

NEWTON PUBLIC SCHOOLS REGISTRATION FORM

Date _____

STUDENT'S FULL LEGAL NAME AS IT APPEARS ON LEGAL DOCUMENTS

				Former Newton Student
Last Name	First Name	Middle Name	Suffix (Jr., I, II, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT'S PERSONAL INFORMATION

Date of Birth (mm/dd/yyyy)	Grade Level at Enrollment	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary		
Birthplace: City	State	Country		

STUDENT'S ADDRESS

Number and Street	Apt. #	City	State	Zip Code
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INFORMATION ON STUDENT SERVICES

Does your child receive special education services? Yes No If YES, please provide your child's IEP and the most recent evaluations to the registrar/school office at the time of registration.

Does your child have a 504 Plan? Yes No If YES, please provide your child's 504 and the most recent evaluations to the registrar/school office at the time of registration.

PREVIOUS SCHOOL ATTENDANCE

School Name	Dates of Attendance (mm/yyyy- mm/yyyy)
School Address	Grade Level(s) Attended
School Phone Number	<input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Other _____
School Name	Dates of Attendance (mm/yyyy- mm/yyyy)
School Address	Grade Level(s) Attended
School Phone Number	<input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Other _____

SIBLING INFORMATION

Child's Name	School Name/Location	Enrolled in the Newton Public Schools	Grade	DOB
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

**EARLY CHILDHOOD EDUCATION EXPERIENCE SURVEY
FOR ENTERING KINDERGARTEN STUDENTS ONLY**

Please check the box next to the option that best describes your child’s preschool experience in the school year prior to entering kindergarten. Select one option only, and indicate hours where applicable.

<input type="checkbox"/> My child did not have any formal early childhood program experience.	
<input type="checkbox"/> My child did not have formal early childhood program experience but participated in <u>Coordinated Family and Community Engagement (CFCE)</u> services.	
<input type="checkbox"/> My child did not have formal early childhood program experience but participated in <u>Parent Child Home Program (PCHP)</u> services.	
<input type="checkbox"/> My child did not have formal early childhood program experience but participated in <u>BOTH Coordinated Family and Community Engagement (CFCE) AND Parent Child Home Program (PCHP)</u> services.	
<input type="checkbox"/> My child attended a <u>Center Based Program</u> (indicate hours)	<input type="checkbox"/> less than 20 hours per week <input type="checkbox"/> 20+ hours per week
<input type="checkbox"/> My child attended a <u>Licensed Family Child Care Provider</u> (indicate hours)	<input type="checkbox"/> less than 20 hours per week <input type="checkbox"/> 20+ hours per week
<input type="checkbox"/> My child attended <u>BOTH a Licensed Family Child Care Provider AND a Center-Based Program</u> (indicate hours)	<input type="checkbox"/> less than 20 hours per week <input type="checkbox"/> 20+ hours per week

Program Definitions:
Coordinated Family and Community Engagement (CFCE) Services are locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent-child activities).
Parent Child Home Program (PCHP): home visiting model program funded through the Department of Early Education and Care.
Center-Based Care: refers to care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools.
Licensed Family Childcare: refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families.

PARENT/LEGAL GUARDIAN INFORMATION - PRIMARY

Parent/Legal Guardian Name

		Circle: Mr./Mrs./Ms./Dr.
Last Name	First Name	
Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other* _____ *If other, please provide proof of Legal guardianship .	Divorced or Separated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes*, <input type="checkbox"/> Sole Custody <input type="checkbox"/> Joint Custody *Please provide documentation of Physical Custody.	Lives with child? <input type="checkbox"/> Yes <input type="checkbox"/> No Should receive mailings for child? <input type="checkbox"/> Yes <input type="checkbox"/> No

Language/Communication Information

Parent/Legal Guardian's language of communication, if not English?	
Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Requires translated materials? <input type="checkbox"/> Yes <input type="checkbox"/> No

Phone/Email Contact Information

Phone	Type (Choose One)	Phone number	Ext.	Receive Text Message
Primary	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone 2	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone 3	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:				Receive email? <input type="checkbox"/> Yes <input type="checkbox"/> No
Alternate Email Address:				Receive email? <input type="checkbox"/> Yes <input type="checkbox"/> No

Physical Address

(P.O. boxes will not be accepted as a physical address with the exception of documented, court-related reasons.)

