

Randolph Public Schools

2019 — 2020 KINDERGARTEN

Registration Packet



Bienvenue

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Bienvenida

Bem-vindo

Chào mừng

Byenveni

Please return this Registration Packet with all required documentation to the Family Resource Center. Thank You!

Family Resource Center

70 Memorial Parkway

Randolph, MA 02368

Phone: (781) 961- 6247 Fax: (781) 961- 6234

Email: registrationoffice@randolph.k12.ma.us

**RANDOLPH PUBLIC SCHOOLS
2019 -- 2020 REGISTRATION FORM**

STUDENT INFORMATION	
TODAY'S DATE	
ENROLLMENT STATUS	CHOOSE ONLY ONE: <input type="checkbox"/> NEW STUDENT <input type="checkbox"/> RE-ENTRY (Previously attended) <input type="checkbox"/> EVALUATION ONLY
GRADE ENTERING:	KINDERGARTEN
STUDENT NAME	_____, _____ (LAST) (FIRST) (MIDDLE)
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female
DATE OF BIRTH	____/____/____ AGE OF STUDENT: _____ Month Day Year
PLACE OF BIRTH	CITY: _____ STATE: _____ COUNTRY: _____
CURRENT ADDRESS:	
PHONE	HOME PHONE: () — CELL PHONE: () —
STUDENT'S SOCIAL SECURITY #:	__ XXX __ — __ XXX __ — _____
LANGUAGE	STUDENT'S MAIN LANGUAGE: _____ MAIN LANGUAGE AT HOME _____
ETHNICITY	IS THE STUDENT HISPANIC OR LATINO? <input type="checkbox"/> NO <input type="checkbox"/> YES
RACE	WHAT IS THE STUDENT'S RACE (CHOOSE ONE OR MORE)? <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE
DOES YOUR CHILD HAVE?	CHECK ALL THAT APPLY: <input type="checkbox"/> ELL SERVICES <input type="checkbox"/> INDIVIDUAL EDUCATIONAL PLAN (IEP) <input type="checkbox"/> TITLE 1 <input type="checkbox"/> 504 PLAN <input type="checkbox"/> SPECIAL SERVICES
	IS THE STUDENT CURRENTLY HOMELESS <input type="checkbox"/> NO <input type="checkbox"/> YES
DCF CUSTODY	IS THE CHILD IN DCF CUSTODY? <input type="checkbox"/> NO <input type="checkbox"/> YES
STATE WARD	IS THE CHILD A WARD OF THE STATE? <input type="checkbox"/> NO <input type="checkbox"/> YES
REASON FOR MOVING TO RANDOLPH:	
LAST SCHOOL ATTENDED:	
ADDRESS OF LAST SCHOOL ATTENDED:	

<i>FOR SCHOOL USE ONLY</i>		
APPROVED: _____	DATE: _____	SCHOOL/GRADE: _____
PROGRAM: _____	PER _____	DATE: _____
MILEAGE: DONOVAN _____	KENNEDY _____	LYONS _____ YOUNG _____ RCMS _____ BUS: YES _____ NO _____
ROUTING: DOCUSHARE _____	ELL _____	SPECIAL EDUC. _____ TITLE 1 _____ 504 PLAN _____ PRESCHOOL _____

PARENT / GUARDIAN #1	
PARENT/GUARDIAN NAME	LAST: _____ , FIRST: _____
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female
RELATIONSHIP TO STUDENT:	<input type="checkbox"/> LIVES WITH STUDENT
ADDRESS:	
PHONE INFORMATION	HOME PHONE: () — CELL PHONE: () —
EMAIL ADDRESS:	
EMPLOYER'S NAME:	
WORK PHONE NUMBER:	() —

PARENT / GUARDIAN #2	
PARENT/GUARDIAN NAME	LAST: _____ , FIRST: _____
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female
RELATIONSHIP TO STUDENT:	<input type="checkbox"/> LIVES WITH STUDENT
ADDRESS:	
PHONE INFORMATION	HOME PHONE: () — CELL PHONE: () —
EMAIL ADDRESS:	
EMPLOYER'S NAME:	
WORK PHONE NUMBER:	() —

PLEASE LIST TWO RELATIVES/OTHERS WHO HAVE AGREED TO ASSUME TEMPORARY CARE OF YOUR CHILD DURING SCHOOL HOURS IF YOU CANNOT BE REACHED.

