

Ashland Public Schools  
Ashland, MA 01721

**GRADES PreK-12 REGISTRATION PACKAGE**

**To register a student in Ashland Public Schools you will need make an appointment with the Central Registrar. Please call to set up an appointment at 508-532-4005.**

**1. The registration packet filled out completely. (Forms a-h listed below)**

- a. Student Registration Enrollment Form
- b. Student Information Form
- c. Student Health History
- d. Health Emergency Form
- e. Home Language Survey

**Note:** If your child's first language is not English, please notify the Registrar at the time of registration/enrollment so that an appointment can be made to meet with the ELL representative at the building who will evaluate your child for language proficiency.

f. Student Records Release Consent Form

**Note:** If student receives Special Education services, an additional appointment will be made with the TEAM Chair to review IEP services

g. **Early Childhood Experience Survey (KINDERGARTEN Students ONLY)**

h. **Athletic Eligibility Form (HIGH SCHOOL Students ONLY)**

**2. An Original Birth Certificate with the raised seal.**

We will copy this and return the original to you.

**3. Immunization and physical examination records.** (See attached Health Information Registration/Enrollment Requirements)

a. Immunization records with dates of all immunizations.

b. Proof of a physical exam within one year of starting date, or an appointment date for a physical if the child has not had a physical within the last year.

**4. Proof of residency in the town of Ashland.**

a. If you have been living in Ashland but your child previously attended a private school you will need the following: Proof of ownership or rental of a home in Ashland (an official town mailing to your residence i.e. tax bill, water bill etc.) or, a current signed rental agreement.

b. If you have just moved into Ashland or are about to move into Ashland (within 30 days), you will need an original Purchase and Sales or Rental Agreement. We will copy this and return the original to you.

**Note:** Students who will not be living in Ashland within 30 days of starting school here may not be enrolled in the Ashland Public Schools.

**5. Transcripts**

**6. Parental Identification**

# Ashland Public Schools

## STUDENT REGISTRATION/ENROLLMENT FORM

Date of Enrollment: \_\_\_\_\_ Entering School/Grade: \_\_\_\_\_

Name: \_\_\_\_\_  
First (as appears on birth certificate) Middle (no initials) Last

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_M \_\_\_F \_\_\_Non Binary

City of Birth: \_\_\_\_\_

School Previously Attended: \_\_\_\_\_

Address: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Student living with: Parents \_\_\_ Father \_\_\_ Mother \_\_\_ Guardian \_\_\_ Foster Parents \_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_ Work Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Current E-Mail \_\_\_\_\_ Current E-Mail \_\_\_\_\_

Children in family in chronological order (including this child)

<u>Name</u>	<u>Sex</u>	<u>Date of Birth/Grade</u>
1.		
2.		
3.		
4.		

**\*Note:** Attach copy of legal custody agreement/restraining order if applicable. Without this information, either parent may access your child's educational information and/or dismiss/withdraw your child at any time.

Ashland Public Schools  
For Office use only:

Local ID # \_\_\_\_\_  
State ID # \_\_\_\_\_

\*\*\*\*\*

**Ashland Public Schools**  
**STUDENT INFORMATION FORM**

**PLEASE PRINT**

Name: \_\_\_\_\_  
FIRST (As it appears on the Birth Certificate)      FULL MIDDLE (No initials)      LAST

Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_M \_\_\_F \_\_\_ Non-Binary

City of Birth: \_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_

**FOSTER CHILD OR STATE WARD?** \_\_\_ YES \_\_\_ NO

ALIEN: \_\_\_\_\_ ALIEN REGISTRATION NO. & STATUS \_\_\_\_\_  
DATE OF ARRIVAL IN UNITED STATES: \_\_\_\_\_

**\*Ethnicity: Select only one**

\_\_\_\_\_ **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, Brazilian, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."

