



## ABINGTON PUBLIC SCHOOLS

*"The mission of the Abington Public Schools is to provide all students with relevant, challenging educational experiences to prepare them to be engaged, responsible citizens and members of the global community."*

### ADMINISTRATIVE OFFICES

1071 Washington Street  
Abington, MA 02351-2096  
[www.abingtonps.org](http://www.abingtonps.org)

PETER G. SCHAFER  
SUPERINTENDENT

FELICIA MOSCHELLA  
ASSISTANT SUPERINTENDENT  
FOR BUSINESS AND FINANCE  
(781) 982-2150  
FAX (781) 982-2157

DYMPNA M. THOMAS, Ph.D.  
ASSISTANT SUPERINTENDENT  
FOR PUPIL PERSONNEL  
SERVICES  
(781) 982-2175  
FAX (781) 982-2106

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## STUDENT ENROLLMENT PACKET

Please refer to the Abington Public Schools web site at [abingtonps.org](http://abingtonps.org) now and throughout the school year for valuable information regarding your child and the Abington Public Schools.

### **What to expect?**

#### Abington Middle School (AMS)

**A parent or guardian must be present when enrolling.**

Students will be enrolled between **9:00 A.M. and 1:30 P.M.**

### **What to bring?**

The following documents are required by all Abington schools when enrolling new students in all Abington Public Schools. All official records will be requested from one's previous school upon eligibility to enroll. However, not having these items readily available may result in a delay in being scheduled or starting classes while we contact the previous school or wait for the parent or guardian to produce documents.

1. **Enrollment Form** (included in this packet)
2. **Parent or Guardian Identification:** Identification required from the parent or guardian enrolling the student, or Caregiver Affidavit
3. **Proof of Residence:**
  - 1). Statement or Agreement for Mortgage, Rental or Lease **AND**
  - 2.) utility bill - the **address on provided documents must match the address on the parent or guardian identification**

4. **Proof of Immunization:** Massachusetts law requires all students provide immunization information. Students from out-of-state will have thirty (30) days to comply.
5. **Official Withdrawal Documentation:** Documentation of proper withdrawal from the previous school, including most recent grades, must be provided.
6. **Transcript of Credits (high school only):** A record of all credits previously earned must be provided to ensure proper placement for graduation. The transcript provided at enrollment may be unofficial and we will request the previous school send all official records.
7. **Attendance Record:** Attendance record from the current school year must be provided
8. **Discipline Record:** Discipline record from previous school must be provided
9. **Student's Birth Certificate**
10. **Special Service Records (if applicable):** Students receiving special services as part of their Individualized Education Program (IEP) or Section 504 Plan are asked to bring the most current copy of their documentation. Special services and accommodations may not be provided until records are received and reviewed by the School Psychologist (for IEPs) or Administrator (for Section 504 Plans). A transfer meeting will be scheduled to ensure proper placement and accommodations.

# **Abington Middle School**

**Grade 5 – 8**

**Hours: 7:50 A.M. – 2:22 P.M.**

Abington Middle School  
201 Gliniewicz Way  
Abington, MA 02351  
Phone: 781-982-2170  
Fax: 781-982-2173

## **Principal**

Matthew J. MacCurtain - [matthewmaccurtain@abingtonps.org](mailto:matthewmaccurtain@abingtonps.org)

## **Assistant Principal**

Erica Nali - [ericanali@abingtonps.org](mailto:ericanali@abingtonps.org)

## **Administrative Assistants**

Kimberly Halloran - [kimberlyhalloran@abingtonps.org](mailto:kimberlyhalloran@abingtonps.org)

Ann Parks - [annparks@abingtonps.org](mailto:annparks@abingtonps.org)

## **Guidance**

Caroline McDermod - [carolinemcdermod@abingtonps.org](mailto:carolinemcdermod@abingtonps.org)

Phone: 781-982-2172

## **Nurse**

Joan Smith - [joansmith@abingtonps.org](mailto:joansmith@abingtonps.org)

Phone: 781-616-2951



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## SCHOOL RECORD AND DISCIPLINE RELEASE

*State law requires students and/or their parents to provide a complete school record upon enrollment in a new district. Please sign below to permit release of all school records for the named student to complete enrollment in the Abington Middle School.*