EMERGENCY CONTACT INFORMATION	
NAME OF EMERGENCY CONTACT #1:	LAST: _____ , FIRST: _____
DAYTIME PHONE NUMBER:	() —
RELATIONSHIP TO STUDENT:	
NAME OF EMERGENCY CONTACT #2:	LAST: _____ , FIRST: _____
DAYTIME PHONE NUMBER:	() —
RELATIONSHIP TO STUDENT:	

VALOR ACT (MILITARY FAMILY STATUS)	
VALOR ACT (MILITARY FAMILY STATUS)	BASED ON THE FOLLOWING, IS YOUR CHILD CONSIDERED TO BE PART OF A MILITARY FAMILY? NO _____ YES _____ <input type="checkbox"/> ACTIVE DUTY MEMBERS OF THE UNIFORMED SERVICES, NATIONAL GUARD AND RESERVE ON ACTIVE DUTY ORDERS <input type="checkbox"/> MEMBERS OF VETERANS WHO ARE MEDICALLY DISCHARGED OR RETIRED WITHIN THE LAST 12 MONTHS <input type="checkbox"/> MEMBERS WHO DIE ON ACTIVE DUTY

HEALTH INFORMATION	
NAME OF HEALTH INSURANCE PLAN:	
NAME OF DENTAL INSURANCE PLAN:	
STUDENT'S PRIMARY CARE PROVIDER	DOCTOR'S NAME: PHONE NUMBER: () ---
MEDICAL CONDITIONS/CONCERNS:	
ALLERGIES	EPI-PEN: <input type="checkbox"/> NO <input type="checkbox"/> YES ALLERGIES: _____
PLEASE LIST ALL MEDICATIONS THAT YOUR CHILD TAKES	MEDICATIONS: _____

PLEASE LIST ALL BROTHERS/SISTERS OF THE STUDENT AND THE GRADE/SCHOOL THEY ATTEND (PRESCHOOL, PRIVATE, OTHER).

SIBLING INFORMATION (BROTHERS/SISTERS OF STUDENT)	
NAME OF SIBLING #1:	
DATE OF BIRTH OF SIBLING:	/ /
GRADE OF SIBLING:	
NAME OF SCHOOL SIBLING ATTENDS:	
NAME OF SIBLING #2:	
DATE OF BIRTH OF SIBLING:	/ /
GRADE OF SIBLING	
NAME OF SCHOOL SIBLING ATTENDS:	
NAME OF SIBLING:	
DATE OF BIRTH OF SIBLING:	/ /
GRADE OF SIBLING	
NAME OF SCHOOL SIBLING ATTENDS:	

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Sign Here →

YOUR SIGNATURE ABOVE INDICATES THAT YOU HAVE RECEIVED, READ and AGREED WITH ALL THE NECESSARY INFORMATION TO COMPLETE THIS REGISTRATION IN THE TOWN OF RANDOLPH.

**RANDOLPH PUBLIC SCHOOLS
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. 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)		

If a language other than English is spoken in the home, the District is required to do further assessment of your child English Language Screening Acknowledgment YES NO Parent/Guardian Initials _____

If your home language is not English, please answer the following about your child:

Year entered the United States: _____

Is your child returning to Randolph? Yes No If Yes, from where: _____

Was your child enrolled in school outside of the U.S.? Yes No

If Yes, please explain:

RESIDENCY REQUIREMENT

CHAPTER 76. SCHOOL ATTENDANCE

Chapter 76: Section 5. Place of attendance; violations; discrimination

Section 5. Every person shall have a right to attend the public schools of the town where he actually resides, subject to the following section. **No school committee is required to enroll a person who does not actually 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 of any town, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex, religion, national origin or sexual orientation.

According to the Randolph Public Schools Residency Policy students found to be in violation of Massachusetts General Laws, Chapter 76: Section 5 may be dismissed immediately from the Randolph Public Schools and parent(s), guardian(s) or responsible adult(s) may be jointly and severally liable to the Randolph Public Schools for the student's tuition for the full academic year(s). The Randolph Public Schools may also impose other penalties on the family such as legal fees incurred by legal action and the withholding of certain scholarships and prizes. All applicants must reside in our town (Massachusetts General Laws, Chapter 76: Section 5).

ENROLLMENT OF HOMELESS STUDENTS

The federal McKinney-Vento Homeless Education Assistance Act requires that school districts immediately enroll homeless students in school, even if they do not have the documents usually required for enrollment, such as school records, medical records or proof of residency. ***

Randolph Public Schools Homeless Education Liaison can be reached at 781-961-6237 for more assistance.

***The Massachusetts Department of Elementary and Secondary Education adopted Section 725(2) of Act regarding the definition of homeless children and youth:

- *individuals who lack a fixed, regular, and adequate nighttime residence or have a primary nighttime residence in a supervised, publicly or privately, operated shelter for temporary accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill), an institution providing temporary residence for individuals intended to be institutionalized, or a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings.*

This definition shall include:

- children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
- children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
- children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings;
- migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless because they are living in circumstances described above; and
- unaccompanied youth a youth not in the physical custody of a parent or guardian.

