

# 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 **Abington Early Education Program**  
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](http://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.**

**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 <b>one document from each of the following columns:</b>		
Column A	Column B	Column C
<p><i>Must be showing an Abington current address**</i></p> <ul style="list-style-type: none"> <li>• Valid driver’s license</li> <li>• Valid Massachusetts photo Identification card</li> <li>• Valid passport, dated within the past year</li> </ul> <p><i><u>If license/ID does not show current address, you can go online to <a href="http://www.massdot.state.ma.us/rmv">www.massdot.state.ma.us/rmv</a> 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"> <li>• Copy of Lease</li> <li>• Mortgage Statement</li> <li>• Section 8 Agreement</li> <li>• Legal affidavit from landlord affirming tenancy</li> <li>• Copy of deed or purchase and sales agreement</li> </ul>	<p><i>A utility bill or work order dated within the past 60 days including</i></p> <ul style="list-style-type: none"> <li>• Gas bill</li> <li>• Oil bill</li> <li>• Electric bill</li> <li>• Telephone bill</li> <li>• Cable bill</li> <li>• Landlord letter stating utilities included</li> <li>• Tenant At Will</li> </ul> <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)*



# 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.

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: _____
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](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 \_\_\_\_\_



**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.

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**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

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

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.