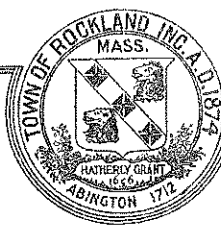


Rockland Public Schools

34 MacKinlay Way
Rockland, Massachusetts 02370



Dr. Alan H. Cron
Superintendent of Schools

Colleen E. Forlizzi
Assistant Superintendent

(781) 878-3893
FAX (781) 982-1483

WELCOME TO ROCKLAND PUBLIC SCHOOLS

Attached is your student's registration packet. The first 2 pages explain what documentation is needed in order to complete the registration process. Please read every page carefully as we cannot accept packets that are incomplete. Be aware that some forms have two sides to be completed as well as 1 **Contact Card** and 1 **Emergency Card**.

Completed packets should be returned to the **Pupil Personnel Services located at Memorial Park School, One Col. Brian Duffy Way, Rockland, MA 02370 (if you are in front of Memorial Park School, please go to the far left of the building and look for Pupil Personnel Services signs)**. Once reviewed, the information will be forwarded to the designated school. We will be accepting applications on Monday and Tuesday mornings from 9:30 a.m. to 12:30 p.m. During the summer the hours are Monday and Tuesday from 12:00 p.m. to 3:00 p.m. Please call Linda Ricciarelli at 781-878-1380 ext. 5020 to make other arrangements if you are unable to come during those hours.

If you have any questions please call Pupil Personnel Services at 781-878-1380, ext. 5020. If you need to speak to an interpreter, please call 781-414-9086.

Rockland Public Schools
REGISTRATION PROCESS

We would like to welcome you to the Rockland Public Schools. In order to help your child enroll as quickly as possible, we have created the following list of information you will need to provide **before** your child is officially enrolled.

REGISTRATIONS WILL NOT BE PROCESSED UNTIL ALL OF THE FOLLOWING MATERIALS HAVE BEEN RECEIVED

- Legal Birth Certificate with raised seal** (hospital birth certificate is not legal)
- Proof of Residence-** see form on next page for required documentation
- Current physical examination and immunization history.** If your child's immunizations are not up to date, please contact your child's doctor immediately for an appointment.

	Child Care/Preschool	Kindergarten	Grades 1-6	Grades 7-12
Hepatitis B	3 doses	3 doses	3 doses	3 doses
DTaP/DTP/DT/Tdap	≥4 doses DTaP/DTP	5 doses DTaP/DTP	≥4 doses DTaP/DTP Or ≥3 doses Td	4 doses DTaP/DTP or ≥3 doses Td: Plus 1 dose Tdap
Polio	≥3 doses	4 doses	≥3 doses	≥3 doses
Hib	1 to 4 doses	NA	NA	NA
MMR	1 dose	2 doses	Grade 1-5: 2 doses Grade 6: 2 doses measles, 1 mumps, 1 rubella	2 doses
Varicella	1 dose	2 doses	Grade 1-5: 2 doses Grade 6: 1 dose	2 doses
Meningococcal	NA	NA	NA	1 dose for new full-time Residential students

Please complete the enclosed forms listed below:

- Form #1- Registration Form/Student Census Enrollment Information
- Form #2- Student Emergency Information
- Form #3- Student Health Information Update

Optional Forms (use only if applicable to your student's situation)

- Form #4- Student Record Release Form
- Form #5- Verification of Student Residency Form **(use only if parent/guardian AND student are residing with family members and do not own or rent where they are living). Please have Form #5 notarized at the Rockland Town Hall Clerk's Office.**

**** Please note- if parent/guardian and the student are residing with a family member and do not own or rent the residence where they are living, you must provide the following:**

- Notarized Verification of Student Residency Form from the head of household stating that the child and parents/guardians are residing at the stated address.
- Massachusetts Driver's License/Massachusetts ID for the head of that household with current address as well as Massachusetts Driver's License/Massachusetts ID for the parents/guardians.
- Proof of residency as stated above

Rockland Public Schools
PROCEDURES FOR
ENROLLMENT AND PROOF OF RESIDENCY

Under MGL, Chapter 76, Section 5, every person “shall have the right to attend the public school of the town where she/he actually resides.” The following procedures will be followed in order to verify a student’s residency:

Before any student is enrolled in the Rockland Public Schools, the student’s parent or legal guardian* must prove legal residence in the towns of Rockland. Children whose primary residence is outside of Rockland are not eligible to attend the Rockland School District. Residency means the domicile where a child spends the majority of her/his time. The standard Rockland uses is simple: The law is very clear that the determination for residency lies in the establishment of “domicile” – where the student resides, as determined by the establishment of where the center of her/his domestic, social and civic life is, and this is where one is to attend school. This standard must be the first step met before a family seeks to demonstrate the residency of the child.

All applicants must submit at least **three proofs of residency**.

The documents must be pre-printed with the name and address of the student’s parent or guardian. * When registering a student for Rockland Public Schools, the district Registrar will confirm residency. These documents also will be required for any **change of address**.

