

**CHELMSFORD PUBLIC SCHOOLS
CHELMSFORD, MASSACHUSETTS**

STUDENT REGISTRATION – GRADES 5-12

Student Data

	<i>Student Data</i>		
1.	Last Name:	First Name:	Middle Name:
2.	Grade level student is entering:		
3.	Does this student currently receive special services? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, I.E.P. <input type="checkbox"/> 504 <input type="checkbox"/>		
	Has this student ever received special services in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If yes, please explain: Is there a history of learning disabilities in your family: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Specify:		
4.	Has this student been registered as a student in Chelmsford Public Schools? Yes <input type="checkbox"/> No <input type="checkbox"/>		
5.	Does the student have any siblings registered in Chelmsford Public Schools? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Sibling's name/current grade level: _____		

6.	Date of Birth:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	
7.	City/Town of birth:	Country of Origin:	
8.	Student's home phone:		
9.	Student resides at this address:		
10.	Student's primary language spoken at home:		
11.	<u>Student's race:</u>		
	White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/>		
12.	<u>Student's Ethnicity:</u>		
	Are you Hispanic or Latino? (select one) No, Not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino* <input type="checkbox"/>		
<small>*A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.</small>			
13.	Parent E-Mail Address: _____		

First Parent/Guardian Contact Information

1st Contact Name	Relationship	Lives w/student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Custody issue Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If yes, is this contact a custodial parent? Yes <input type="checkbox"/> No <input type="checkbox"/></small>	
Address (if different than student)	Email Address	Workplace	Can Dismiss Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can Receive Student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone Numbers			Unlisted?	
Home Phone (Primary)		Mobile Phone (Primary)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home Phone (Alt.)		Mobile Phone (Alt.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Work Phone (Primary)			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Work Phone (Alt.)			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Second Parent/Guardian Contact Information

2nd Contact Name	Relationship	Lives w/student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Custody issue Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If yes, is this contact a custodial parent? Yes <input type="checkbox"/> No <input type="checkbox"/></small>	
Address (if different than student)	Email Address	Workplace	Can Dismiss Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can Receive Student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone Numbers			Unlisted?	
Home Phone (Primary)		Mobile Phone (Primary)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home Phone (Alt.)		Mobile Phone (Alt.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Work Phone (Primary)			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Work Phone (Alt.)			Yes <input type="checkbox"/> No <input type="checkbox"/>	

First Emergency Contact if Parents/Guardians CAN NOT Be Reached

Contact Name	Relationship	Lives w/student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can Dismiss Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can Receive Student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address (if different than student)		Email Address		
Phone Numbers			Unlisted?	
Home Phone (Primary)		Mobile Phone (Primary)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home Phone (Alt.)		Mobile Phone (Alt.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Work Phone (Primary)			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Work Phone (Alt.)			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Second Emergency Contact if Parents/Guardians CAN NOT Be Reached

Contact Name	Relationship	Lives w/student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can Dismiss Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can Receive Student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address (if different than student)		Email Address		
Phone Numbers			Unlisted?	
Home Phone (Primary)		Mobile Phone (Primary)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home Phone (Alt.)		Mobile Phone (Alt.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Work Phone (Primary)			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Work Phone (Alt.)			Yes <input type="checkbox"/> No <input type="checkbox"/>	

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 (mm/dd/yyyy)	_____ / _____ / _____ Date of Birth (mm/dd/yyyy)	_____ / _____ / _____ Date first enrolled in ANY U.S. school	
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 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? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what language? _____		
Parent/Guardian Signature: X	_____ / _____ / 20____ Today's Date: (mm/dd/yyyy)		

CHELMSFORD PUBLIC SCHOOL

Emergency Medical Information

Student's Name: _____ Date of Birth: _____

Gender: M F Entering Grade: _____ Bus # _____ Homeroom/House: _____

Student Lives With: _____ Student's Address: _____

Siblings/Schools 1st: _____ 2nd: _____

Guardian Name _____ Home# _____ Cell# _____

Employer: _____ Work# _____ Email _____

Additional Guardian Name _____ Home# _____ Cell# _____

Employer: _____ Work# _____ Email _____

Which phone # to call First? _____ Second? _____

If guardian not available, please list individuals who we can release your child to:

person(s) relationship and phone numbers

1st _____

2nd _____

Allergies: No allergies Environmental Allergies Medication Allergies (List) _____