Street #	Street Name	Apt. #
City/Town	State	Zip Code

Mailing Address, if different

Street #	Street Name	Apt. #
City/Town	State	Zip Code

PARENT/LEGAL GUARDIAN CONTACT INFORMATION – Secondary

Parent/Legal Guardian Name

		Circle: Mr./Mrs./Ms./Dr.
Last Name	First Name	
Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other* _____ *If other, please provide proof of Legal guardianship.	Divorced or Separated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes*, <input type="checkbox"/> Sole Custody <input type="checkbox"/> Joint Custody *Please provide documentation of Physical custody.	Lives with child? <input type="checkbox"/> Yes <input type="checkbox"/> No Should receive mailings for child? <input type="checkbox"/> Yes <input type="checkbox"/> No

Language/Communication Information

Parent/Legal Guardian’s language of communication, if not English?	
Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Requires translated materials? <input type="checkbox"/> Yes <input type="checkbox"/> No

Phone/Email Contact Information

Phone	Type (Choose One)	Phone number	Ext.	Receive Text Message
Primary	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone 2	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone 3	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:			Receive email?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alternate Email Address:			Receive email?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Physical Address

(P.O. boxes will not be accepted as a physical address with the exception of documented, court-related reasons.)

Street #	Street Name	Apt. #
City/Town	State	Zip Code

Mailing Address, if different

Street #	Street Name	Apt. #
City/Town	State	Zip Code

EMERGENCY CONTACT - PRIMARY (Other than parent/guardian)

Emergency Contact Name

		Circle: Mr./Mrs./Ms./Dr.
Last Name	First Name	
Relationship to child:	Is this person authorized to pick-up/transport your child in case of emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Language/Communication Information

Contact's language of communication, if not English?	Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Phone Contact Information

Phone	Type (Choose One)	Phone number	Ext.
Primary	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		
Phone 2	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		
Phone 3	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		

EMERGENCY CONTACT - SECONDARY (Other than parent/guardian)

Emergency Contact Name

		Circle: Mr./Mrs./Ms./Dr.
Last Name	First Name	
Relationship to child:	Is this person authorized to pick-up/transport your child in case of emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Language/Communication Information

Contact's language of communication, if not English?	Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Phone Contact Information

Phone	Type (Choose One)	Phone number	Ext.
Primary	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		
Phone 2	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		
Phone 3	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		

IMMIGRANT DEMOGRAPHICS:

Was your child born in the 50 United States OR Puerto Rico, District of Columbia, Guam, American Samoa, Virgin Islands, Northern Mariana Islands or Trust Territory of the Pacific Islands?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child completed 3 full academic years of school in any State or Territory (see above)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer is NO to BOTH questions above, you must complete the following:

Child's Country of Origin?			
When did your child first enter school (grades K-12) in the United States?	MONTH:	DAY:	YEAR:

ETHNICITY/RACE INFORMATION

The collection of this information is authorized by State and Federal law. When the parent/legal guardian does not provide the ethnicity/race of the student, the school is required to make a determination.

ETHNICITY (check only one):	RACE (check one or more)
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> White

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.

Questions for Parent(s)/Legal Guardian(s)	
What is the language used in the home, regardless of the language spoken by the student?	Which language(s) are spoken with your child? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers)
What language did your child first understand and speak?	Circle one: seldom / sometimes / often / always
Which other languages does your child know? Circle all that apply: speak / read / write	Which language do you use most with your child?
Circle all that apply: speak / read / write	Which languages does your child use?
Will you require written information from school in your native language? <input type="checkbox"/> Yes <input type="checkbox"/> No	Circle one: seldom / sometimes / often / always
Will you require an interpreter/translator at Parent-Teacher meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Circle one: seldom / sometimes / often / always
Parent/Guardian Signature	Today's Date (mm/dd/yyyy)

OFFICE USE ONLY:

Enrolled in ELL: <input type="checkbox"/> Yes <input type="checkbox"/> No	If not enrolled in ELL, check below: <input type="checkbox"/> Student is English Proficient. <input type="checkbox"/> Student is Limited English Proficient, but parent/legal guardian refused services.
ELL Staff Initials _____	

MILITARY FAMILIES

Is the student part of a military family? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please select the group to which the student belongs: <input type="checkbox"/> Student has a parent/legal guardian who is an active duty member of the uniformed services or a National Guard and Reserve member on active duty orders. <input type="checkbox"/> Student has a parent/legal guardian who is a veteran, who retired or was medically discharged in the last year. <input type="checkbox"/> Student has a parent/legal guardian who passed away while on active duty in the last year.

LOW INCOME STATUS (OPTIONAL):

Please circle the applicable income level, if appropriate (based on U.S. Federal poverty guidelines for 2015-16):	Household Size	Yearly Income	Monthly Income	Weekly Income
Is the child eligible for free/reduced school lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No	1	\$22,459	\$1,872	\$ 432
	2	\$30,451	\$2,538	\$ 586
	3	\$38,443	\$3,204	\$ 740
Is the child eligible for Transitional Aid to Families? <input type="checkbox"/> Yes <input type="checkbox"/> No	4	\$46,435	\$3,870	\$ 893
	5	\$54,427	\$4,536	\$1,047
	6	\$62,419	\$5,202	\$1,201
Is the child eligible for Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No	7	\$70,411	\$5,8686	\$1,355
	8	\$78,403	\$6,534	\$1,508
	Each additional family member add:	\$7,992	\$ 666	\$ 154
The child is a state ward or is in an institution for the neglected or delinquent <input type="checkbox"/> Yes <input type="checkbox"/> No				