In addition, according to McKinney-Vento, a **fixed residence** is one that is stationary, permanent, and not subject to change. A **regular residence** is one which is used on a regular (i.e., nightly) basis. An **adequate residence** is one that is sufficient for meeting both the physical and psychological needs typically met in home environments. Therefore, **children and youth who lack a fixed, regular, and adequate residence will be considered homeless.**

**RANDOLPH PUBLIC SCHOOLS
AFFIDAVIT OF RESIDENCY**

I/we, the parent(s), legal guardian(s) or responsible adult of _____, hereby certify as follows: (Student's Full Name)

1. I/we wish to enroll the above named student in the Randolph Public Schools. I/we understand that pursuant to Massachusetts law and Randolph Public School Committee Policy, students who actually reside in the Town of Randolph may attend the Randolph Public Schools and students who do not actually reside in the Town of Randolph may not attend the Randolph Public Schools.
2. I/we hereby certify that effective _____, 20_____, the above student
(Enter the date **your student** was first at the Randolph address)

is/will be residing at the following address in Randolph, Massachusetts, with:

Parent(s)/Legal Guardian(s)/Responsible Adult

Street No. Street Name Apt./Unit No. Town, State Zip Code

Home Telephone: (_____) _____

Cell Phone: (_____) _____ Work Phone: (_____) _____

3. I/we acknowledge that I am/we are required to notify the Family Resource Center/Registration Office and the student's school, in writing, of any change in said student's address within five (5) calendar days of such change of address.
4. I/we understand that this affidavit will be relied upon by the Randolph Public Schools for the purpose of determining the above student's eligibility to attend the Randolph Public Schools on the basis of residency. If said student is enrolled in the Randolph Public Schools based upon the information contained in this affidavit and it is subsequently determined that the student does not actually reside in Randolph, I/we will be jointly and severally liable to the Randolph Public Schools for the student's tuition for the full academic years(s).
5. I/we further certify that I am/we are the parent(s), legal guardian(s) or responsible adult of the above student. (If signing as a responsible adult, you will be required to complete the Responsible Adult's Affidavit provided by the Randolph Public Schools).
6. I/We understand that all applicants must reside in our town (Massachusetts General Laws, Chapter 76: Section 5).

I understand that failure to provide requested information or providing false information may jeopardize my child's ability to attend Randolph Public Schools and may result in tuition restitution to the Randolph Public Schools. In addition to providing proof of residency, the school administration may investigate or request additional proof of residency at any later time if residence is questioned.

Your signature below indicates that you have received and understand the Randolph Public Schools Residency Policy.

Signed under the pain and penalties of perjury on this _____ day of _____, 2019.

Sign Here →

Parent/Legal Guardian/Responsible Adult

Parent/Legal Guardian/Responsible Adult

Witness (Registrar)

ANNUAL CENSUS FORM DIRECTIONS

- **YOU MUST FILL OUT THE ANNUAL CENSUS FORM**
- **EVEN IF YOU HAVE ALREADY DONE SO**
- **AS REQUIRED BY THE RANDOLPH PUBLIC SCHOOLS RESIDENCY POLICY**

GENERAL INSTRUCTIONS: PLEASE PRINT ALL INFORMATION

RESIDENT ADDRESS – Please list your home address.

PHONE NUMBER – If unlisted, put a checkmark in the indicated space.

EMAIL – Please list your email address.

A – NAMES OF ALL HOUSEHOLD MEMBERS AT THIS ADDRESS – Enter the names of all household members at this address. This should include any household member in Military Service or away at school. List by last name, first name then middle initial.

B – GENDER M/F – Enter “M” for Male or “F” for Female.

C – DATE OF BIRTH – Enter date of birth in MM(month)/DD(day)/YYYY(year) format. For example, April 23, 2001 would be entered as 04/23/2001.

D – OCCUPATION – Enter occupation (job), not place of employment. If child, list as student.

E – PUBLIC SAFETY – Check this box if you are a member of a public safety agency (police and fire) and **WORK AND LIVE IN THIS COMMUNITY**.

F – NATIONALITY – Enter only if not a U.S. Citizen.

G – VETERAN – Indicate Yes or No.

Please complete all information listed on the form; then sign and date it.

