



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?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, where: _____
Has student ever been enrolled in Woburn?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Gender: _____ Grade Entering: _____
Is the student currently on an Individual Education Plan (IEP) ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student currently on a 504 Plan ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student a member of a military connected family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physician's Name: _____	Physician's Phone: _____
Dentist's Name: _____	Dentist's Phone: _____
Ethnicity: Is the student either Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race (check one or more below):	
<input type="checkbox"/> White: a person having origins in any of the original peoples of Europe, the Middle East or North Africa	
<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 Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands	
<input type="checkbox"/> 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	
<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)	

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

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			
_____			<input type="checkbox"/> F <input type="checkbox"/> M
First Name	Middle Name	Last Name	Gender
_____	/ /	/ /	
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	
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 -grandparents, uncles, aunts, etc. - 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)



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)

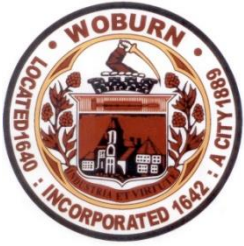
(New School Name / Address)

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: _____

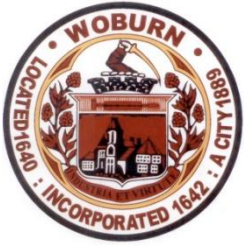
The undersigned do hereby certify that _____ is living at _____ in Woburn, Massachusetts and that all records relating to the enrollment of _____ into the Woburn Public Schools are true. Any falsifying of this information will subject me, as parent or guardian, to full tuition payment for the number 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.*