\_\_\_\_\_ **Not Hispanic or Latino.**

\*\*\*\*\*

**\*RACE – Select all that apply**

\_\_\_\_\_ **American Indian or Alaskan Native**--A person having origins in any of the original peoples of North 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, the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

\_\_\_\_\_ **Black or African American**--A person having origins in any of the black racial groups of Africa.

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander**—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_ **White**--A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

\*These definitions were provided by the Commonwealth of Massachusetts.

# ASHLAND PUBLIC SCHOOLS

## *Health Information Registration Requirements* **For New Students Enrolling in Ashland Public Schools**

All new students enrolling in Ashland Public Schools **must** submit:

1. A Certificate of Immunizations meeting the requirements of Massachusetts Department of Public Health Immunization Schedule; 105 CMR 220.500 (B)
  - Students with **no** immunization documentation may not attend school. See School Nurse for specific immunization requirements.
  - Students with **incomplete** immunization documentation will need to receive the needed immunizations before attending school. See School Nurse for specific immunization requirements.
  - Kindergarten students with **no** immunization documentation may attend the orientation meeting, but cannot attend school until required immunization documentation is submitted.
2. A copy of a physical exam completed within the past 12 months or proof of a doctor's appointment for a physical exam, 105 CMR 200.100.
3. *Student Health – Emergency Form*
4. *Student Health History Form*

**Withdrawals:** During the school year, the School Nurse must be notified if a student is withdrawing. The School Nurse will release the student's health record and give it to the school secretary, so the health record can be combined with educational record and forwarded to the student's new school.

**ASHLAND PUBLIC SCHOOLS**  
**Student Health History**

The Student Health History is a confidential document required for all students entering the Ashland Public Schools. Please inform the school nurses of any changes in your child's health during the school year and contact the school nurse with any concerns or questions.

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Primary language: \_\_\_\_\_ Secondary language: \_\_\_\_\_

1. Please check off each person living in the student's household and note the ages of any siblings and foster children.

- Mom       Dad       Grandparents       Guardian
- Siblings      Age \_\_\_\_\_      Age \_\_\_\_\_      Age \_\_\_\_\_      Age \_\_\_\_\_
- Foster children      Age \_\_\_\_\_      Age \_\_\_\_\_      Age \_\_\_\_\_      Age \_\_\_\_\_
- Other *Relationship to student:* \_\_\_\_\_

2. Have there been any recent changes in your family that may affect your child? If yes, please check the appropriate boxes and explain in the space below.

- Birth of a sibling       Change in marital status       Change in housing       Military deployment
- Recent death       Family illness       Change in employment       Other

3. Does your child wear glasses or contact lenses?     Yes     No

4. Does your child wear a hearing aid?     Yes     No

5. Has your child ever been hospitalized and/or had surgery?     Yes     No  
If yes, please provide dates and explain below.

---

---

---

---

6. Has your child had any of the following illnesses? If yes, please check the appropriate boxes and explain in the space below.

- Ear infections (frequent)       Lyme disease       Pneumonia
- Encephalitis       Meningitis       Strep infections (frequent)
- High fevers       Pertussis       Tuberculosis

---

---

---

---

7. Has your child been diagnosed with any of the following conditions? If yes, please check the appropriate boxes and explain in the space below.

- |                                     |  |  |   |  |
|-------------------------------------|--|--|---|--|
| <input type="checkbox"/> ADD        | <input type="checkbox"/> Birth defects   | <input type="checkbox"/> Developmental delay     | <input type="checkbox"/> Hearing problems     | <input type="checkbox"/> Muscular dystrophy  |
| <input type="checkbox"/> ADHD       | <input type="checkbox"/> Cerebral palsy  | <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Heart problems       | <input type="checkbox"/> Skin condition      |
| <input type="checkbox"/> Anxiety    | <input type="checkbox"/> Concussion      | <input type="checkbox"/> Eating disorder         | <input type="checkbox"/> Kidney disease       | <input type="checkbox"/> Sleep disorder      |
| <input type="checkbox"/> Asthma     | <input type="checkbox"/> Cystic fibrosis | <input type="checkbox"/> Encopresis/constipation | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Tourette's syndrome |
| <input type="checkbox"/> Autism/ASD | <input type="checkbox"/> Depression      | <input type="checkbox"/> Epilepsy/seizures       | <input type="checkbox"/> Migraine headaches   | <input type="checkbox"/> Vision difficulties |

