

Abington Public School District

PROCEDURES FOR ENROLLMENT AND PROOF OF RESIDENCY

Under MGL, Chapter 76, Section 5, every person “shall have the right to attend the public school of the town where she/he actually resides.” The following procedures will be followed in order to verify a student’s residency.

Before any student is enrolled in the Abington Public School District, the student’s parent or legal guardian* must prove legal residence in the town of Abington. Children whose primary residence is outside of Abington are not eligible to attend the Abington Public School District. Residency means the domicile where a child spends the majority of her/his time. The law is very clear that the determination for residency lies in the establishment of “domicile” – where the student resides, as determined by the establishment of where the center of her/his domestic, social and civic life is, and this is where one is to attend school. This standard must be the first step met before a family seeks to demonstrate the residency of the child.

All applicants must submit at least **three proofs of residency**. (*Column C may be submitted within 30 days of registration.*)

The documents must be pre-printed with the name and address of the student’s parent or guardian. *When registering a student for Abington Public Schools, the district will confirm residency. These documents also will be required for any **change of address**.

All applicants must submit at least one document from <u>each</u> of the following columns:		
Column A	Column B	Column C
<p><i>Must be showing an Abington current address**</i></p> <ul style="list-style-type: none"> • Valid driver’s license • Valid Massachusetts photo identification card • Valid passport, dated within the past year <p><i>If license/ID does <u>not</u> show <u>current address</u>, you can go online to www.massdot.state.ma.us/rmv and click on <u>Change of Address</u>, they will email you a receipt. Please submit a <u>copy</u>.</i></p>	<ul style="list-style-type: none"> • Copy of Lease • Mortgage Statement • Section 8 Agreement • Legal affidavit from landlord affirming tenancy • Copy of deed or purchase and sales agreement 	<p><i>A utility bill or work order dated within the past 60 days including</i></p> <ul style="list-style-type: none"> • <i>Gas bill</i> • <i>Oil bill</i> • <i>Electric bill</i> • <i>Telephone bill</i> • <i>Cable bill</i> <p><i>Please note that utility companies provide online access to download your bills/statements.</i></p>

***Legal guardianship requires additional documentation from a court or agency.**
*The Abington Public School District residency policy does not apply to homeless students.
 (McKinney-Vento Act)*

Residency fraud impacts all tax payers

I/we understand that all applicants must reside in Abington (Massachusetts General Laws, Chapter 76, sec 5 every person shall have a right to attend the public schools of the town where he/she actually resides, subject to the following section. No School Committee is required to enroll a person who does not actual reside in the town unless said enrollment is authorized by law or by the School Committee. **Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly attended public schools.** No person shall be excluded from or discriminated against in admission to a public school or any town, or in obtaining the advantages, privileges and courses of study of such public school on account or race, color, sex, religion, national origin or sexual orientation. Amended by st.1971, c.622, c.1; st.1973, c.925, s.9A, ST.1993, C.282; ST.2004, C.352, S.33)

Form 2

ABINGTON PUBLIC SCHOOLS STUDENT REGISTRATION

STUDENT INFORMATION

LAST NAME (LEGAL)	FIRST NAME (LEGAL)	MIDDLE NAME (LEGAL)
ENTERING GRADE	GENDER	DATE OF BIRTH
	Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified <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 or Latino
RACE: (PLEASE CHECK ALL THAT APPLY)		
_____ American Indian/Alaskan Native _____ White/Caucasian _____ Asian _____ Black/African-American _____ Hawaiian/Other Pacific Islander		
ARE THERE ANY CUSTODY ISSUES OF WHICH WE SHOULD BE AWARE? ARE EITHER PARENT DENIED LEGAL ACCESS TO STUDENT RECORDS?		
_____ No _____ Yes (★ If yes, please specify): _____		
★ Current Legal documentation MUST be provided ANNUALLY to the Principal before restrictions can be implemented.		
PARENT INFORMATION		
Name: _____		Relationship to Student: _____
Address: _____		Preferred Phone: _____
City: _____	State: _____	E-Mail: _____
Place of Employment: Cell _____	Phone: _____	Work Phone: _____
Parent(s) Marital Status: ___ Married ___ Separated ___ Single ___ Divorced ___ Widowed		
Student Lives With _____ Yes _____ No		
Name: _____		Relationship to Student: _____
Address: _____		Preferred Phone: _____
City: _____	State: _____	E-Mail: _____
Cell Phone: _____	Place of Employment: _____	Work Phone: _____
Parent(s) Marital Status: ___ Married ___ Separated ___ Single ___ Divorced ___ Widowed		

