

**CHELMSFORD PUBLIC SCHOOLS  
CHELMSFORD, MASSACHUSETTS**

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

*Student Data*

	<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: _____		

<b>First Parent/Guardian Contact Information</b>				
<b>1st Contact Name</b>	<b>Relationship</b>	<b>Lives w/student?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Custody issue</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, is this contact a custodial parent? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Address</b> (if different than student)	<b>Email Address</b>	<b>Workplace</b>	<b>Can Dismiss Student?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Can Receive Student?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Phone Numbers</b>			<b>Unlisted?</b>	
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"/>	

<b>Second Parent/Guardian Contact Information</b>				
<b>2nd Contact Name</b>	<b>Relationship</b>	<b>Lives w/student?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Custody issue</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, is this contact a custodial parent? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Address</b> (if different than student)	<b>Email Address</b>	<b>Workplace</b>	<b>Can Dismiss Student?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Can Receive Student?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Phone Numbers</b>			<b>Unlisted?</b>	
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"/>	

<b>First Emergency Contact if Parents/Guardians CAN NOT Be Reached</b>				
<b>Contact Name</b>	<b>Relationship</b>	<b>Lives w/student?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Can Dismiss Student?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Can Receive Student?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Address</b> (if different than student)		<b>Email Address</b>		
<b>Phone Numbers</b>			<b>Unlisted?</b>	
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"/>	

<b>Second Emergency Contact if Parents/Guardians CAN NOT Be Reached</b>				
<b>Contact Name</b>	<b>Relationship</b>	<b>Lives w/student?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Can Dismiss Student?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Can Receive Student?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Address</b> (if different than student)		<b>Email Address</b>		
<b>Phone Numbers</b>			<b>Unlisted?</b>	
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	
<b>SECTION 1:</b> 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>
<b>SECTION 2: Interpretation and Translation Services</b> 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><b>SECTION 3 [Optional]: Prior Education</b></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 &amp; 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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**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 1<sup>st</sup>, 2<sup>nd</sup> 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 <input type="checkbox"/> No <input type="checkbox"/> Will it be sent to school? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Will it be sent to Community Education ? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**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

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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)

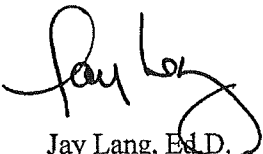
Dear Chelmsford Public School Parents and Volunteers:

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.

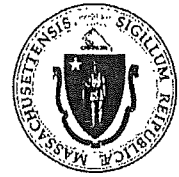
Sincerely,



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:

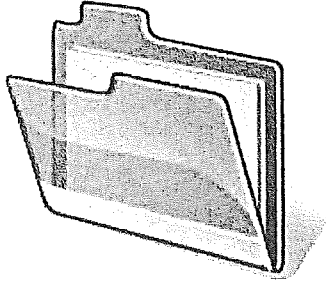
\_\_\_\_\_  
*Print Name of Verifying Employee*

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

☐ 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