*Latex Bee/Insect *Food (List) _____ Is Epi pen prescribed? *Yes No

(*Health Provider's documentation required) Has an Epi pen ever been given? Yes No

Check all conditions that apply:

Check if no conditions apply:

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Kidney	<input type="checkbox"/> Strep throat infections (history of)
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Developmental Delays	<input type="checkbox"/> Lactose Intolerant	<input type="checkbox"/> Other _____
<input type="checkbox"/> Asthma	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Migraines	Hospitalizations this year? Yes <input type="checkbox"/> No <input type="checkbox"/> Reason? _____
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Eyeglasses/Contacts	<input type="checkbox"/> Nosebleeds	
<input type="checkbox"/> Autism spectrum	<input type="checkbox"/> Gastric reflux	<input type="checkbox"/> Reflux (other)	Previous Concussions? Yes <input type="checkbox"/> No <input type="checkbox"/> Dates _____
<input type="checkbox"/> Bladder Control	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Seizures	<input type="checkbox"/> Emotional Concerns? _____
<input type="checkbox"/> Constipation	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Scoliosis	
<input type="checkbox"/> Celiac	<input type="checkbox"/> Heart Murmur		

Is an inhaler and/or nebulizer prescribed for your child? Yes No Will it be sent to school? Yes No

List all medications your child is taking:

Medication: _____ Time of Day: _____ Dose: _____

Medication: _____ Time of Day: _____ Dose: _____

Medication: _____ Time of Day: _____ Dose: _____

Medications necessary to be given during the school day must have a written physician's order, written parental permission, and be supplied and delivered by parent in the original container.

- If needed, I give permission for the school nurse to administer and/or apply the following medications approved by our school physician: Bacitracin, Caladryl, First Aid Cream, Hydrocortisone, Hypoallergenic skin lotion, Saline Eye Solution, Silvadene Cream, Sting Kill Swabs, Tums, Ibuprofen (Motrin), diphenhydramine(Benadryl), acetaminophen(Tylenol), Aquaphor or Vaseline. YES NO
- I give the school nurse permission *when needed*, to share information confidentially with appropriate personnel, to meet my child's health, safety and/or educational needs. YES NO
- I give the school nurse permission to speak with my listed pediatrician to facilitate care of my child YES NO

Parent/Guardian signature: _____ Date: _____

Pediatrician: _____ Phone: _____ Desired Hospital: _____

**Insurance Provider: _____ Dentist: _____ Phone: _____

****If your child has no health insurance, state none. Massachusetts offers uninsured children health insurance plans for free or at a reduced rate. Please contact the school nurse for information. All communications are confidential**

CHELMSFORD PUBLIC SCHOOLS

Central Administrative Offices
230 North Road, Chelmsford, MA 01824
Telephone: (978) 251-5100 Fax: (978) 251-5110

C.O.R.I. (Criminal Offender Registration Information)

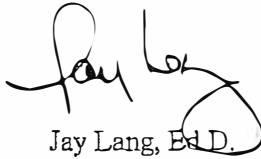
Dear Chelmsford Public School Parents and Volunteers:

In an effort to provide the safest school environment possible for students and staff, federal law requires school districts to conduct criminal background checks known as C.O.R.I. (Criminal Offender Registration Information) on all employees and volunteers working with children. Therefore, all volunteers in the Chelmsford Public Schools are required to have submitted a C.O.R.I. form before they are able to work with our students. It is important to remember you will not be allowed to participate in volunteer activities without this background check. Only one form is required to be filled out to be a volunteer for all of Chelmsford's schools.

If you plan to be a volunteer in the Chelmsford Public Schools, you need to fill out the attached C.O.R.I. form. To submit the form, please provide it to your child's school or to the Central Administration Office, along with a government issued picture I.D such as a driver's license or passport. The C.O.R.I. form will be sent to Central Administration for processing through the Personnel Office. The information obtained is reviewed only by authorized staff, the Chelmsford Superintendent of Schools and the Director of Personnel. All information will be held in the strictest of confidence. No copies of the C.O.R.I. forms are kept at the schools but each school will have a list of all volunteers who have an approved C.O.R.I. on file. Once your C.O.R.I. has been processed it is valid for three years. You can call the school at which you wish to volunteer to check your C.O.R.I. status to confirm it is still valid.