SENDING SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Please release the complete school record for \_\_\_\_\_,  
**Student Last Name, First Name** **Date of Birth**

including: (Check all that apply)

- Transfer Card or Discharge Letter
- Health records (immunizations, birth certificate)
- Academic Records (objective test data)
- Other Special Education/Evaluation Reports (psychological, I.E.P., citizenship, etc.)
- Discipline Record

Signature of Parent/Guardian of Student

Date

### FOR MIDDLE SCHOOL STUDENTS

#### Education Reform Act of 1993

Under the Education Reform Act, Section 37:37L of Chapter 71, we are requesting information relative to discipline. Please respond to the following question:

- The above named student **had no** issues relative to discipline as defined by Section 37:37L of Chapter 71.
- The above named student **has had** issues relative to discipline as defined by Section 37:37L of Chapter 71.
- A copy of this discipline record has been attached to this form.

Section 37, and Section 37L of said Chapter 71 of the General Laws, as appearing in the 1990 Official, is hereby amended by adding the following:

*"A student transferring into a local system must provide the new school system with a complete school record of entering student. Said record shall include, but not be limited to, any incident reports in which such student were charged with any suspended act."*

Signature of Administrator

Date

# USEFUL INFORMATION

## Food Services

Phone: 781-982-2156

Director of Food Service: Mr. Bernie Darcy - [berniedarcy@abingtonps.org](mailto:berniedarcy@abingtonps.org)

The Abington Public School District's Food Service Department is excited to provide parents a convenient, easy and secure online prepayment service to deposit money into your child's school meal account at any time. This service also provides parents the ability to view your child's account balance through a web site called MySchoolBucks.com.

By having money in each child's account prior to entering the cafeteria, we find the lunch lines move along much faster so your child has more time to eat and be with friends.

Also, parents will have the ability to print out a copy of their child's eating history report. This history report will show you all dates and times that your child has purchased a lunch within the past thirty days. To access these services:

1. Simply go to the web site at [www.myschoolbucks.com](http://www.myschoolbucks.com)
2. From this site you will create your account and add money to your child's school meal account. All you need is your child's name, student unique ID number and school ZIP code (02351). You can get your child's ID number by emailing the Director of Food Services ([berniedarcy@abingtonps.org](mailto:berniedarcy@abingtonps.org))

Things to know:

- If you have more than one child in the district you can handle all online prepayments from the same online account.
- Payments may be made through an existing PayPal account or with a major credit or debit card. Debit card and e-checks could take up to six days to post to your child's account.
- In order to use the online prepayment service, a small convenience fee for each transaction will be assessed to cover the bank fees. The convenience fee is \$1.95 per deposit transaction. Parents placing money into multiple meal accounts will only be assessed the \$1.95 fee once per deposit transaction. The Abington School District will not profit from the use of this site.

We are very excited to offer these services and are confident this system will benefit you, your child and our district. However, if you choose not to take advantage of the online prepayment service you may continue to make advance payments via check, which should be made payable to the Abington School Food Service Program. Please write your **child's full name** on the check.

If you have any questions about these new services, please feel free to contact Bernie Darcy at 781-982-2156.

**Prices:**

Daily Full Lunch:

Grades K-4: \$2.50

Grades 5-12: \$2.75

Reduced: \$0.40

Served with fresh fruit and choice of milk

**A La Carte Options**

A La Carte Items: \$.50 - \$1.00

Monthly menus are posted on [abingtonps.org](http://abingtonps.org) under the Food Services link.

Daily Breakfast:

All students: \$1.50

Reduced: \$0.30

Our breakfast meals meet the Federal Nutrition Guidelines for School Breakfasts. This includes 8 ounces of milk, fresh fruit or 100% fruit juice and a grain offering which includes muffins, cinnamon rolls, cereal bowls, cereal bars, bagels and cream cheese, pancakes and French toast sticks.

**Breakfast serving time:**

Abington Middle School: 7:20 A.M. – 7:50 A.M.

Free and reduced lunch forms may be found at the [abingtonps.org](http://abingtonps.org) web site under the Food Services link.

**Transportation**

Transportation questions may be directed to the Superintendent's Office at 781-982-2150.

