



NEW STUDENT REGISTRATION

Caregiver Checklist

REQUIRED FORMS

All required forms must be completed and signed by Parent/Guardian:

- ☐ 1. Student and Family Information
- ☐ 2. Health Emergency Information
- ☐ 3. Student Health History
- ☐ 4. Home Language Survey
- ☐ 5. Records Release

REQUIRED DOCUMENTS

These documents must be submitted at the time of your registration appointment. The Student Registration Center will make copies and return all original documents. More information is available at ashland.k12.ma.us/register.

- ☐ Valid proof of residency
- ☐ Valid proof of occupancy
- ☐ Original birth certificate with a raised seal
- ☐ Valid photo proof of parent/guardian identity
- ☐ Most up-to-date student immunization record
 - ☐ Students with no immunization documentation may not attend class.
 - ☐ Kindergarten students with no immunization documentation may attend the orientation meeting but cannot begin school until data is submitted.
- ☐ Copy of physical exam completed within 12 months prior to the first day of school or doctor's appointment for a physical exam
 - ☐ Documentation of the Physical Exam must be submitted to the school nurse by October 1 or within 30 days of starting school or the student will be excluded from school.
- ☐ Lead screening for Pre-K students
- ☐ Lead screening *and* vision screening for Kindergarten students

ADDITIONAL DOCUMENTATION AND FORMS

The following documents and forms are not mandatory but may be applicable to your specific student.

- ☐ Guardianship papers or Notarized Caregiver Authorization Affidavit
- ☐ Residency Affidavit
- ☐ Copy of Student's Individualized Education Program (IEP)
- ☐ Copy of Student's 504 Plan
- ☐ Transcripts, English Learner Records, and WIDA ACCESS Scores (required for high school class placement)
- ☐ Bus Transportation Form
- ☐ Free and Reduced Lunch Application Form

Please visit the [Central Registration](http://ashland.k12.ma.us/register) webpage to download these forms or for more information.

REGISTRATION PROCESS

When each registration packet has been completed, email it to registration@ashland.k12.ma.us. Please **do not** scan or send copies of your birth certificate or any other confidential documents via email.

You will be contacted to schedule an appointment to meet with the Central Registrar once your registration packet has been received. All required documents must be presented at the time of the registration appointment.



STUDENT REGISTRATION

STUDENT AND FAMILY INFORMATION

FORM
1

STUDENT INFORMATION

Today's Date:			
First Name:		Middle Name	Last Name:
Current Address:			
Foster Child or State Ward?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student Lives With:	
City of Birth:	State:	Country:	
Primary Language:		Date of Arrival in United States (If applicable):	
Date of Birth:		Sex/Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Female
Entering Grade:	Last Grade Completed:		Pronouns:
Previous School:			
Previous School Address:			

PARENT/GUARDIAN INFORMATION

Parent/ Guardian #1		Parent/ Guardian #2	
Name:		Name:	
Address (If different from student):		Address (If different from student):	
Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work		Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Alternate Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work		Alternate Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Place of Employment:		Place of Employment:	
Email:		Email:	
Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Student:		Relationship to Student:	

FAMILY INFORMATION

Please list all children in the family (including the child you are registering) in chronological order.

	Name	Sex/Gender	Date of Birth	Grade
1.				
2.				
3.				
4.				

Note: Attach a copy of the legal custody agreement or restraining order if applicable. Without this information, either parent may access your child's educational information and/or dismiss/withdraw your child at any time.



STUDENT REGISTRATION

STUDENT AND FAMILY INFORMATION

FORM

1

MCKINNEY-VENTO ELIGIBILITY

Answers to the following residency information will help the school district to determine the services your child may be eligible to receive relative to the [McKinney-Vento Act](#).

1.	Is your current address due to domestic violence or an emergency living arrangement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Is your living arrangement due to a loss of housing, economic hardship, or other similar reasons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to one of the above questions, where is the student you are registering presently living?

- ☐ With you in the residence of a family member, friend, or acquaintance
- ☐ In a place not designed for ordinary sleeping accommodations (e.g. car, park, campsite, basement, floor, living room)
- ☐ In a shelter ☐ In a motel/hotel ☐ Moving from place to place

STUDENT DEMOGRAPHICS

The Massachusetts Department of Education requires districts to collect the following demographic data for each student.

