

CHELMSFORD PUBLIC SCHOOLS  
CHELMSFORD, MASSACHUSETTS

STUDENT REGISTRATION – GRADES 5-12

<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"/> Non-Binary <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: _____

<i>First Parent/Guardian Contact Information</i>				
<u>1st Contact Name</u>	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)			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home 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"/>	

<i>Second Parent/Guardian Contact Information</i>				
<u>2nd Contact Name</u>	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)			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home 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"/>	

<i>First Emergency Contact if Parents/Guardians CAN NOT Be Reached</i>				
<u>Contact Name</u>	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)			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home 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"/>	

<i>Second Emergency Contact if Parents/Guardians CAN NOT Be Reached</i>				
<u>Contact Name</u>	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)			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home 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**

Start Date in New School (mm/dd/yyyy)    /    /20	Name of Former School and Town	Current Grade
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**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 -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? _____
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?    Y <input type="checkbox"/> <input type="checkbox"/> 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  Non-Binary  Entering Grade: \_\_\_\_\_ Bus # \_\_\_\_\_ Homeroom/House: \_\_\_\_\_

Student Lives With: \_\_\_\_\_ Student's Address: \_\_\_\_\_

Siblings/Schools 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_

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

1<sup>st</sup> \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

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"/>
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Eyeglasses/Contacts	<input type="checkbox"/> Nosebleeds	Reason? _____
<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"/>
<input type="checkbox"/> Bladder Control	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Seizures	Dates _____
<input type="checkbox"/> Constipation	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Emotional Concerns? _____
<input type="checkbox"/> Cellac	<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

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

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

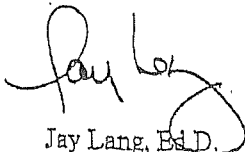
Dear Chelmsford Public School Parents and Volunteers:

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: 617-660-6973  
 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: 617-660-4608 | 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:

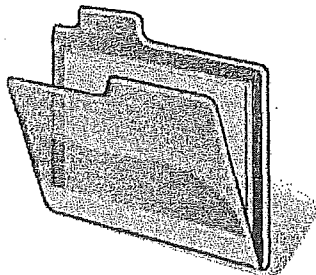
\_\_\_\_\_  
*Print Name of Verifying Employee*

\_\_\_\_\_  
*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)

Byam Elementary School  
25 Maple Road  
Chelmsford, MA 01824  
978-251-5144 FAX: 978-251-5150

Center Elementary School  
84 Billerica Road  
Chelmsford, MA 01824  
978-251-5155 FAX: 978-926-0721

Harrington Elementary School  
120 Richardson Road,  
North Chelmsford, MA 01863  
978-251-5166 FAX: 978-926-0792

South Row Elementary School  
250 Boston Road,  
Chelmsford, MA 01824  
978-251-5177 FAX: 978-926-0383

McCarthy Middle School  
250 North Road  
Chelmsford, MA 01824  
978-251-5122 FAX: 978-251-5130

Parker Middle School  
75 Graniteville Road  
Chelmsford, MA 01824  
978-251-5133 FAX: 978-251-5140

Chelmsford High School  
200 Richardson Road  
North Chelmsford, MA 01863  
978-251-5111

CHIPS PROGRAM  
170 Dalton Road  
Chelmsford, MA 01824  
978-251-5188 FAX: 978-926-2418

\_\_\_\_\_ 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.)

\_\_\_\_\_ ATTENDANCE / CONDUCT REPORT

\_\_\_\_\_ ALL HEALTH RECORDS

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

\_\_\_\_\_ STATE ID NUMBER

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE