



**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: \_\_\_\_\_

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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			
_____ 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)	_____ Name of Former School and Town	_____ Current Grade	
Questions for Parents/Guardians			
What is the primary 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) _____ 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? _____		
How many years has the student been in U.S. Schools? (not including pre-kindergarten) _____	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"/> If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings?    Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____		
Parent/Guardian Signature: X	____/____/____ 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,

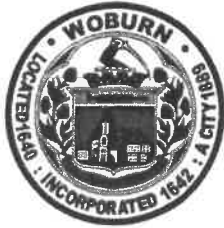
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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.*



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

\* 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.