

**ATTLEBORO PRE-SCHOOL REGISTRATION
New Student Form**

PLEASE PRINT LEGIBLY

Student Information:

Student's Last Name: _____ First: _____ Middle: _____

*Home Address: _____ City: _____ State: _____ Zip Code: _____

Student email address: _____

Phone: _____ Date of Birth: _____ Gender: M _____ F _____

Place of Birth /City & State: _____ Country (If not USA): _____

Parent/Guardian Information:

Parent/Guardian Last Name: _____ First Name: _____

Address (if different from student): _____
Please indicate City, State and Zip Code

Home Phone: _____ Cell Phone: _____

Parent email address: _____

Place of Employment: _____ Work Phone: _____

Parent/Guardian Last Name: _____ First Name: _____

Address (if different from student): _____
Please indicate City, State and Zip Code

Home Phone: _____ Cell Phone: _____

Parent email address: _____

Place of Employment: _____ Work Phone: _____

Automated Message Preferences:

This pertains to both school closures and emergency messages during the school day.

Best Phone Number for automated call: _____

Best email for automated e-mail: _____

Military Family Status: Please check the appropriate box if this student is a child of:

- An active duty member of the Uniformed Services, National Guard or Reserves on active duty orders
- A member or veteran medically discharged or retired within one year
- A member of the Uniformed Services, National Guard or Reserves who died on active duty

Please see reverse side →

Please indicate who you would like contacted first and second in the event of an emergency.

Parent 1 Parent 2 Guardian

Please list five local contacts that we may release your child to in the event of an emergency.

Name: _____ Daytime Phone: _____ Relationship: _____

Name: _____ Daytime Phone: _____ Relationship: _____

Name: _____ Daytime Phone: _____ Relationship: _____

Name: _____ Daytime Phone: _____ Relationship: _____

Name: _____ Daytime Phone: _____ Relationship: _____

Prior School Information:

Name of Last Pre-school Attended: _____ City/Town: _____ State: _____

Has your child ever attended Attleboro Public Schools: Yes No Name of School: _____ Year: _____

Has your child ever attended any other Massachusetts Public Schools? Yes No City/Town: _____

Signature of Parent/Guardian: _____ Date: _____

*Proof of Residency verified by: _____ Date: _____

Home Language Survey

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 F <input type="checkbox"/> M <input type="checkbox"/>
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) _____ / _____ /20 _____		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: X	_____ / _____ /20 _____ Today's Date: (mm/dd/yyyy)		

\Race/Ethnicity Survey

Department of Elementary and Secondary Education Definitions

Ethnicity

- **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race. The term “Spanish origin,” can be used in addition to Hispanic or Latino.
- **Not Hispanic or Latino**

Race

- **American Indian or Alaska Native** - A person having origins in any of the original people 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.
- **Black or African American** - A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- **White** - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Race/Ethnicity Survey

This form must be completed for all incoming students.

	Not Hispanic or Latino	Hispanic or Latino
One race		
White	01	33
Black or African American	02	34
Asian	03	35
American Indian or Alaska Native	04	36
Native Hawaiian or Other Pacific Islander	05	37
Combination of Two Races		
White & Black or African American	06	38
White & Asian	07	39
White & American Indian or Alaska Native	08	40
White & Native Hawaiian or Other Pacific Islander	09	41
Black or African American & Asian	10	42
Black or African American & American Indian or Alaska Native	11	43
Black or African American & Native Hawaiian or Other Pacific Islander	12	44
Asian & American Indian or Alaska Native	13	45
Asian & Native Hawaiian or Other Pacific Islander	14	46
American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	15	47
Combination of Three Races		
White & Black or African American & Asian	16	48
White & Black or African American & American Indian or Alaska Native	17	49
White & Black or African American & Native Hawaiian or Other Pacific Islander	18	50
White & Asian & American Indian or Alaska Native	19	51
White & Asian & Native Hawaiian or Other Pacific Islander	20	52
White & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	21	53
Black or African American & Asian & Native Hawaiian or Other Pacific Islander	22	54
Black or African American & Asian & American Indian or Alaska Native	23	55
Black or African American & Native Hawaiian or Other Pacific Islander & American Indian or Alaska Native	24	56
Asian & Native Hawaiian or Other Pacific Islander & American Indian or Alaska Native	25	57
Combination of Four Races		
White & Black or African American & Asian & American Indian or Alaska Native	26	58
White & Black or African American & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	27	59
White & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	28	60
White & Black or African American & Asian & Native Hawaiian or Other Pacific Islander	29	61
Black or African American & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	30	62
Combination of Five Races		
White & Black or African American & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	31	63

