**CHELMSFORD PUBLIC SCHOOLS**
**CHELMSFORD, MASSACHUSETTS**

# STUDENT REGISTRATION – GRADES K-4 & CHIPS PRESCHOOL

| | *Student Data* |
|---|---|
| 1. | Last Name: First Name: Middle Name: |
| 2. | Grade level student is entering: |
| 3. | Does this student currently receive special services? Yes ☐ No ☐ If yes, I.E.P. ☐ 504 ☐<br>Has this student ever received special services in the past? Yes ☐ No ☐<br>If yes, please explain:<br>Is there a history of learning disabilities in your family? Yes ☐ No ☐<br>If yes, Specify: |
| 4. | Has this student been registered as a student in Chelmsford Public Schools? Yes ☐ No ☐ |
| 5. | Does the student have any siblings registered in Chelmsford Public Schools? Yes ☐ No ☐<br>Sibling's name/current grade level: _____<br>_____<br>_____ |
| 6. | Date of Birth: Gender: Female ☐ Male ☐ Non-Binary ☐ |
| 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. | Student's race:<br>White ☐ Asian ☐ American Indian or Alaska Native ☐ Black or African American ☐<br>Native Hawaiian or Other Pacific Islander ☐ |
| 12. | Student's Ethnicity:<br>Are you Hispanic or Latino? (select one) No, Not Hispanic or Latino ☐<br>Yes, Hispanic or Latino* ☐<br>**A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.* |
| 13. | Parent E-Mail Address: _____ |

| *First Parent/Guardian Contact Information* | | | | |
|---|---|---|---|---|
| **1st Contact Name** | **Relationship** | **Lives w/student?** Yes ☐ No ☐ | **Custody issue** Yes ☐ No ☐ If yes, is this contact a custodial parent? Yes ☐ No ☐ | |
| **Address** (if different than student) | **Email Address** | **Workplace** | **Can Dismiss Student?** Yes ☐ No ☐ | **Can Receive Student?** Yes ☐ No ☐ |
| **Phone Numbers** | | | | **Unlisted?** |
| Home Phone (Primary) | | Mobile Phone (Primary) | | Yes ☐ No ☐ |
| Home Phone (Alt.) | | Mobile Phone (Alt.) | | Yes ☐ No ☐ |
| Work Phone (Primary) | | | | Yes ☐ No ☐ |
| Work Phone (Alt.) | | | | Yes ☐ No ☐ |

| *Second Parent/Guardian Contact Information* | | | | |
|---|---|---|---|---|
| **2nd Contact Name** | **Relationship** | **Lives w/student?** Yes ☐ No ☐ | **Custody issue** Yes ☐ No ☐ If yes, is this contact a custodial parent? Yes ☐ No ☐ | |
| **Address** (if different than student) | **Email Address** | **Workplace** | **Can Dismiss Student?** Yes ☐ No ☐ | **Can Receive Student?** Yes ☐ No ☐ |
| **Phone Numbers** | | | | **Unlisted?** |
| Home Phone (Primary) | | Mobile Phone (Primary) | | Yes ☐ No ☐ |
| Home Phone (Alt.) | | Mobile Phone (Alt.) | | Yes ☐ No ☐ |
| Work Phone (Primary) | | | | Yes ☐ No ☐ |
| Work Phone (Alt.) | | | | Yes ☐ No ☐ |

| *First Emergency Contact if Parents/Guardians CAN NOT Be Reached* | | | | |
|---|---|---|---|---|
| **Contact Name** | **Relationship** | **Lives w/student?** Yes ☐ No ☐ | **Can Dismiss Student?** Yes ☐ No ☐ | **Can Receive Student?** Yes ☐ No ☐ |
| **Address** (if different than student) | | **Email Address** | | |
| **Phone Numbers** | | | | **Unlisted?** |
| Home Phone (Primary) | | Mobile Phone (Primary) | | Yes ☐ No ☐ |
| Home Phone (Alt.) | | Mobile Phone (Alt.) | | Yes ☐ No ☐ |
| Work Phone (Primary) | | | | Yes ☐ No ☐ |
| Work Phone (Alt.) | | | | Yes ☐ No ☐ |