OPT-OUT OF RELEASE/PUBLISHING OF LIMITED STUDENT INFORMATION

Opt-Out of Release/Publishing of Limited Student Information

Release of Student Directory Information: Pursuant to the federal and state regulations governing student records, Newton Public Schools may release student “directory information” unless you have indicated by checking the box below that you do not want the information released. See 34 C.F.R. 99.37(d); 603 CMR 23.02. “Directory information” could include a student’s name, ID number, address, telephone listing, date and place of birth, major field of study, dates of attendance, photographs (such as those included in yearbooks and school newsletters), weight and height of members of athletic teams, grade level, participation in officially recognized activities and sports, degrees, honors and awards, and post-high school plans. Unless you indicate otherwise, NPS may release “directory information” under limited circumstances as permitted or required by law. You will be asked to review and renew this release annually.

I DO NOT want my own/my child’s directory information released. By checking this box, I understand that my/my child’s name, directory information and/or photograph will NOT be included in newsletters, programs, and other district and school publications (such as a playbill or honor roll); directory information will <u>NOT</u> be released to partner organizations (including the PTOs) or outside organizations who may provide services to students (such as school photographers, manufacturers of class rings or clothing).	OPT OUT <input type="checkbox"/>
I DO NOT want my child’s picture or likeness to be published on Newton Public Schools/School/Class/Activity website or social media page (such as Facebook or Twitter.) A picture could take the form of a photograph, video, or multimedia project. No personally identifying information, including name, home address, or telephone number would appear on such picture, photo or video.	OPT OUT <input type="checkbox"/>

MEDIA AND PUBLISHING RELEASE

Please put a checkmark in each box to indicate approval for each category. A blank box will indicate that you DO NOT GIVE PERMISSION for that section.

<p><u>Permission for Publishing/Media/Interview/Recognition</u> I authorize Newton Public Schools to allow my child to be interviewed and/or photographed during the course of the year or have his/her name appear in media publication of the Newton Public Schools/School/Class/Activity website or media page (such as Facebook or Twitter) and/or have his/her name appear in a media publication, such as the Newton Tab, Boston Globe, NewTv, when this media visit has been authorized by NPS and/or its designees because of a student accomplishment.</p>	<input type="checkbox"/>
<p><u>Publishing of Student Work on NPS Website or Media Pages</u> I authorize NPS to publish my child’s work on Newton Public Schools/School/Class/Activity website or media page (such as Facebook or Twitter). I understand that copyright and ownership of the work or writing remain my child’s property. No last name, home address, or telephone number will appear in the work.</p>	<input type="checkbox"/>
<p><u>Teacher Internal Evaluative Permissions</u> I authorize a staff member to record my child using an NPS device for lesson assessment purposes. The video belongs to NPS and shall not be disclosed or shared outside of the District. The intent is to video/record students solely for purpose of the staff member’s professional growth and assessment.</p>	<input type="checkbox"/>
<p><u>Student Teacher Permissions</u> I authorize a student teacher to use a photograph, video or other media production, containing an image of my child or my child’s classwork for internal college/university use for student teacher evaluation purposes.</p>	<input type="checkbox"/>

FOR MIDDLE AND HIGH SCHOOL STUDENTS ONLY
Release of Information to Military and Higher Education Recruiters

Release of Information to Military and Higher Education Recruiters: Federal law requires public schools receiving federal funds to provide the names, addresses and telephone numbers of secondary school students upon a request made by military recruiters and institutions of higher education. Federal law also provides that the parent/guardian of the student or the secondary school student may request that the school not release this information without the prior written consent of the parent/guardian or student. You will be asked to renew this request annually.

<p>I DO NOT give permission to release student information on my child/me (if over 18 year of age) to military recruiters.</p>	<p>OPT OUT <input type="checkbox"/></p>
<p>I DO NOT give permission to release student information on my child/me (if over 18 year of age) to institutions of higher education.</p>	<p>OPT OUT <input type="checkbox"/></p>

PARENT/GUARDIAN/STUDENT OVER AGE 18 SIGNATURE

ADDITIONAL COMMENTS/INFORMATION

I have read and understand the registration and residency* requirements for the Newton Public Schools and am aware that it is my obligation to inform my child's school if there is a change in the residency of my family or guardianship of my child.

I swear under the pains and penalties of perjury that the answers above are true and accurate.

Signature of Parent/Legal Guardian Print Name Date

Signature of Student Print Name Date
(if over 18 years of age)

**Proof of residency does not apply to homeless students and families covered under the McKinney-Vento Act. All homeless families should contact the Newton Public Schools McKinney-Vento liaison who will work with you to enroll your students. The liaison can be reached at 617-559-9003.*