

Abington Public Schools

Student Registration



Do You Need to Register your child for school?

Grades 1 -12

Please contact the Office of Student Services at

781-982-2175

Abington Public Schools

1071 Washington Street

Abington, MA 02351

*Early Education Program/Pre-Kindergarten - Please contact the **AEEP** at
781-982-2195*

*Kindergarten Program - Please contact **Beaver Brook Elementary School** at
781-982-2185*

*Paper copies of the enrollment packet to be completed can be picked up at any of
our schools or print one out from our website at <https://www.abingtonps.org>.*

*Registration paperwork can be dropped off with your information at the
Student Services Office.*

The Abington Public School District guarantees all students regardless of race, gender, sexual orientation, color, religion, national origin or disability, equal and unbiased treatment in and access to, all aspects of public school education. This policy of nondiscrimination extends to and includes admission to programs and activities in accordance with Title IX of the Educational Amendments of 1972, Chapter 622 of the Acts of 1971, Chapter 766 of the Acts of 1972 and Section 504.

Abington Public Schools

Student Registration Grades 1-12

We would like to welcome you to our school district. In order to help you enroll your child as quickly as possible, we have developed the following list of information you will need to provide to us ***prior*** to your child being officially enrolled.

For registration forms and information, please visit our website at www.abingtonps.org.

Please see the helpful checklist on page 2 for required registration documents.

No student shall be enrolled without a completed registration packet.

ABINGTON PUBLIC SCHOOL DISTRICT

REGISTRATION PROCESS

We recommend you check the boxes below after you have completed each step.

NO REGISTRATIONS WILL BE PROCESSED UNTIL ALL OF THE FOLLOWING MATERIALS HAVE BEEN RECEIVED.

1. Official Birth Certificate
2. Proof of Residence – see form on next page for required documentation
3. Current physical examination and immunization history (including a lead test and record of vision screening completed by your child's physician). If your child's immunizations are not up to date, please contact your child's doctor immediately for an appointment. Prior to attending school, student will need proof of immunizations and current physical.
4. Complete the enclosed forms listed below:
 - a. Form #1 School Record and Discipline Form
 - b. Form #2 Registration Form (3 pages)
 - c. Form #3 Student Emergency Information
 - d. Form #4 Student Health Update (2 pages)
 - e. Form #5 Home Language Survey
 - f. Form #6 Race/Ethnicity

Please note – if parent/guardian and the student are residing with a family member and do not own or rent the residence where they are living, you must provide the following:

- Verification of Student Residency Form from head of household stating that child and parents/guardians are residing at stated address. (Local police departments and school security will make periodic checks to ensure student is living at declared address).
- Mass. Driver's License/Mass ID for the head of that household with current address as well as **Mass Driver's License/Mass ID for Parents/Guardians**
- Proof of Residency as stated in #2 above.

Registrations may require additional documents be provided.

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 each 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><u>If license/ID does not show current address, you can go online to www.massdot.state.ma.us/rmv and click on Change of Address, they will email you a receipt. Please submit a 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"> • Gas bill • Oil bill • Electric bill • Telephone bill • Cable bill • Landlord letter stating utilities included • Tenant At Will <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*

*/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)



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."

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 Public Schools.

FORMER SCHOOL NAME: _____ Current Grade _____

ADDRESS: _____

PHONE: _____ FAX: _____

Please release complete school records for: _____,

Student Last Name, First Name Date of Birth

including:

- Transfer Card or Discharge Letter
- Health records (immunizations, birth certificate or passport)
- Academic/Attendance Records
- ELL Records
- Other: Special Education/Evaluation Reports (psychological, I.E.P., 504 Plan, etc.)
- Discipline Record

Signature of Parent/Guardian of Student

Date

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

The Abington Public School System is committed to ensuring that all of its programs and facilities are accessible to all members of the public. We do not discriminate on the basis of age, color, disability, homelessness, national origin, race, religion, sex, gender identity or sexual orientation. The contents of all publications are available upon request in languages other than English.

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): _____ | | |
| ★ <u>Current Legal documentation MUST be provided ANNUALLY to the Principal before restrictions can be implemented.</u> | | |

PARENT INFORMATION

| | | |
|---|----------------------------|--------------------------------|
| 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 | | |
| 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:

- 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/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 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, 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 _____

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: _____

**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

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

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 Islands.