Student Lives With _____ Yes _____ No	
+ If applicable – Documentation must be provided.	
Who has physical custody?	Who has legal custody?
Name:	Name:
Address:	Address:
Relationship:	Relationship:
Preferred Phone:	Preferred 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)
Preferred Phone (if different)	Preferred Phone (if different)

ABINGTON PUBLIC SCHOOLS STUDENT REGISTRATION	Form 2
Military Family Status _____ Yes _____ No Please circle 1, 2 or 3 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 died on active duty.	
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: <input type="checkbox"/> Student has an Individual Education Program (Special Education). <input type="checkbox"/> Student is receiving Title I services. <input type="checkbox"/> Student is receiving English Language Learner (ELL) services. <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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/GUARDIANS)		
Name:		Relationship:
Preferred Phone Number:	Cell:	Work:
Name:		Relationship:
Preferred Phone Number:	Cell:	Work:
Name:		Relationship:
Preferred Phone Number:	Cell:	Work:
SIGNATURE OF PARENT/GUARDIAN REGISTERING STUDENT		DATE

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

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.

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

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 schoolwork** for newspapers/print (including class pictures and yearbooks), TV/video and website/Internet.

Should you request that your child's image or schoolwork 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, 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 _____

Form 3

ADMINISTRATIVE GUIDELINES PARENT INFORMATION LETTER

Re: Inclement Weather or

Emergency School Evacuation and Dismissal Policy

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 (e.g., Middle School to Frolio School Building) 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.

EMERGENCY DISMISSAL POLICY

Received: _____

Child's Name _____

Comments or special instruction for the school:

Signature: _____

Form 4

ABINGTON PUBLIC SCHOOLS
HEALTH HISTORY
(To be completed by parent or guardian)

Name: _____ Date of Birth: _____

Place of Birth: _____

Address: _____ Phone: _____

Mailing Address (*if different from above*): _____

Father: _____ Occupation: _____

Mother: _____ Occupation: _____

Guardian is: Mother Father Other, if other, _____
Name & Relationship

Marital Status: Married Widow(er) Single Divorced Separated

Does either parent live at an address different from above? Yes No

If yes, name of parent: _____

Address: _____

Phone (home): _____ (cell) _____

Are there visitation restrictions? No Yes (*if yes, a copy of legal documentation must be provided*)

DCF Caseworker: Past Present Name:

Do you have: Health Insurance No Yes *Insurance provider:*

Dental Insurance No Yes *Insurance provider:* _____

Immunizations: Massachusetts law requires that all children enrolling in public school must be immunized. A physical exam completed within the last 12 months is also necessary.

Child's physician: _____ Phone: _____

Child's dentist: _____
Phone: _____

Date of last physical: _____

Is your child capable of participating in a full program of school activities, including recess and physical education?

Yes No

Current health concerns		If yes, explain:
Does your child have allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Other
Does your child have any vision problems or wear glasses?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have any hearing problems?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Is your child taking prescribed medications on a daily basis?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Will your child be taking any medications at school?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have asthma?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have diabetes?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have a chronic illness or condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have headaches?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have bowel or bladder problems?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Is there anything else we should know about your child's health?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Past Health Concerns		If yes, explain:
Was your child born prematurely?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have any history of heart problems?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Has your child ever had surgery?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Has your child ever been hospitalized or been to the Emergency Room?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Has your child ever had seizures?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have any behaviors that concern you?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have any other health concerns?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Abington Public Schools

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

_____ **Gender: M** **F**

First Name **Middle Name** **Last Name**

_____ / ____ / ____

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**

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

Form 6

Name of Student _____

Grade _____

Name of Parent/Guardian _____

School _____

Please respond to the following two questions to guide you in completing the entire form:

1. Are you Hispanic or Latino? Select only one.

___ No, not Hispanic or Latino

___ Yes, Hispanic: a person of Cuban, Mexican, Chicano,

Puerto Rican, or other Spanish culture or origin regardless of race.

___ Yes, Latino: a person of South American or Central American origin.

2. What is your race? You may select one or more races.

_____ White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ Black or African American: a person having origins in any of the black racial groups of Africa.

_____ American Indian or Alaska 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.

_____ 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.

_ Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Isl