Massachusetts Department of Education
July 26, 2004

Please refer to the DESE definitions on
the reverse side of this form.



Health Services

Student Name _____ DOB _____ Grade _____
 Primary language spoken at home _____ Other language(s) _____
 Father/Mother _____ Best Contact # _____
 Father/Mother _____ Best Contact # _____
 Guardian (if other than a parent) _____ Best Contact # _____

MEDICAL INFORMATION

Medical Problems (Medical/Psychological Concern, Major Illness, Surgery)

Medication(s) your child takes (name of medication, how often, and what it is for)

Allergies (list allergen and type of reaction) **EpiPen** Yes _____ No _____

Vision Problem (check all that apply) Glasses _____ Contacts _____ Distance _____ Reading _____
 Other (please describe)

Hearing Problem (please describe)

Primary Care Doctor (name and phone #)

Other Doctor(s) your child sees regularly (specialty, name, and phone #)

Dentist (name and phone #)

Health Insurance Company Name Public (MassHealth) _____ Private _____
Dental Insurance Company Name Public (MassHealth) _____ Private _____

OVER-THE-COUNTER (OTC) MEDICATION PROTOCOL FOR SCHOOL

The school physician for the district has written a doctor's order for the administration of the medications listed below. If you would like your child to have permission to receive these medications when necessary, please sign where indicated. Permission must be renewed in writing every school year. Consent may be withdrawn at any time by contacting the nurse's office. This protocol covers ONLY the medications listed below.

I give the school nurse permission to administer the following:

Tylenol (acetaminophen) _____ **Benadryl** (diphenhydramine) _____ **Bacitracin** _____
ALL of the above _____ **NONE** of the above _____

I give the School Nurse permission to administer the OTC medication(s) indicated above and to share relevant medical information as he/she determines appropriate for my child's health and safety (including Primary Care Provider, PCP office staff, school staff, child care provider, busing, and food services).

Parent/Guardian Signature _____ **Date** _____

No medication will be given without written consent on file. All medications will be administered at the School Nurse's discretion after assessment. Any concerns related to frequency of use will result in parent notification and request for medical evaluation for continued use.

Attleboro Public Schools
100 Rathbun Willard Drive
Attleboro, MA 02703
(508) 222-0012
Student Registration Office

Authorization for transfer of Academic and Health Records for students to Attleboro Public Schools.

Date: _____ DOB: _____ Student's Name: _____

I hereby give permission to _____ (name of previous school) to release and transfer all of the records for the student named above to:

These records should include:

- Present Transcript
- Present Report Card
- Withdrawal grades
- Key to Grading Code/System
- Attendance, Tardy Information
- Discipline Information
- Health Record (Including immunization information)
- All standardized test dates, including all intelligence, aptitude and achievement tests. ELL testing and progress reports.
- *MCAS Scores if transferring from a Massachusetts School**
- Any initial evaluations, IEPs, progress reports or 504 plans that are part of the student's file
- Any other pertinent information that would assist in the student's transition to Attleboro Public Schools
- Legal documents pertaining to guardianship and/or parental rights.
- Other: _____

*****Please Print All Information*****

Name & Address of Previous School:

School Phone Number: _____ School Fax Number: _____

Parent/Guardian Signature: _____ Date: _____