---

---

---

8. Does your child have any allergies (e.g., food, medicine, latex, seasonal, insects)?  Yes  No  
If yes, explain below and *please be specific*.

---

---

---

9. Does your child take any medication daily or as needed *for his/her allergies*?  Yes  No  
If yes, please list below.

---

---

10. Does your child take any *other* medications daily or as needed?  Yes  No  
If yes, please list each medication and for what illness/condition it is taken.

---

---

---

11. Are there any diagnoses not covered above that affect your child? If so, please explain.

---

---

---

12. Is there anything about your child's mental or physical health you would like the school nurse to be aware of that has not been addressed thus far? If so, what?

---

---

**Thank you** for providing this valuable information about your child's health. If your child has a chronic illness requiring further conversation, please contact the school nurse to schedule a meeting. Please refer to the Health Services section of the Ashland Public Schools website for contact information for the nurse's office at your child's school— <http://www.ashland.k12.ma.us/health-services>.

\_\_\_\_\_  
Signature of individual completing form

\_\_\_\_\_  
Relationship to student

Date: \_\_\_\_\_

**ASHLAND PUBLIC SCHOOLS  
HEALTH - EMERGENCY INFORMATION Grades PreK-12**

**Please read carefully, sign, and return this form to school.**

State mandated health requirements include the following: Physical exams are required in grades PK, K, 4, 7, and 10. Vision screening occurs annually in grades PK, K-5, 7 and 10. Hearing screening occurs annually in grades PK, K-3, 7 and 10. Postural screening occurs annually in grades 5 through 9. Body Mass Index (BMI) screening occurs annually in grades 1, 4, 7 and 10. SBIRT (Screening, Brief Intervention, and Referral to Treatment) screening occurs annually in grades 7 & 9. Parents who choose to waive Postural, BMI or SBIRT screenings must submit a written request to school nurse.

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

Address (street) \_\_\_\_\_ (town) \_\_\_\_\_ Home Phone \_\_\_\_\_

Student living with: Parents \_\_\_ Father \_\_\_ Mother \_\_\_ Guardian \_\_\_ Foster Parents \_\_\_

Please Circle One: Mother/Father/Guardian  
Name \_\_\_\_\_

Please Circle One: Mother/Father/Guardian  
Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Friend/Daycare/Relative who may be asked to dismiss student if unable to locate parents:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Circle: Cell/Work/Home \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Circle: Cell/Work/Home \_\_\_\_\_

**Pediatrician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Dentist** \_\_\_\_\_ **Phone** \_\_\_\_\_

Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

**Name of Health Insurance** \_\_\_\_\_

**Permission to receive Tylenol, Ibuprofen, TUMS, throat lozenges in school as needed YES \_\_\_\_\_ NO \_\_\_\_\_**

**In an emergency I grant permission for my son/daughter to be transported, by ambulance, to MetroWest Medical Center - Framingham Campus for treatment. I understand I will be notified of the emergency as soon as possible.**

**I will notify the school if there is any change in the above information.**

**Signature of Mother/Father/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Detail below any pertinent medical needs relevant to the care of your child in school (medications, allergies, religious exemptions).**

Emergency Form: English 1/2021

## 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
		F <input type="checkbox"/> M <input type="checkbox"/> Gender
_____ 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)	



**Ashland Public Schools**  
**STUDENT RECORD RELEASE CONSENT**

**Guidance Services**

Student Name	Date of Birth	SASID #
Street	Town	State
		Zip
Phone		

In conformance with the 1976 Student Record Regulations of the Massachusetts Department of Education, I authorize the appropriate office of:

