

Tewksbury Public Schools

Tewksbury, Massachusetts



New Student Registration Procedures (Grades PreK -12)

Dear Parent/Guardian,

Welcome to the Tewksbury Public Schools! Please see below for the required forms and documentation needed to register your child to attend the Tewksbury Public Schools.

REQUIRED:

- ☐ **Registration Form**
- ☐ **Home Language Survey**
- ☐ **Release of Student Records Form** (from previous school if applicable)
 - **Students enrolling at TMHS will need current high school transcript to determine courses needed to meet graduation requirements**
- ☐ **Proof of Residency** (*Please see pages 3 & 4*)
- ☐ **Proof of Occupancy** (*Please see pages 3 & 4*)

REQUIRED IDENTIFICATION DOCUMENTS:

Evidence of Student Identification: (Please submit either of the listed documents below; it must be the **Original** document with raised seal. We will make a copy for our file and return the original to you.)

- ☐ Child's Original Birth Certificate (with raised seal)

Evidence of Parent/Guardian Identification (Photo ID) (Please submit 1 of the original and valid listed documents below to verify ID and parent on record. We will make a copy for our file and return the original to you.):

- ☐ Valid **Tewksbury, MA** Driver's License (with current address and photo)
- ☐ Valid **Tewksbury, MA** Photo ID Card

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- ☐ Additional if applicable: Court or legal documentation of custody/guardianship

REQUIRED HEALTH RECORDS:

- ☐ **ALL PK-12:** A current physical exam and up to date health immunizations.

All students in the Tewksbury Public School System are required to meet Massachusetts State Laws regarding immunizations and recommended physical examinations. (MGL: Ch.76, Sec. 15, and Ch. 71, Sec. 57)

For current immunizations requirements for PreK-12, please access the Massachusetts Department of Public Health's website:

<http://www.mass.gov/eohhs/docs/dph/cdc/immunization/guidelines-childhood.pdf>

Immunization and health record requirements for entering Kindergarten:

3 doses of Hepatitis B	2 doses of MMR	4 HIB
5 doses of DTAP	4 doses of Polio	
2 doses of Varicella (chickenpox) or physician-certified reliable history of the disease.		
Lead test –both date and test results		

In keeping with the law, all children entering kindergarten are to provide their yearly physical examination forms and immunization records at the time of kindergarten registration. The school nurse must review the immunization status as part of the registration process. Physical examinations must be within the past 12 months. If the student has a physical examination scheduled for over the summer months prior to entering kindergarten, please provide their most recent physical examination at the time of kindergarten registration. Once the student has his/her physical examination over the summer, you will then need to provide the updated copy to your school nurse prior to the start of the school year.

Immunizations and health record requirements Grades PreK-12:

Immunizations for all students in the Tewksbury Public Schools must be up to date at the time of registration and **prior to the entry into school**. Documentation from the physician/Health Care Provider office or a copy of the immediately preceding school's health record immunizations is acceptable. The school nurse must review the immunization status as part of the registration process. The student will be unable to be registered in school until the immunization requirements have been met and are current.

A copy of a physical examination performed in the past 12 months needs to be presented for registration. If an up to date physical exam is not available, documentation from the physician office with the date (within 30 days) of scheduled exam. The student will be excluded after that date until the physical requirement has been met.

Also, please note any health issues of the child (i.e. allergies, especially food allergies, asthma, diabetes, seizures or the need for medication or other medical conditions that require special attention) should be noted on the **Accident Illness Form once the child has registered**. If you have questions regarding physical examination, immunizations or health issues of your child, please contact your school nurse.

RESIDENCY AND OCCUPANCY POLICY & PROCEDURES

In order to attend the Tewksbury Public Schools, a student must actually reside in Tewksbury. The residence of a minor child is ordinarily presumed to be the legal residence of the child's parent or legal guardian having physical custody of the child. A student's actual residence is considered to be the place where he or she lives permanently. In determining residency, Tewksbury Public Schools (TPS) retains the right to require the production of a variety of records and documentation and to investigate where a student actually resides.