PRECINCT



IMPORTANT LEGAL DOCUMENT
2018
 ANNUAL CENSUS FORM
TOWN OF RANDOLPH
Brian P. Howard
 Town Clerk/Registrar
www.TownofRandolph.com

General Laws of Massachusetts mandate an annual street listing of residents as of January 1 of each year. Please update and correct the information provided by adding, deleting or making changes below the printed information. For assistance, call the **TOWN CLERK** at **(781) 961-0900**

RESIDENT ADDRESS:

Business hours of The Town Clerk are:
MONDAY 8:30 AM to 7:00 PM
TUESDAY - FRIDAY 8:30 AM to 4:30 PM

Phone #: _____ Unlisted: _____ Email: _____
WARNING: FAILURE TO RESPOND SHALL RESULT IN REMOVAL FROM THE ACTIVE VOTER LIST. (MGL CH. 51, Sec. 4(c))

THIS FORM DOES NOT REGISTER YOU TO VOTE.

NAME <small>LAST - FIRST - MIDDLE</small>	GENDER <small>M/F</small>	DATE OF BIRTH <small>MM/DD/YYYY</small>	OCCUPATION	POL. PARTY	MOVED/ DECEASED	CITIZEN <small>(IF NOT U.S.)</small>	VET / SPOUSE	PSC

RANDOLPH PUBLIC SCHOOLS
FAMILY RESOURCE CENTER/REGISTRATION OFFICE
P.O. BOX 260
RANDOLPH, MA 02368-0260
PH: 781-961-6247

RELEASE FORM & RELEASE OF INFORMATION (2019 - 2020)

STUDENT'S FIRST NAME: _____

STUDENT'S MIDDLE NAME: _____

STUDENT'S LAST NAME: _____

DATE OF BIRTH: ____/____/____ GRADE ENTERING: _____ ENROLLING: September 2019
Month/Year

PREVIOUS SCHOOL INFORMATION

LAST SCHOOL ATTENDED: _____
Name of School

SCHOOL'S ADDRESS: _____
Street No. Street Name City/Town State Zip

SCHOOL'S PHONE NO.: (____) _____ SCHOOL'S FAX NO.: (____) _____

I authorize the Randolph Public Schools as the system in which I am registering my child to receive all pertinent school records including but not limited to:

- Official Permanent Record/Transcript (including a recent report card, academic level of achievement and explanation of the grading system used)
- Exit Grades
- Achievement and Aptitude Test Scores (including all MCAS scores)
- Discipline and Attendance Records
- Medical Records (Immunizations and Physical Exam information)
- Evaluation(s)/Special Education Records (I.E.P.), 504 Plan, if applicable
- ELL ACCESS Tests or ELD WIDA Screener

I also authorize the Randolph Public Schools to contact other sources to obtain information relative to my child's application.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PLEASE FAX OR EMAIL ALL PERTINENT RECORDS TO:

Randolph Public Schools
Family Resource Center & Registration Office
Fax Number: 781-961-6234
Registrationoffice@randolph.k12.ma.us

Please provide **Original** documents from **each** of the groups listed below as follows:

Group A <i>Must submit 1 proof</i>	Group B <i>Must submit 2 proofs</i>	Group C <i>Must submit 1 proof</i>
<p><u>For Homeowners:</u></p> <p>___ Current Mortgage Statement</p> <p>___ Settlement Statement</p> <p>___ Property Deed</p> <p>___ Current Property Tax</p> <p>___ Bill or Water Bill</p> <p><u>For Renters:</u></p> <p>___ Current lease</p> <p>___ Signed and notarized Landlord Living Agreement</p> <p>___ Current Lease and a signed Notarized Landlord Living Agreement</p> <p>___ Complete</p>	<p><i>Each utility bill must be dated within the past 60 days.</i></p> <p>___ Cable Bill</p> <p>___ Electric Bill</p> <p>___ Gas Bill</p> <p>___ Oil Bill</p> <p>___ Home Telephone Bill (cellular telephone is not acceptable)</p> <p>___ Current Car Insurance Bill</p> <p>___ Current Home/Renters Insurance Bill</p> <p>___ Complete</p>	<p><i>All proofs must show the current address.</i></p> <p>___ Valid government-issued photo identification <i>(If you ID does not have your current address, please provide one other document from this column)</i></p> <p>___ W-2 form <i>(Dated within the past year)</i></p> <p><i>Dated within the past 60 days</i></p> <p>___ Letter from a government agency</p> <p>___ Payroll stub</p> <p>___ Bank statement</p> <p>___ Complete</p>

Health Records:

- Immunization Records
- Physical Exam (within 1 year)
- Birth Certificate

School Records:

- Transcripts/Report Card/Progress Report
- Discipline Records
- Assessments
- IEP
- 504 Plan
- ELL Assessment Data (WIDA/ACCESS)

Your Registration cannot be Accepted until ALL documentation is received.

Approved by: _____

Date: _____