Under Massachusetts General Laws, transportation at town expense shall be furnished to all Abington pupils grades K-6 who live two miles or more from the school they attend. Transportation at town expense is based solely on the student's home address and is only for transportation between the student's home bus stop and the school he/she attends. Additionally, transportation shall be provided at town expense for children whose Individualized Education Plan (IEP) requires such transportation or whose physical condition makes such transportation necessary as stated in an IEP.

## **Two-Mile Limit**

The two-mile measurement is the shortest vehicular route between the nearest walkway or driveway to the student's residence to the nearest walkway or gateway leading to the front door of the school. If the mileage is in dispute, a "Distance Appeal Form" must be completed and submitted by July 1 to the school department. This form is available in both the principal's and superintendent's offices. The distance will be rechecked and a decision made. This decision shall be final. Appeals not properly submitted by July 1 will not be honored. Please note that the shortest vehicular route may change from year to year as new streets open to traffic; therefore, the shortest vehicular route will be based on streets existing as of July 1 of each year. Mileage will NOT be calculated to or from a daycare provider.

## **Application, Fees & Due Dates**

The transportation fee is \$255 per student with a \$510 family cap. The fee is refundable only if the school department cannot provide the service. Aside from this exception, and because buses must be contracted in advance, the fee is nonrefundable and will not be prorated in any manner or for any reason. The seat purchased is not transferable to another route.

The application and payment in full must be submitted by July 1. This payment insures that your child is included on the bus list as routes are developed during the summer. Applications and payments received after July 1 will be considered late and will be honored only if space is available and if there is an existing stop on the route.

Subject to the availability of seats and an existing bus stop, applications for children whose parents/guardians are experiencing an emergency will be accepted and processed during the school year. Applications submitted under this provision must be accompanied by a written explanation of the nature of the emergency and any supportive documentation requested by the school department. A committee comprised of the chairman of the school committee, the superintendent of schools and a principal will review, act on such emergency requests and, if approved, set a prorated fee.

Transportation forms may be found at [abingtonps.org](http://abingtonps.org) web site under the Students and Families heading and then clicking Transportation.

## **Health Forms**

Health forms may be found on the [abingtonps.org](http://abingtonps.org) web site under the Students and Families heading. Click on Documents and Forms.

## **Parent Participation**

A school council is a representative, school building-based committee composed of the principal, parents, teachers, community members and, at the secondary level, students. The school council advises the principal in the development of the School Improvement Plan, the Program of Studies, the Student Handbook and school climate and safety issues. The members of the council set dates and times of the meetings. All meetings are open to the public.

The PTO is an organization of parents and teachers who work together for the benefit of the school and its students. All meetings are open to the public.

Check each school's web page at [abingtonps.org](http://abingtonps.org) for more information about the school council and PTO for a specific individual school.

To find the latest information about your child's school, please refer to the district web site, [abingtonps.org](http://abingtonps.org). and sign up for the mailing list (click on Join Our Mailing List on the [abingtonps.org](http://abingtonps.org) web site). Your child's school may also have a Facebook page and/or Twitter account.

The Abington School Committee meets once a month on a Tuesday night at the AHS/AMS Library at 7:00 PM. More information may be found about the school committee on the [abingtonps.org](http://abingtonps.org) web site.



# ABINGTON PUBLIC SCHOOLS STUDENT REGISTRATION

## STUDENT INFORMATION

LAST NAME (LEGAL)	FIRST NAME (LEGAL)	MIDDLE NAME (LEGAL)
NICKNAME	GENDER	DATE OF BIRTH
	Male <input type="checkbox"/> Female <input type="checkbox"/>	Month _____ Day _____ Year _____
Birth City/Town:		Date Student Entered the United States:
Student's Address:	Home Phone Number:	
City:	State:	ZIP Code:

Student's Primary Language	Language Spoken in Home	Ethnicity: (Required by the MA Dept. of Education)
		<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic

### RACE: (PLEASE CHECK ALL THAT APPLY)

_____ American Indian/Alaskan Native	_____ White/Caucasian	_____ Asian
_____ Black/African-American	_____ Hawaiian/Hawaiian/Another Pacific Islander	

### With whom is the student living?

Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Guardian: \_\_\_\_\_

Other: \_\_\_\_\_

Name	Relationship
------	--------------

ARE THERE ANY CUSTODY ISSUES OF WHICH WE SHOULD BE AWARE? IS EITHER PARENT DENIED LEGAL ACCESS TO STUDENT RECORDS?