ETHNICITY

Is the student Hispanic or Latino? **Select only one.**

- ☐ No, the student is not Hispanic or Latino.
- ☐ Yes, the student is Hispanic or Latino (a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, Brazilian or other Spanish culture or origin, regardless of race).

RACE

Please select the race(s) the student identifies with. You **must** select at least one.

<input type="checkbox"/>	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.
<input type="checkbox"/>	American Indian or Alaskan 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.
<input type="checkbox"/>	Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
<input type="checkbox"/>	White	A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



STUDENT REGISTRATION

HEALTH EMERGENCY INFORMATION

FORM
2

Student Name: _____

Date of Birth: _____

A school may disclose information regarding a student to appropriate parties in connection with a health or safety emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals. The school nurse may share health information that is necessary for the student's health and safety with authorized school personnel.

Emergency contacts should be people **other than the student's parents or guardians** who may be asked to dismiss the student if the school is unable to locate their primary caregivers.

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/PRIMARY CAREGIVER)	
Emergency Contact #1	Emergency Contact #2
First Name:	First Name:
Last Name:	Last Name:
Phone :	Phone:
Relationship to Student:	Relationship to Student:
Primary Language:	Primary Language:

HEALTHCARE PROVIDERS	
Pediatrician	
Name:	Phone:
Dentist	
Name:	Phone:
Orthodontist	
Name:	Phone:
Health Insurance	
Name:	Phone:

Does your child have permission to receive Tylenol, Ibuprofen, TUMS or throat lozenges in school, as needed?

☐ Yes

☐ No

In an emergency, I grant permission for my child to be transported, by ambulance, to MetroWest Medical Center - Framingham Campus for treatment. I understand I will be notified of the emergency as soon as possible.

I will notify the school if there is any change in the above information.

Signature of Parent/Guardian

Date



STUDENT REGISTRATION

STUDENT HEALTH HISTORY

FORM
3

Student Name: _____

Date of Birth: _____

The Student Health History is a confidential document required for all students entering the Ashland Public Schools. **Please inform the school nurses of any changes in your child's health during the school year.**

1. Have there been any recent changes in your family that may affect your child? If yes, please check the appropriate box(es) and explain in the space below.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Birth of a sibling | <input type="checkbox"/> Change in marital status | <input type="checkbox"/> Change in housing | <input type="checkbox"/> Military deployment |
| <input type="checkbox"/> Recent death | <input type="checkbox"/> Family illness | <input type="checkbox"/> Change in employment | <input type="checkbox"/> Other: |

2. Does your child wear glasses or contact lenses?

☐ Yes ☐ No

3. Does your child wear a hearing aid?

☐ Yes ☐ No

4. Has your child ever been hospitalized and/or had surgery? If yes, please provide dates and explain below.

☐ Yes ☐ No

5. Has your child had any of the following illnesses? If yes, please check the appropriate boxes and explain in the space below.

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Ear infections (frequent) | <input type="checkbox"/> Lyme disease | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Encephalitis | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Strep infections (frequent) |
| <input type="checkbox"/> High fevers | <input type="checkbox"/> Pertussis | <input type="checkbox"/> Tuberculosis |

6. Has your child been diagnosed with any of the following conditions? If yes, please check the appropriate boxes and explain in the space below.

- | | | | | |
|-------------------------------------|--|--|---|--|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Birth defects | <input type="checkbox"/> Developmental delay | <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Muscular dystrophy |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Skin condition |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Concussion | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Sleep disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cystic fibrosis | <input type="checkbox"/> Encopresis/constipation | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Tourette's syndrome |
| <input type="checkbox"/> Autism/ASD | <input type="checkbox"/> Depression | <input type="checkbox"/> Epilepsy/seizures | <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Vision difficulties |



STUDENT REGISTRATION

STUDENT HEALTH HISTORY

FORM
3

7. Does your child have any allergies (e.g., food, medicine, latex, seasonal, insects)? If yes, explain below, and please be specific.

