



WOBURN PUBLIC SCHOOLS WOBURN, MASSACHUSETTS

PARENT/GUARDIAN CHECKLIST FOR INCOMING STUDENTS

This cover page is for your reference only and does not need to be returned to the school.

Attached is a registration packet with forms to be completed and returned to school. Before a student may attend any class, all necessary forms and health information must have been submitted.

- Original Birth Certificate** – the original certificate will not be retained by the school
- Visa (if not U.S. Citizen)**
- Proof of Residency:** These documents must be originals, not photocopied, and be pre-printed with the name and address of the student’s parent or legal guardian*. If the three documents can not be provided to the school, you may meet with the principal to discuss your unique situation. If unable to provide the required documentation, you will need to complete the attached ‘affidavit supporting residency’ and ‘proof of residency’ forms. In some cases, you may also be referred to the Superintendent of School’s office.

All Applicants must submit at least one document from <u>each</u> of the following columns**:		
Column A	Column B	Column C
<ul style="list-style-type: none"> • Copy of Deed AND record of most recent mortgage payment • Copy of Lease AND record of most recent payment 	<p><i>A utility bill or work order dated within the past 60 days, including:</i></p> <ul style="list-style-type: none"> • Gas Bill • Oil Bill • Electric Bill • HOME Telephone bill (not cell phone) • Cable Bill • Water Bill 	<ul style="list-style-type: none"> • Valid Driver’s license • Current vehicle registration • Valid Massachusetts photo Identification card • Valid passport <p><i>Dated within past year:</i></p> <ul style="list-style-type: none"> • W-2 Form • Excise (Vehicle tax bill) • Property tax bill <p><i>Dated within the past 60 days:</i></p> <ul style="list-style-type: none"> • Payroll stub • Bank or credit card statement

* Legal guardianship requires additional documentation from a court or agency.

** Not all of these requirements pertain to homeless students. Please see the principal if you are in a homeless situation to learn about your rights under the McKinney-Vento Act.

PARENT/GUARDIAN CHECKLIST FOR INCOMING STUDENTS

Page Two

- Student Registration form PreK-12**
- Home Language Survey**
- Signed Release of Records Form** (if applicable) – for students transferring from another school district
- Completed Immunization Record**
- Completed Current Physical Exam** – A physical exam done within the past year prior to entrance is acceptable.

Any parent/guardian wishing to volunteer in a school or participate in a field trip must complete a **CORI** form. These forms must be completed every three years. Please see your school's administrative assistant for further information.



Woburn Public Schools
Woburn, Massachusetts

School: _____
School Year: _____

Student Registration Form Prek-12

*Welcome to the Woburn Public Schools.
To help make this transition a smooth
one for your child, please complete all
forms and provide all documents noted
on the registration requirements.*

FOR SCHOOL PERSONNEL USE ONLY:

Verification of Date of Birth and Student Name

- Original Birth Certificate
 Passport
 Visa (of not U.S. Citizen)

Required School Forms

- Proof of Residency
 Completed Health Record and Immunization
 Previous School Records (if applicable)
 Special Education Records (if applicable)

LASID #: _____

SASID #: _____

Grade Entering: _____

Year of Graduation: _____

Enrollment Date:

Former School/School Address

Has student ever been enrolled in a
Massachusetts school?

Yes No

If YES,
where: _____

Has student ever been enrolled in
Woburn?

Yes No

If YES,
where: _____

Student Information

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City/Town and Zip: _____

Home Telephone # _____ Place of Birth
(City, State Country): _____

Is the student homeless: Yes No

Student Gender: _____ Grade Entering: _____

Is the student currently on an **Individual Education Plan (IEP)**? Yes No

Is the student currently on a **504 Plan**? Yes No

Is the student a member of a **military connected** family? Yes No

Physician's Name: _____ Physician's Phone: _____

Dentist's Name: _____ Dentist's Phone: _____

Ethnicity: Is the student either Hispanic or Latino? Yes No

Race(check one or more below):

- 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
- Native Hawaiian or Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- American Indian or Alaskan Native:** a person having origins in any of the original peoples of North and South 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)

Brothers and Sisters in and out of school					
Name	Age	Grade	Name	Age	Grade

Parent/Legal Guardian Information

Parent/Guardian 1 Name: _____
 Resides with: Yes No Relationship to child: _____
 Parent/Guardian 1 Address (if different from child): _____
 Parent/Guardian 1 Home Phone (if different from child): _____
 Parent/Guardian 1 Cell Phone: _____
 P/G 1 place of work: _____ P/G 1 Work Phone: _____
 Parent/Guardian 1 email: _____

Parent/Guardian 2 Name: _____
 Resides with: Yes No Relationship to child: _____
 Parent/Guardian 2 Address (if different from child): _____
 Parent/Guardian 2 Home Phone (if different from child): _____
 Parent/Guardian 2 Cell Phone: _____
 P/G 2 place of work: _____ P/G 2 Work Phone: _____
 Parent/Guardian 2 email: _____

May child be dismissed to either parent: Yes No

Are there any legal issues or dismissal restrictions that the school should be aware of?
 (If **YES**, a copy **must** be on file in the school office.)
 Yes No

Emergency Contact People (to be called if school office is unable to contact the parent/guardian listed above. These individuals should have transportation available).