\_\_\_\_\_ Ashland High School, 65 East Union Street, Ashland, MA. 01721

\_\_\_\_\_ Ashland Middle School, 87 West Union Street, Ashland, MA. 01721

\_\_\_\_\_ David Mindess School, 90 Concord Street, Ashland, MA. 01721

\_\_\_\_\_ Henry E. Warren School, 73 Fruit Street, Ashland, MA. 01721

\_\_\_\_\_ William Pittaway School, 75 Central Street, Ashland, MA. 01721

Special Education Department, 87 West Union Street, Ashland, MA. 01721

To send \_\_\_ or to receive \_\_\_ from the following school, the records of the above named student. Signed permission is granted below:

School	Special Education Department
Street	Street
Town	Town
State	State
Zip	Zip

Transcript (grades, courses, grade level completed)	
Standardized Test Scores (MCAS/PARCC)	
Health Records	
Teacher/Counselor Comments	
IEP and Assessments	
Attendance Record	
Discipline Records	
WIDA	
ACCESS Scores	

\_\_\_\_\_  
Signature of Parent/Guardian Date

- This form may be signed by a student 14 years or older

**WARREN SCHOOL Kindergarten Only**

**EARLY CHILDHOOD EXPERIENCE SURVEY (Kindergarten Only)**

This survey is required by the state Department of Elementary and Secondary Education for all Kindergarten Students

Name of Student: \_\_\_\_\_  
(Please PRINT)

What type of education experience has your child had prior to Kindergarten?

CHECK **ONE** Only

1. \_\_\_ No formal early childhood program experience
2. \_\_\_ Family Support: Coordinated Family and Community Engagement (CFCE)
3. \_\_\_ Family Support: Parent Child Home Program (PCHP)
4. \_\_\_ Family Support: Both CFCE & PCHP
5. \_\_\_ Formal: Licensed Family Child Care Provider less than 20 hours per week
6. \_\_\_ Formal: Licensed Family Child Care Provider greater than 20 hours per week
7. \_\_\_ Formal: Center Based Program less than 20 hours per week
8. \_\_\_ Formal: Center Based Program greater than 20 hours per week
9. \_\_\_ Formal: BOTH Family Child Care Provider and Center Based Program less than 20 hours per week
10. \_\_\_ Formal: BOTH Family Child Care Provider and Center Based Program greater than 20 hours per week

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

# NEW STUDENT ATHLETIC ELIGIBILITY FORM

This form must be completed by all new students

DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ YEAR OF GRAD: \_\_\_\_\_

STREET: \_\_\_\_\_ TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF ENTRY TO AHS: \_\_\_\_\_

SCHOOL LAST ENROLLED IN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ GUIDANCE COUNSELOR: \_\_\_\_\_

IS THIS A RE-ENTRY TO ASHLAND HIGH SCHOOL? \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU EVER REPEATED A GRADE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, WHAT GRADE? \_\_\_\_\_

REASON ENROLLING IN ASHLAND HIGH SCHOOL:

1. \_\_\_\_\_ SCHOOL CHOICE
2. \_\_\_\_\_ MOVED TO ASHLAND WITH CUSTODIAL PARENTS
3. \_\_\_\_\_ OTHER (PLEASE EXPLAIN) \_\_\_\_\_  
\_\_\_\_\_

PREVIOUS SPORTS PLAYED AT THE VARSITY LEVEL (OR IT'S EQUIVALENT ie: SELECT TEAMS, CLUB TEAMS, ETC.) FOR ANY LENGTH OF TIME. PLEASE INCLUDE YEARS.

(If not sure, list all sports played in high school).

1. \_\_\_\_\_ YEARS \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_ YEARS \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_ YEARS \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Signature

**Please forward completed form to the Athletic Director**