

**CHELMSFORD PUBLIC SCHOOLS
CHELMSFORD, MASSACHUSETTS**

**STUDENT REGISTRATION – GRADES K-4
& CHIPS PRESCHOOL**

<i>Student Data</i>		
1.	Last Name:	First Name: Middle Name:
2.	Grade level student is entering:	
3.	<p>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"/></p> <p>Has this student ever received special services in the past? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please explain:</p> <p>Is there a history of learning disabilities in your family? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, Specify:</p>	
4.	Has this student been registered as a student in Chelmsford Public Schools? Yes <input type="checkbox"/> No <input type="checkbox"/>	
5.	<p>Does the student have any siblings registered in Chelmsford Public Schools? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Sibling's name/current grade level: _____</p> <p>_____</p> <p>_____</p>	
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.	<p><u>Student's race:</u></p> <p>White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/></p> <p>Native Hawaiian or Other Pacific Islander <input type="checkbox"/></p>	
12.	<p><u>Student's Ethnicity:</u></p> <p>Are you Hispanic or Latino? (select one) No, Not Hispanic or Latino <input type="checkbox"/></p> <p style="padding-left: 150px;">Yes, Hispanic or Latino* <input type="checkbox"/></p> <p><small>*A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.</small></p>	
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"/> If yes, is this contact a custodial parent? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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"/> If yes, is this contact a custodial parent? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 ☐ M ☐
 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) _____ / ____ / 20____ 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 -*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? Y ☐ N ☐

If yes, what language?

Will you require an interpreter/translator at Parent-Teacher meetings? Y ☐ N ☐

If yes, what language?

Parent/Guardian Signature:

X

_____ / ____ / 20____
Today's Date: (mm/dd/yyyy)

EMERGENCY CONTACT / MEDICAL INFORMATION

Chelmsford Community Education / Elementary Students

PRIMARY SCHOOL _____ PROGRAM (If CommEd) _____ GRADE _____ TEACHER _____

CHILD'S NAME _____ DOB _____ AGE _____ BUS # _____
GENDER _____ EYE COLOR _____ HAIR COLOR _____ HEIGHT _____ WEIGHT _____

IDENTIFYING MARKS _____

Are there any custody concerns regarding this child? *YES _____ NO _____

**In order to comply appropriately, the proper legal documentation must be received by the school office and Chelmsford Community Education if program used.*

CHILD'S ADDRESS _____

WHO DOES THE CHILD LIVE WITH _____

MOTHER/GUARDIAN'S NAME _____ HOME PHONE (____) _____

HOME ADDRESS _____ CELLULAR (____) _____

PLACE OF EMPLOYMENT _____ WORK PHONE (____) _____

FATHER/GUARDIAN'S NAME _____ HOME PHONE (____) _____

HOME ADDRESS _____ CELLULAR (____) _____

PLACE OF EMPLOYMENT _____ WORK PHONE (____) _____

PRIORITIZE # FOR QUICK CONTACTING (Call 1st, 2nd etc...)

MOTHER'S _____(H) _____(W) _____(C)

FATHER'S _____(H) _____(W) _____(C)

*SIBLING INFORMATION – If applicable, please list all siblings, ages, and current schools

If parent/guardian not available, list the persons you wish to be called and authorized to pick up your child:

Name _____ Relationship _____ How refers to individual _____

Contact numbers _____

Name _____ Relationship _____ How child refers to individual _____

Contact numbers _____

Name _____ Relationship _____ How child refers to individual _____

Contact numbers _____

Please complete the following if your child goes to a day care/babysitter's part time or every day:

NAME _____ ADDRESS _____ PHONE (____) _____

DAYS WITH DAY CARE/SITTER _____

Parent/Guardian's Signature: _____

Date: _____

HEALTH INFORMATION

CHILD'S NAME _____ DOB _____ WEIGHT _____ GRADE _____ ROOM _____

DESIRED HOSPITALS _____

DOCTOR _____ LOCATION _____ PHONE (____) _____

EYE DOCTOR _____ LOCATION _____ PHONE (____) _____

DENTIST _____ LOCATION _____ PHONE (____) _____

*HEALTH INSURANCE _____ DENTAL INSURANCE _____

**If none write "None". The school nurse is available to assist families locating free and or reduced cost insurance.*

If needed, I give permission to the nurse to administer and/or apply the following medications that have been approved by our school physician: acetaminophen(Tylenol), Caladryl, Oragel, Vaseline, Ibuprofen (Motrin/Advil), saline eye solutions, Bacitracin, Silvadene Cream, hydrocortisone cream, diphenhydramine(Benadryl), and First Aid Cream? Yes ☐ No ☐

(Parent/Guardian's Signature **required**)

(Date)

If needed, I give permission to the nurse to share the following information with the appropriate school personnel to meet my child's health, safety, and/or educational needs? Yes ☐ No ☐

(Parent/Guardian's Signature **required**)

(Date)

I give permission to the nurse to speak with the above listed doctor to meet my child's health and safety needs. Yes ☐ No ☐

(Parent/Guardian's Signature **required**)

(Date)

Allergies: ☐ My child has no allergies ☐ My child has the following allergies **Is an Epi-pen Prescribed? *Yes__ No__**

Medication child is allergic to: _____ Environmental _____

*Foods _____ *Bee/Insect _____ *Latex _____ **Other _____

***Each school year, an Allergy Medication Plan and Consent Form is required. If no medications are needed at school, then documentation from the doctor indicating such is required.**

Check all conditions that 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"/> 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 ☐

Will it be sent to Community Education ?Yes ☐ No ☐

Medications: Does your child take any daily or as needed medications at home? Yes ☐ No ☐ **if yes, please list*

Medication _____ Time of day _____ Dose _____ Required during school hours? Yes ☐ No ☐

Medication _____ Time of day _____ Dose _____ Required during school hours? Yes ☐ No ☐

Medication _____ Time of day _____ Dose _____ Required during school hours? Yes ☐ No ☐

Medications necessary to be given during the school day and/or the CommEd Childcare programs must submit to both offices: 1- written physician's order, 2-written parental permission, and 3 - be supplied and delivered by parent in the original labeled container.

Please list any other medical, emotional, health concerns/issues and/or past medical problem that limits activity at school or can help the School Nurse care for your child: _____

Parent/Guardian's Signature: _____ **Date:** _____

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)

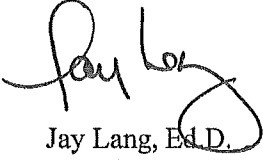
Dear Chelmsford Public School Parents and Volunteers:

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, must first provide me
(Organization)
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:

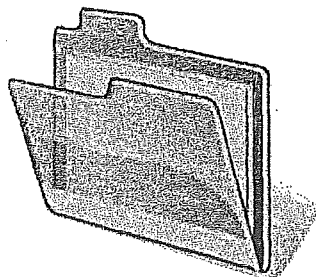
Print Name of Verifying Employee

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)

☐ 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