All students in the Tewksbury Public School System are also required to meet **Massachusetts General Laws Chapter 76, Section 5** pertaining to residency which states:

*Every person shall have a right to attend the public schools of the town where he/she actually resides, subject to the following section. No school committee is required to enroll a person who does not actually reside in the town unless said enrollment is authorized by law or by the school committee. **Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly-attended public schools.** No person shall be excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex, religion, national origin or sexual orientation. (Amended by st. 1971, c.622, c.1; st. 1973, c. 925, s.9A, st. 1993, c.282; st.2004, c.352, s.33)*

REQUIRED EVIDENCE OF RESIDENCY AND OCCUPANCY:

To be eligible to register to attend school in Tewksbury, a student's parent or legal guardian **must submit at least one (1) original document from each of the categories listed below** and any other documents that may be requested, including but not limited to those referenced categories. **A parent, guardian, and/or student who is unable to produce the required documents should contact the office of the Superintendent of Schools.**

Category 1 - Evidence of Residency (Must submit 1 original document):

- ☐ Record of recent mortgage payment (and/or recent mortgage payment stub)
- ☐ Fully signed and executed Purchase and Sale (P&S) Agreement (Provided occupancy date occurs within 30 days of enrollment)
- ☐ Fully signed and executed Lease and/or Rental Agreement (Must be executed by both parties)

Category 2 - Evidence of Occupancy (Must submit 1 original document):

This will be a utility bill (and/or connection contract) that is physically connected to the residence. Bill/contract must be dated within the past 45 days with name and address stated.

- ☐ Gas/Oil Bill
- ☐ Electric Bill
- ☐ Home (not cell) Telephone Bill
- ☐ Cable/Internet Bill

The Principal, or his/her designee, may verify the home address and home telephone number of each student at least once during the school year. Any irregularities will be reported promptly to the Superintendent of Schools. **Parents are required to notify the school of any changes of their address or the address of the student within five business days of the change.**

ENFORCEMENT

Should a question arise concerning any student's residency elsewhere while attending the TPS, the student's residency will be subject to further inquiry and/or investigation. Such questions concerning residency may arise on the basis of incomplete, suspicious, or contradictory proofs of address; anonymous tips; correspondence that is returned to the TPS because of an invalid or unknown address, or other grounds. The Principal may request additional documentation, may use the assistance of School Department personnel, and/or may obtain the services of police or investigative agency personnel to conduct investigations into student residence, who will report his or her findings to the Superintendent of Schools, who shall make final determination of residency. Upon an initial determination by the Principal that a student is actually residing in a town or town other than Tewksbury, the student's enrollment in TPS shall be terminated immediately. Appeals regarding the termination of enrollment should be made to the Superintendent of Schools.

PENALTIES

In addition to termination of enrollment and the imposition of other penalties permitted by law (M.G.L. Chapter 76, Section 5), the TPS reserves the right to recover restitution based upon the costs of educational services provided during the period of non-residency.

EXCEPTION

1. The Residency Requirements shall not apply to the following:
 - Students who are entitled to attend the Tewksbury Public Schools under the McKinney-Vento Homeless Assistance Act.

POTENTIAL WAIVER WHEN RESIDENCY IS IN TRANSITION

For students whose residency is in transition, the following exceptions to the general policy may apply, with prior written approval from the Superintendent of Schools:

- Pending Purchase of Dwelling – The children of families who have a **signed and accepted Purchase and Sale Agreement** to purchase and reside in a dwelling in the Town of Tewksbury may be enrolled up to 30 calendar days in advance of the time actual physical residence occurs. If actual residence occurs later than 30 days after enrollment, or if residence does not occur, students may be asked to leave the Schools until actual residence occurs.
- Construction of New Dwelling - Children of families which are building a primary residence in Tewksbury may enroll in the Schools **if they have obtained a certificate of occupancy** from the Town.

NOTIFICATION

The Tewksbury Public School residency requirements, verification procedures, and consequences of falsifying or misrepresenting residency will be published on the District website and in the Tewksbury Public School's Registration Procedure Manual.