\_\_\_\_\_ No \_\_\_\_\_ Yes (★ If yes, please specify): \_\_\_\_\_

***Legal documentation MUST be provided annually to the Principal before restrictions can be implemented.***

## PARENT INFORMATION

Name:	Relationship To Student:
Address:	Home Phone:
City:	E-Mail:
State:	

# ABINGTON PUBLIC SCHOOLS STUDENT REGISTRATION

Cell Phone:	Place of Employment:	Work Phone:
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Parent(s) Marital Status: \_\_\_ Married \_\_\_ Separated \_\_\_ Single \_\_\_ Divorced \_\_\_ Widowed

Name:	Relationship to Student:
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Address:	Home Phone:
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City:	State:	E-Mail:
-------	--------	---------

Cell Phone:	Place of Employment:	Work Phone:
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Parent(s) Marital Status: \_\_\_ Married \_\_\_ Separated \_\_\_ Single \_\_\_ Divorced \_\_\_ Widowed

Military Status                      Military Family Status \_\_\_ Yes    \_\_\_ No

Student is a child of either (1) an active duty member of the uniformed services or National Guard & Reserve on active duty orders, or (2) a member or veteran who are medically discharged or retired within one year, or (3) a member who dies on active duty.

**★ If applicable – Documentation must be provided.**

Who has physical custody?	Who has legal custody?
Name:	Name:
Relationship:	Relationship:
Phone:	Phone:

**★ If student resides with a guardian, please complete this section. (Paperwork MUST be on file.)**

### GUARDIAN INFORMATION

Name:	Name:
Relationship to student:	Relationship to student:
Address (if different)	Address (if different)
Phone (if different)	Phone (if different)

**STUDENT'S PREVIOUS SCHOOL INFORMATION**

- Has this student ever attended a public school in Abington: \_\_\_\_\_ Yes \_\_\_\_\_ No

- If yes, which school? \_\_\_\_\_

- Last school / preschool completed: \_\_\_\_\_

- Location: \_\_\_\_\_

- Last grade attended: \_\_\_\_\_ Date left previous school: \_\_\_\_\_

- Has this student ever been expelled from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

- If yes, please state reason: \_\_\_\_\_

**Check each that applies:**

Student has an Individual Education Program (Special Education).       Student is receiving Title I services.

Student is receiving English Language Learner (ELL) services.       Student has a 504 Plan.

Please complete the following for students born outside the United States or who have been education outside the U.S.:

Has the student completed 3 years of schooling in the United States?  Yes  No

If no, how many full years were completed?

\_\_\_\_\_

Date of first year of school in the United States:

\_\_\_\_\_

Years of schooling at home/or in other country?

\_\_\_\_\_

Highest grade completed at home/or in other country?

\_\_\_\_\_

Siblings with birthdates and schools they attend: \_\_\_\_\_

\_\_\_\_\_

Hospital Preference:

Doctor:

Insurance:

Policy Claim #

**ALTERNATE CONTACT/EMERGENCY CONTACT PERSON (OTHER THAN PARENT)**

Name:	Relationship:
Address:	Phone Number: Cell Number: Work Number:
Name:	Relationship:
Address:	Phone Number: Cell Number: Work Number:
Name:	Relationship:
Address:	Phone Number: Cell Number: Work Number:
Name:	Relationship:
Address:	Phone Number: Cell Number: Work Number:
<b>SIGNATURE OF PARENT/GUARDIAN REGISTERING STUDENT</b>	<b>DATE</b>

Legal Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

## MEDICAL CONTACTS – INSURANCE

Name of Primary Care Doctor		Phone No.	
Name of Dentist		Phone No.	
Health Insurance    Yes    No	Name of Insurance		
Health Insurance Number:		Is insurance through CommCare/Mass Health	Yes No

**Release of Information regarding Medicaid (Please Initial.)** As parent/guardian of the child named above, I give permission to disclose information from my child's educational records to school districts and designees, State, and Federal Medicaid

**Release of Information regarding Mass Health (Please Initial.)** As parent/guardian of the child named above, I give permission to disclose information from my child's educational records to school districts and designees, State, and Federal administration

If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health insurance (restrictions may apply). If you are interested in more information about these programs, please contact the school nurse.

