

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.	<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"/>
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"/>	



Language Survey

Massachusetts is home to speakers of many different languages. This Language Survey helps us learn about your child's English language skills and provide support to your child if necessary to help them learn English. Please answer the questions below. If your response to any of the questions in SECTION 1 is a language other than English, the school district will give your child a test to see if they may benefit from English language support. If you need help completing this form, please ask for assistance.

Student Name	
Grade	
Birthday (mm/dd/yyyy)	
Parent/Guardian 1	
Parent/Guardian 2	
SECTION 1: These questions will help the school identify students who may need English language supports. If your response to any question 1-3 is a language other than English, your child will be tested on their use and understanding of English to determine if English language supports are needed.	
	<p>1) Please list the language(s) that parents and/or primary caregivers use to communicate with your child at home.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>2) Please list the language(s) that your child currently uses to communicate with others.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>3) Please list the language(s) your child first understood and used to communicate.</p> <p>_____</p> <p>_____</p> <p>_____</p>
SECTION 2: Interpretation and Translation Services This section will let the school know if you, the parents/guardians, need an interpreter or documents translated. <i>This section is for informational purposes only and is not used to identify if your child needs support to learn English.</i>	
	<p>4) In what language(s) would your family prefer to receive written communication from the school?</p> <p>Parent/Guardian 1: _____</p> <p>Parent/Guardian 2: _____</p>

	<p>5) Would you prefer for the school to arrange for an interpreter be available to you free of charge during meetings and phone calls with the school about your child (including American Sign Language or other types of sign language)?</p> <p>(Circle One): YES NO</p> <p>If yes, which language(s)? _____</p> <p>Parent/Guardian 1: _____</p> <p>Parent/Guardian 2: _____</p>
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<p>SECTION 3 [Optional]: Prior Education</p> <p>This section will provide the school with background information about your student and their prior education.</p> <p><i>This section is optional and is not used to identify if your child needs support to learn English.</i></p>	<p>6) Please list the name and location of the last school your child attended.</p> <p>School Name: _____</p> <p>City/Town & Country: _____</p> <p>7) How many years has your child attended school in the United States (beginning in Kindergarten)? _____</p> <p>(US start date if known: _____)</p> <p>8) Has your child even attended school outside the United States?</p> <p>(Circle One): YES NO</p> <p>If yes, how many years? _____</p> <p>What grade was your child last enrolled in? _____</p> <p>What language(s) was used for schooling outside the US? _____</p> <p>9) Has your child ever received support to improve their English in the United States schools?</p> <p>(Circle One): YES NO NOT SURE</p> <p>10) Is there anything else you think is important for the school to know about your child? (Examples: special interests, talents, or concerns about your child's school experience, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p>Parent/Guardian Name: _____</p> <p>Parent/Guardian Signature: _____</p> <p>Date (mm/dd/yyyy): _____</p>	
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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 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: <input type="checkbox"/>			Check if no conditions apply: <input type="checkbox"/>
<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

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

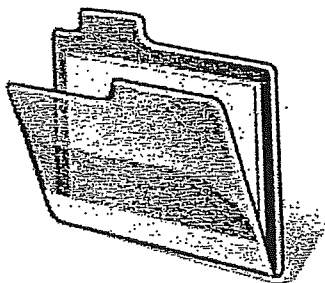
Print Name of Verifying Employee

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.)

_____ ALL HEALTH RECORDS

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

_____ STATE ID NUMBER

SIGNATURE OF PARENT/GUARDIAN

DATE