Tewksbury Public Schools

Tewksbury, Massachusetts

NEW STUDENT REGISTRATION INFORMATION

PARENT/GUARDIAN: PLEASE FILL OUT ALL OF THE INFORMATION BELOW:

STUDENT: _____ ENTERING GRADE ☐
(LAST) (FIRST) (MIDDLE)
SEX: M / F / NB DATE OF BIRTH: _____ CITY OF BIRTH: _____
CIRCLE ONE MM / DD / YYYY CITY, STATE, COUNTRY

PRIMARY *TEL. 1: _____ *TEL. 2: _____ TEL. 3: _____

(NOTE * TEL #'s PARENT/GUARDIAN WILL ANSWER DURING THE SCHOOL DAY - TO BE USED FOR SCHOOL'S EMERGENCY COMM. SYSTEM)

(PLEASE PRINT NEATLY)

*PRIMARY EMAIL: _____

(* FOR SCHOOL TO PARENT/GUARDIAN COMMUNICATION)

TEWKSBURY RESIDENCE: _____ TEWKSBURY, MA 01876

NUMBER STREET APT. #

FORMER RESIDENCE: _____

NUMBER STREET CITY STATE ZIP CTRY

RACE: ☐ African Am./Black ☐ Asian ☐ Caucasian/White ☐ Pacific Islander ☐ Native Am. Ind./Alaskan

ETHNICITY: ☐ Non-Hispanic ☐ Hispanic

PLEASE CHECK BOTH RACE AND ETHNICITY AS DOCUMENTED AT BIRTH: Every school district in Massachusetts is required to report to the Mass. Department of Elementary and Secondary Education each year student data by race and ethnicity categories that are set by the Federal Government.

PARENT #1 NAME: _____ OCCUPATION: _____

PARENT #2 NAME: _____ OCCUPATION: _____

CHILD RESIDES WITH (CIRCLE ALL THAT APPLY): MOTHER FATHER STEP-MOTHER STEP-FATHER GUARDIAN

BELOW - PLEASE LIST NAMES AND AGES OF OTHER CHILDREN IN FAMILY RESIDING AT THIS ADDRESS:

LEGAL OR CUSTODIAL CONCERNS THE SCHOOL NEEDS TO BE AWARE OF: _____ YES NO

IF YES, PLEASE EXPLAIN:

DOES YOUR CHILD HAVE A 504 PLAN? _____ YES NO

DOES YOUR CHILD HAVE AN IEP? _____ YES NO

HAS YOUR CHILD BEEN DIAGNOSED WITH A LIFE THREATENING ALLERGY? _____ YES NO

IF YES, PLEASE EXPLAIN:

IS THIS YOUR STUDENT'S FIRST TIME:

REGISTERING IN THE USA? _____ YES NO

REGISTERING IN MASSACHUSETTS? _____ YES NO

REGISTERING IN THE TEWKSBURY PUBLIC SCHOOLS? _____ YES NO

Initials _____

THIS BOX FOR OFFICE USE ONLY

DATE ENROLLED: _____ ENTERING GRADE: _____ YEAR OF GRADUATION: _____

SCHOOL: CIRCLE ONE DEWING HEATH BROOK NORTH ST. TRAHAN RYAN WYNN TMHS

(REV. 3/2018)

Tewksbury Public Schools

Accident Illness Form

To the Parent(s)/Guardian(s) of School Pupils:

In the case of an accident, illness, or other emergency, school principals must be able to locate the parent/guardian or some other person who will care for the child. We must have on file the names and phone numbers of two other persons who may be called to pick-up the child if the parent(s)/guardian(s) cannot be reached. Please provide the information requested below and then return this form to the school promptly. Thank you for your cooperation.

Pupil's Name _____ D.O.B. _____ Grade _____

Parent 1/Guardian _____ Lives with Parent/Guardian listed: Y___ N___

Home Address _____ Home Phone _____

Place of Employment _____ Business Phone _____

Cell Phone _____ Email _____

Parent 2/Guardian _____ Lives with Parent/Guardian listed: Y___ N___

Home Address _____ Home Phone _____

Place of Employment _____ Business Phone _____

Cell Phone _____ Email _____

Is there a court order in place that prohibits the release of your child to another adult? Y___ N___

If yes, please attach a copy of it to this form.