☐ Yes

☐ No

8. Does your child take any medication daily or as needed for his/her allergies? If yes, please list below.

☐ Yes

☐ No

9. Does your child take any other medications daily or as needed? If yes, please list each medication and for what illness/condition it is taken.

☐ Yes

☐ No

10. Are there any diagnoses not covered above that affect your child? If so, please explain.

11. Is there anything about your child's mental or physical health you would like the school nurse to be aware of that has not been addressed thus far? If so, what?

Thank you for providing this valuable information about your child's health. If your child has a chronic illness requiring further conversation, please contact the school nurse to schedule a meeting. Please visit ashland.k12.ma.us/Health for contact information or additional details.

Signature of Parent/Guardian

Date



STUDENT REGISTRATION

HOME LANGUAGE SURVEY

FORM
4

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

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

1.	What is the primary language used in the home, regardless of the language spoken by the student?	
2.	How many years has the student been in U.S. Schools (not including pre-kindergarten)?	
3.	What language did your child first understand and speak?	
4.	Which language do you use most with your child?	
5.	Which languages are spoken with your child (<i>by grandparents, uncles, aunts, caregivers, etc.</i>)? How often?	
	Language #1: _____ Frequency: <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always	
	Language #2: _____ Frequency: <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always	
6.	Which languages does your child use? How often?	
	Language #1: _____ Frequency: <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always	
	Language #2: _____ Frequency: <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always	
7.	Will you require written information from the school in your native language? If yes, what language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Will you require an interpreter/translator at Parent - Teacher meetings? If yes, what language?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Parent/Guardian

Date



STUDENT REGISTRATION RECORDS RELEASE

FORM
5

AUTHORIZATION FOR RELEASING/OBTAINING STUDENT RECORDS

I, _____, am the parent/legal guardian of the below-named student. I hereby authorize the release of all academic records including official transcripts, testing results, discipline, health, special education, English learner records, and any other information regarding my child to/from Ashland Public Schools. I further give permission to Ashland Public Schools to speak to my child's former/new teachers, principal, school counselor and other school staff as needed.

Signature of Parent/Guardian

Date

Student Name:

Date of Birth:

Current Address:

Previous or New School Name:

Grade Level:

School Address:

City, State & Zip Code:

Phone Number:

Fax Number:

FOR SCHOOL USE ONLY

School records must be requested from or submitted to:

School	Address	Fax	Email
📍 Ashland High School	65 E. Union St.	508-881-0186	Jessica Blank jblank@ashland.k12.ma.us
📍 Ashland Middle School	87 W. Union St.	508-881-0169	Christine Watt cwatt@ashland.k12.ma.us
📍 David Mindess School	90 Concord St.	508-881-0153	Jamie Giles jgiles@ashland.k12.ma.us
📍 Henry E. Warren Elementary School	73 Fruit St.	508-881-0191	Girija Phatak gphatak@ashland.k12.ma.us
📍 William Pittaway School	75 Central St.	508-881-0148	Donna Lowell dlowell@ashland.k12.ma.us

Special education records must be requested from or submitted to:

Colleen Brewer	508-881-0152	87 West Union Street, Ashland, MA. 01721	cbrewer@ashland.k12.ma.us
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STUDENT REGISTRATION

EARLY CHILDHOOD EXPERIENCE SURVEY

FORM

6

This survey is required by the state Department of Elementary and Secondary Education for all Kindergarten students.

Student Name: _____

What type of education experience has your child had prior to Kindergarten? Please only check one.

1. ☐ No formal early childhood program experience
2. ☐ Family Support: Coordinated Family and Community Engagement (CFCE)
3. ☐ Family Support: Parent Child Home Program (PCHP)
4. ☐ Family Support: Both CFCE & PCHP
5. ☐ Formal: Licensed Family Child Care Provider less than 20 hours per week
6. ☐ Formal: Licensed Family Child Care Provider greater than 20 hours per week
7. ☐ Formal: Center Based Program less than 20 hours per week
8. ☐ Formal: Center Based Program greater than 20 hours per week
9. ☐ Formal: BOTH Family Child Care Provider and Center Based Program less than 20 hours per week
10. ☐ Formal: BOTH Family Child Care Provider and Center Based Program greater than 20 hours per week

Parent Name: _____

Date: _____