Individual #1 Name: _____
 Individual #1 Primary Phone: _____ Secondary Phone: _____
 Individual #2 Name: _____
 Individual #2 Primary Phone: _____ Secondary Phone: _____
 Individual #3 Name: _____
 Individual #3 Primary Phone: _____ Secondary Phone: _____

In case of an accident or serious illness, and if school personnel are unable to reach me, I hereby authorize school personnel to make whatever arrangements seem necessary.

Parent/Legal guardian signature Date

I am the undersigned and the parent OR legal guardian of the child being registered. This child resides with me and my place of residence is within the boundaries of the Woburn Public School District and the attendance area for this school. By my signature below, I am affirming that all information provided is accurate and truthful.

Parent/Legal guardian signature Date

Woburn Public Schools
HOME LANGUAGE SURVEY

Date of School Enrollment:	Student's Name	Age	Birth date	Grade
		/	/	
Name of Person Completing Survey:			Number of Years attended school in the United States:	
Relationship to Student:				

1. What language did your child first understand or speak? _____
2. What language do you use most often when speaking with your child at home? _____
3. What language does your child use most often when speaking with you at home? _____
4. What language does your child use most often when speaking with friends _____
5. What language(s) does your child read? _____
6. What language(s) does your child write? _____
7. At what age did your child start attending school? _____
8. Has your child attended school every year since that age? Yes___ No___

If no, please explain:

9. Do you need information translated that is ... written? Yes___ No___
- Spoken? Yes___ No___

Signature of Parent /Guardian

Signature of Parent /Guardian

To be completed by ELL Program Staff Before Placement:

Recommendation: Proficiency Testing/Records Review No ELL Services	Signature of ELL Staff:
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Portuguese - Se precisar de assistência traduzir este documento, por favor greese@woburnpublicschools.com e-mail ou ligue para (781) 937-8233, ramal 201

Spanish - Si necesita ayuda para traducir este documento, envíe un correo electrónico o llame al greese@woburnpublicschools.com (781) 937-8233, extensión 201

If you need assistance translating this document, please email greese@woburnpublicschools.com or call (781) 937-8233, extension 201



WOBURN PUBLIC SCHOOLS

Woburn, Massachusetts

Student Record Release Form

State legislation makes it necessary for schools to obtain release forms from parents of students under age 15 before information on the student is sent to private or parochial schools, vocational schools, other public school systems, or any other third party. The following information will be forwarded on permission being granted by the parent:

- Name, address, and other identifying information
- School subjects taken
- Letter grades or evaluation for those subjects
- Objective test data
- Attendance record
- Health record
- Other temporary record information: i.e, core evaluation reports, psychological reports, etc.

With this in mind, please complete the appropriate statement:

1) **MOVING TO WOBURN:** I give permission for the _____
(Old School Name, Address)

to forward school records for _____ to the Woburn Public Schools.
(Student Name / Grade)

My child will be attending the _____.
(New School Name)

2) **MOVING FROM WOBURN:** I give permission for the Woburn Public Schools to forward the
school records for _____ to the
(Student Name / Grade / School Attended)

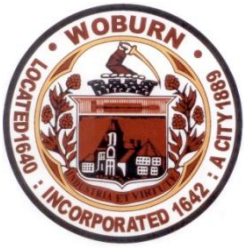
(New School Name / Address)

Parent Name (Please Print)

Parent Signature

Date

Phone Number



WOBURN PUBLIC SCHOOLS

Woburn, Massachusetts

Proof of Residency Form

Three forms of identification are required from the property owner and renter to verify residency. *The following two pages only need to be completed and notarized if the parent or homeowner cannot produce the three required forms, the Affidavit Supporting Residence and Proof of Residency forms.*

Date: _____

Student's Name: _____

Parent's Name(s): _____

Current Address: _____

Current Telephone Number: _____

Name of Property Owner: _____

Address of Property Owner: _____

Telephone Number of Property Owner: _____

Date Student will Enter School: _____

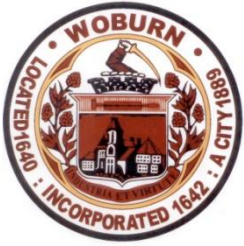
The undersigned do hereby certify that _____ is living at _____ in Woburn, Massachusetts and that all records relating to the enrollment of _____ into the Woburn Public Schools are true. Any falsifying of this information will subject me, as parent or guardian, to full tuition payment for the number of days he/she was not a legal resident of the City of Woburn as well as removal of the student from the Woburn Public Schools.

Parent's Signature

Property Owner's Signature

The following documentation must be provided:

- 1) Copy of property owner's current real estate tax bill _____
- 2) Copy of current utility bill with either lessor or lessee's name _____
 ** due within 30 days of actual residence
- 3) Proof of identification: Driver's license/Passport, etc. _____



WOBURN PUBLIC SCHOOLS

Woburn, Massachusetts

AFFIDAVIT SUPPORTING RESIDENCE

I certify that:

Name of Parent(s) / Legal Guardian(s)

Name(s) of Child(ren):

Reside at: _____

in the Woburn Public School District, as of: _____
(Date)

*Property Owner or Lessor Signature: _____

(Relationship to Parent / Guardian:) _____

*Parent / Guardian Signature: _____

Commonwealth of Massachusetts

County of Middlesex

Subscribed and sworn to me, a Notary Public, in and for said County and State,

this _____ day of _____, 20_____

Notary Public: _____

Printed Name of Notary: _____

My Commission Expires: _____

**My signature confirms that the information above and supporting documentation I have provided the School District to prove residency are true. I understand that fraudulent claims constitute perjury, punishable by law, and can also result in the expulsion of the student from school and immediate demand for tuition by the School District.*