Name of two persons who may be called to pick-up the child in the absence of the parent(s)/guardian(s):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of Health Insurance Provider _____

Name of Doctor _____ Address _____

Phone _____

May we have permission to contact the child's primary care provider? Y___ N___

Please list your child's **current** health issues _____

Does your child have life threatening allergies? Y___ N___ *If yes, to what?* _____

Medication allergies _____

Some medical information, especially diabetes, food allergies, asthma and others may need to be shared with supervising adults (such as bus drivers, lunchroom staff, teachers and specialists) who will be responsible for your child's safety.

Are there any restrictions to our sharing this information? Y___ N___

Military Family Status: Y___ N___

Military Family Status is defined as children of a) Active duty members of the uniformed services, National Guard and Reserve on active duty orders b) Members or veterans who are medically discharged or retired within one year c) Members who die on active duty. *Massachusetts Department of Elementary & Secondary Education now requires us to collect this information.*

Please notify the school of any changes in the above information

Signature _____ Date _____

Home Language Survey

TEWKSBURY PUBLIC SCHOOLS



If the parent/guardian who is enrolling the new student cannot read/comprehend this form in English,
PLEASE NOTE: A similar form is available in 28 languages from the DESE Website. www.doe.mass.edu/ell/hlsurvey/

STUDENT INFORMATION Please answer all questions

First Name	Middle Name	Last Name	<input type="checkbox"/> F <input type="checkbox"/> M Gender
Date of Birth	Country of Birth	Date first enrolled in ANY U.S. School	
Former School and Town		Current Grade	

LANGUAGE INFORMATION Please answer all questions	
Parent/Guardian: 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.	
What is the PRIMARY LANGUAGE used IN THE HOME, regardless of the language spoken with student?	Language(s) SPOKEN with your child: (include relatives: grandparents, uncles, aunts & caregivers) <div style="display: flex; justify-content: space-between;"> _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always </div> <div style="text-align: right; font-size: x-small;">(please circle one)</div>
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) <div style="text-align: right; margin-top: 10px;"> years </div>	Which languages does your CHILD USE? <div style="display: flex; justify-content: space-between;"> _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always </div> <div style="text-align: right; font-size: x-small;">(please circle one)</div>
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/>	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>
Parent/Guardian Signature: X	
Today's Date: _____ / _____ / _____	

FOR CENTRAL OFFICE USAGE ONLY FORM ADMINISTERED BY TPS STAFF - Initials: _____	
Enrollment to be at: TMHS- WYNN- RYAN- DEWING- NORTH- HB-TRAHAN	Date entered into TPS' ASPEN _____
MA Public Schools are under legal obligation to flag HLS that have ANY ANSWER(S) with a language other than English. If necessary, please forward a copy of the completed form to K. HODGSON @ TMHS/ELE Dept.	
Please indicate here if student will start in pre-k 	

FOR ELE DEPARTMENT USAGE ONLY: If an ELE representative is participating in this survey, please review & confer w/parent-guardian child's overall language needs.

If Applicable:

- _____ A language other than English is acknowledged; no concern of a specific language need. Parent understands reconsideration for ELE screening does not expire.
- _____ Professional analysis applied.
- _____ Consideration from all questions determines "Deferred Screening" at this time.
- _____ Supporting details recorded on backside or attached.

ELE Staff Signature: _____

Tewksbury Public Schools
Tewksbury, Massachusetts

**PARENTAL PERMISSION FOR RELEASE OF INFORMATION
OR REQUEST FOR REVIEW OF STUDENT INFORMATION**

Date _____

I, _____
(Parent or legal Guardian)

Hereby authorize: School: _____
Address: _____
City, State, Zip _____
Telephone # _____ Fax# _____

To release the following records regarding my child:

(Student's Name) (Date of Birth)

Which includes: (please check all that apply)

- ☐ Transcript Information
- ☐ Medical Records
- ☐ Testing Records
- ☐ Special Education Records and Testing
- ☐ Other Information: _____

To receiving Tewksbury School:

School Name: _____

Street Address: _____

Tewksbury, MA 01876

Telephone # _____ Fax# _____

Reason: _____

Authorized Signature _____ Relationship _____ Telephone # _____

Parent/Guardian Street Address _____ City _____ State _____ Zip _____