officially recognized activities and sports, degrees, honors, awards, and post-high school plans. Photographs may also be taken during school activities for use on the Winchester Public Schools Web Sites, newsletters, yearbooks, and in articles of local newspapers.

The Winchester Public Schools has designated certain information in the educational records of students as directory information for the purposes of the Family Educational Rights and Privacy Act (FERPA) and the Student Record Regulations of 603 CMR 23.00 et seq. We understand that you may not want to have your child's name, photo, or achievement published.

In order to respect and protect your student's privacy rights we would ask you to complete the form below to let us know if you do not wish student information published in any form. We will only request this information once and keep it on file for the entire time your child attends the Winchester Public Schools. If you wish to modify this consent at any time please contact the appropriate school your child attends to update your child's status.

Regarding the School Department Website, to insure that information published is appropriate for the school department educational community, the following guidelines have been established for content, Protection of Privacy management of students and their work.

1. All content, links, and graphics published on the school website should be appropriate for the school community and approved by the school administration.
2. No student contact information will be posted (address, phone number, e-mail addresses, etc.)
3. If a student's photo or work is used on the web pages of the district, either the name will not be used or only the first name will be used.

Please check and sign a copy of this form and return the form to the appropriate school office for each of your children where it will be kept on file.

**YES** \_\_\_ I give permission for the Winchester Public Schools to photograph, videotape, or audio record my child and that this may be used for school department publications, internet pages, and school related video productions and performances. This information may also be released to local news media.

**NO** \_\_\_ I do not give permission for the Winchester Public Schools to photograph, videotape or audio record my child for publication.

Student Name ( Please Print) \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_