The Chelmsford Public Schools has a very large and successful volunteer program that includes library, computer, classroom, and fieldtrip volunteers. We truly appreciate the efforts of all volunteers. Thank you for your participation and service to our schools and students.

Sincerely,



Jay Lang, Ed.D.
Superintendent



THE COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
 Department of Criminal Justice Information Services
 200 Arlington Street, Suite 2200, Chelsea, MA 02150
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
 MASS.GOV/CJIS



**Criminal Offender Record Information (CORI)
 Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

Chelmsford Public Schools is registered under the
 (Organization)
 provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Chelmsford Public Schools
 (Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Chelmsford Public Schools
 (Organization)
 with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Chelmsford Public Schools may conduct
 (Organization)
 subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that Chelmsford Public Schools,
 (Organization) must first provide me
 with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject _____
Date



THE COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
 Department of Criminal Justice Information Services
 200 Arlington Street, Suite 2200, Chelsea, MA 02150
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
 MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
 The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____
 * Last Name: _____ Suffix (Jr., Sr., etc.): _____
 Former Last Name 1: _____
 Former Last Name 2: _____
 Former Last Name 3: _____
 Former Last Name 4: _____
 * Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____
 * Last SIX digits of Social Security Number: ____ -- ____ No Social Security Number
 Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____
 Driver's License or ID Number: _____ State of Issue: _____
 Father's Full Name: _____
 Mother's Full Name: _____

Current Address

* Street Address: _____
 Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

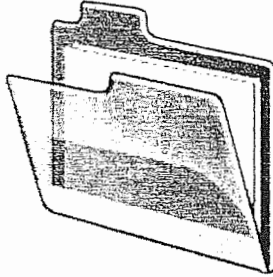
Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee _____ *Date*

CHELMSFORD PUBLIC SCHOOLS
CHELMSFORD, MASSACHUSETTS

RELEASE OF RECORDS REQUEST



DATE: _____ D.O.B.: _____ GRADE: _____

I give my permission for the _____ School
(School Last Attended)

(Address)

(Telephone)

To forward my child's, _____ student transcript/records to:
(Student's Name)

<input type="checkbox"/> Byam Elementary School 25 Maple Road Chelmsford, MA 01824 978-251-5144 FAX: 978-241-5150	<input type="checkbox"/> McCarthy Middle School 250 North Road Chelmsford, MA 01824 978-251-5122 FAX: 978-251-5130
<input type="checkbox"/> Center Elementary School 84 Billerica Road Chelmsford, MA 01824 978-251-5155 FAX: 978-926-0721	<input type="checkbox"/> Parker Middle School 75 Graniteville Road Chelmsford, MA 01824 978-251-5133 FAX: 978-251-5140
<input type="checkbox"/> Harrington Elementary School 120 Richardson Road, North Chelmsford, MA 01863 978-251-5166 FAX: 978-251-5170	<input type="checkbox"/> Chelmsford High School 200 Richardson Road North Chelmsford, MA 01863 978-251-5111 FAX: 978-251-5117
<input type="checkbox"/> South Row Elementary School 250 Boston Road, Chelmsford, MA 01824 978-251-5177 FAX: 978-251-5180	<input type="checkbox"/> CHIPS PROGRAM 170 Dalton Road Chelmsford, MA 01824 978-251-5188

_____ CUMULATIVE RECORDS (which may include standardized test results, class rank, extracurricular activities, I.Q. scores, evaluation forms, teacher, counselors, school staff, 766 evaluative materials, etc.)

_____ ALL HEALTH RECORDS

_____ SPECIAL EDUCATION RECORDS OR EDUCATIONAL PLANS (IEP/504) FOR THE STUDENT ABOVE

_____ STATE ID NUMBER

SIGNATURE OF PARENT/GUARDIAN

DATE