| *Second Emergency Contact if Parents/Guardians CAN NOT Be Reached* | | | | |
|---|---|---|---|---|
| **Contact Name** | **Relationship** | **Lives w/student?** Yes ☐ No ☐ | **Can Dismiss Student?** Yes ☐ No ☐ | **Can Receive Student?** Yes ☐ No ☐ |
| **Address** (if different than student) | | **Email Address** | | |
| **Phone Numbers** | | | | **Unlisted?** |
| Home Phone (Primary) | | Mobile Phone (Primary) | | Yes ☐ No ☐ |
| Home Phone (Alt.) | | Mobile Phone (Alt.) | | Yes ☐ No ☐ |
| Work Phone (Primary) | | | | Yes ☐ No ☐ |
| Work Phone (Alt.) | | | | Yes ☐ No ☐ |

# 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:**<br>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. | 1) Please list the language(s) that parents and/or primary caregivers use to communicate with your child at home.<br>_____<br>_____<br>_____<br>2) Please list the language(s) that your child currently uses to communicate with others.<br>_____<br>_____<br>_____<br>3) Please list the language(s) your child first understood and used to communicate.<br>_____<br>_____<br>_____ |
| | |
| **SECTION 2: Interpretation and Translation Services**<br>This section will let the school know if you, the parents/guardians, need an interpreter or documents translated.<br>*This section is for informational purposes only and is not used to identify if your child needs support to learn English.* | 4) In what language(s) would your family prefer to receive written communication from the school?<br>Parent/Guardian 1: _____<br>Parent/Guardian 2: _____ |

| | |
|---|---|
| | 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)?<br><br>(Circle One): YES NO<br><br>If yes, which language(s)?<br><br>Parent/Guardian 1: _____<br><br>Parent/Guardian 2: _____ |
| | |
| **SECTION 3 [Optional]: Prior Education**<br><br>This section will provide the school with background information about your student and their prior education.<br><br>*This section is optional and is not used to identify if your child needs support to learn English.* | 6) Please list the name and location of the last school your child attended.<br><br>School Name: _____<br><br>City/Town & Country: _____<br><br>7) How many years has your child attended school in the United States (beginning in Kindergarten)? _____<br><br>(US start date if known: _____)<br><br>8) Has your child even attended school outside the United States?<br><br>(Circle One): YES NO<br><br>If yes, how many years? _____<br>What grade was your child last enrolled in? _____<br>What language(s) was used for schooling outside the US? _____<br><br>9) Has your child ever received support to improve their English in the United States schools?<br><br>(Circle One): YES NO NOT SURE<br><br>10) Is there anything else you think is important for hte school to know about your child? (Examples: special interests, talents, or concerns about your child's school experience, etc.)<br><br>_____<br><br>_____<br><br>_____ |

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

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:**

| | | | |
|---|---|---|---|
| ❑ ADD/ADHD | ❑ Diabetes | ❑ Kidney | ❑ Strep throat infections (history of) |
| ❑ Anxiety | ❑ Developmental Delays | ❑ Lactose Intolerant | ❑ Other |
| ❑ Asthma | ❑ Ear Infections | ❑ Migraines | Hospitalizations this year? Yes ❑ No ❑ |
| ❑ Arthritis | ❑ Eyeglasses/Contacts | ❑ Nosebleeds | reason? _____ |
| ❑ Autism spectrum | ❑ Gastric reflux | ❑ Reflux (other) | Previous Concussions? Yes ❑ No ❑ Dates_____ |
| ❑ Bladder Control | ❑ Hearing Loss | ❑ Seizures | ❑ Emotional Concerns?_____ |
| ❑ Constipation | ❑ Heart Condition | ❑ Scoliosis | |
| ❑ Celiac | ❑ 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 (Organization) is registered under the 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 (Organization) may conduct 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:

_____

_____

_____

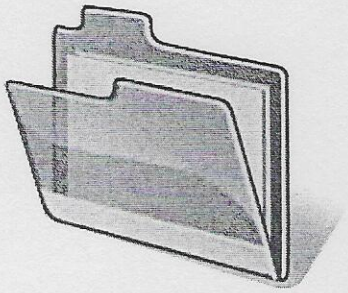
Verified by:

_____
*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**