### MEDICAL INFORMATION

(If applicable, please complete this section)

Medical Illnesses (for example: asthma, seizures, heart condition):
Medications:
Allergies/Alert:

### MEDICAL PERMISSIONS AND CONSENTS

I GIVE PERMISSION TO THE School Nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs.

I give permission to exchange information with my child's primary care provider and/or emergency personnel for the purpose of referral, diagnosis and treatment.

I understand in the event of a medical emergency my child may be transported to the nearest local hospital by ambulance. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

*(The School Nurse may administer specific medications to students during school hours based on written protocols for these medications that have been developed in collaboration with the school physician. Copies of the protocols are available by request.)*

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

Date \_\_\_\_\_

## STUDENT IMAGE AND SCHOOL WORK PERMISSIONS AND CONSENTS

The Abington Public Schools may use your child's *Image and/or school work* for newspapers/print (including class pictures and yearbooks), TV/video and website/Internet.

Should you request that your child's image or school work not be used for newspaper/print (including class pictures and yearbooks), TV/video and website/Internet, please provide your child's school with written notice as such.

I hereby release the Abington Public Schools, the Abington School Committee, employees, volunteers, agents and other personnel from any liability and legal or equitable claims of any kind arising from or related to, such publication.

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

Date \_\_\_\_\_

## STUDENT PARENT HANDBOOK ACKNOWLEDGMENT

My student and I have access to and have read the Student Handbook, which is available online at [www.abingtonps.org](http://www.abingtonps.org), and includes the school district's Computer/Network Acceptable Use Policy. We agree to adhere to the policies outlines in the Student Handbook.

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

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

### Home Language Survey (available in multiple languages)

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: M      F**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**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	
<p><b>What is the native language(s) of each parent/guardian? (circle one)</b></p> <p>_____ (mother / father / guardian)</p> <p>_____ (mother / father / guardian)</p>	<p><b>Which language(s) are spoken with your child?</b></p> <p>(include relatives -<i>grandparents, uncles, aunts, etc.</i> - and caregivers)</p> <p>_____ seldom / sometimes / often / always</p> <p>_____ seldom / sometimes / often / always</p>
<p><b>What language did your child first understand and speak?</b></p>	<p><b>Which language do you use most with your child?</b></p>
<p><b>Which other languages does your child know? (circle all that apply)</b></p> <p>_____ speak / read / write</p> <p>_____ speak / read / write</p>	<p><b>Which languages does your child use? (circle one)</b></p> <p>_____ seldom / sometimes / often / always</p> <p>_____ seldom / sometimes / often / always</p>
<p><b>Will you require written information from school in your native language?</b>    <input type="checkbox"/> Y    <input type="checkbox"/> N</p>	<p><b>Will you require an interpreter/translator at Parent-Teacher meetings?</b>    <input type="checkbox"/> Y    <input type="checkbox"/> N</p>
<p><b>Parent/Guardian Signature:</b></p> <p>X</p>	<p>_____ / _____ /20</p> <p><b>Today's Date:</b>    (mm/dd/yyyy)</p>

**INCLEMENT WEATHER/EMERGENCY EVACUATION AND DISMISSAL POLICY**

**INFORMATION LETTER**

Dear Parent/Guardian:

In case it becomes necessary to dismiss our school, the following procedures have been worked out:

All schools (i.e., snow). Students will be sent home via regular method with dismissal being widely announced.

Individual School (i.e., emergency situation). Students will, in most cases, be transferred to a host location and released home at their regular time. Walkers will be supervised back to their regular school area and released; bus students will be transported from the host location. Dismissal will be widely announced.

Parents are requested to prepare a plan for their children if released home other than at regular school time.

Yours truly,

Principal

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**EMERGENCY DISMISSAL POLICY**

Received: \_\_\_\_\_

Comments or special instruction for the school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_