All applicants must submit at least one document from <u>each</u> of the following columns:		
Column A	Column B	Column C
<p><i>Must be showing Rockland current address**</i></p> <ul style="list-style-type: none"> • Valid driver’s license • Valid Massachusetts photo Identification card • Valid passport, dated within the past year <p><u>If license/ID does not show current address, you can go online to www.massdot.state.ma.us/rmv and click on Change of Address, they will email you a receipt. Please submit a copy to the registrar.</u></p>	<ul style="list-style-type: none"> • Copy of lease • Mortgage Statement • Section 8 Agreement • Legal affidavit from landlord affirming tenancy • Copy of deed or purchase and sales agreement <p>Use Form 5 if you do not have any of the above. Form 5 must be notarized.</p>	<p><i>A utility bill or work order dated within the past 60 days including.</i></p> <ul style="list-style-type: none"> • Gas bill • Oil bill • Electric bill • Home telephone bill (no cell phone) • Cable bill • Cell phone bill <p><i>Please note that utility companies provide online access to download your bills/statements.</i></p>

***Legal guardianship requires additional documentation from a court or agency.**
 The Rockland residency policy does not apply to homeless students. (McKinney-Vento Act)

/we understand that all applicants must reside in Rockland (Massachusetts General Laws, Chapter 76, sec 5 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)

Rockland Public Schools
Registration Form- Student Census Enrollment Information

(Please Print)

Student's Full Legal Name: _____
Last First Middle Suffix

Birth Date (MM/DD/YYYY): _____ Gender: M ___ F ___ N ___ Entering Grade: _____

Town/State/Country of Birth: _____

Previous School Information

Has the student attended another Rockland School? Yes ___ No ___ If yes: School/Grade _____

Last School attended outside the Rockland Public Schools

School: _____ Grade: _____ School Year: _____ State: _____

Race/Ethnicity (Please answer BOTH questions 1 and 2)

1. Is this student Hispanic or Latino? (choose only one)

___ No, not Hispanic or Latino

___ Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture of Origin regardless of race)

2. What is the student's race? (choose one or more)

___ American Indian or Alaskan Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment)

___ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

___ Black or African American (A person having origins in any of the black racial groups of Africa)

___ Native Hawaiian or other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

___ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

ELA Information/Home Language Survey

1. What language did your child first understand or speak? _____

2. What language do you use most often when speaking with your child at home? _____

3. What language does your child use most often when speaking with you at home? _____

4. What language does your child use most often when speaking with other family members? _____

5. What language does your child use most often when speaking with friends? _____

6. What language does your child read? _____

7. What language does your child write? _____

8. At what age did your child start attending school? _____

9. Has your child attended school every year since that age? ___ Yes ___ No If no, please explain:

10. Would you prefer documents translated? Yes or No What language do you want the documents? _____

Special Education Services Information

Is your child receiving special education services? ___ Yes ___ No

OVER



Please circle the best statement:

1. No, not a member of a military family
2. Yes, child of active duty member
3. Yes, child of member or veterans who are medically discharged or retired for 1 year
4. Yes, child of member who died on active duty

Immigrant Status:

1. Please provide copy of passport with a port of entry and date stamp
2. Are you an immigrant? _____ Yes _____ No
3. What is your country of origin _____
4. Have you been enrolled in Massachusetts schools for the past 3 years? _____ Yes _____ No
When _____
Other School _____

Rockland Public Schools
Confidential Student Emergency Information Form

Date: _____

Student Name: _____
Last First Middle

Address: _____ Home Tel. _____

Emergencies such as a sudden illness or accident often occur at school. In the event of an emergency, your child will be transported to the nearest local hospital.

Please complete the following information:

Mother's/Guardian's Name Address if Different City/Town/Zip **Mother's Email**

Mother's Work Phone

Mother's Cell Phone

Father's/Guardian's Name Address if Different City/Town/Zip **Father's Email**

Father's Work Phone

Father's Cell Phone

Child lives with: Both () Father () Mother () Guardian () Mother/Stepfather () Father/Stepmother ()
Please arrange for two other responsible adults to care for your child in the event that you cannot be reached

Name _____

Address _____

City/Town _____

Tel./Relationship to student _____

Name _____

Address _____

City/Town _____

Tel./Relationship to student _____

List other children living in the home

Name	Date of Birth	Name of School

Confidential Records/Student Pictures

If I wish for my child's records to be confidential or I do not wish for my child's pictures to be taken while at school, I understand that I must send a letter to the attention of the building principal requesting so.

Release of information regarding Medicaid

As parent/guardian of the child named above, I give permission to disclose information from my child's education records to school districts and designees, State, and Federal Medicaid administration representatives for the sole purpose of claiming MEDICAID reimbursement for health related support services in my child's Individualized Education Plan (IEP).

INITIAL _____

Parent/Guardian Signature: _____ Date: _____

Rockland Public Schools
Student Health Information Update Form (Please Print)

Parents: To ensure accurate response in the event of a medical issue, please complete all fields listed below.

Student Name: _____
Last First Middle

Birth Date (MM/DD/YYYY): _____ Town/State/Country of Birth: _____

MEDICAL INFORMATION

Physician Name: _____ Tel #: _____

Dentist Name: _____ Tel #: _____

Health Insurance Provider: _____

_____ Public Insurance _____ Private Insurance _____ Mass Health _____ No Insurance

If you have no health insurance, the Commonwealth of Massachusetts has a health insurance plan that will provide uninsured children with affordable health care (restrictions may apply). If you are interested in more information about this program, please contact the school nurse.

Allergies: _____

Current Health Problems: _____

Current Medication: _____

Name Dose Time of Dose

Current Medication: _____

Name Dose Time of Dose

PERMISSION FOR OVER THE COUNTER MEDICATIONS

My child has permission to receive non-aspirin medications at the discretion of the school nurse, and the standing orders authorized by the Rockland Public Schools' physician: _____ YES _____ NO

May sunscreen be applied, if needed, for outdoor events? _____ YES _____ NO

RELEASE OF INFORMATION

I authorize the school nurse to contact the above physician, when appropriate, for a 2-way exchange of medical information. I understand that I will be contacted prior to this communication. _____ YES _____ NO

PERMISSION FOR TREATMENT

In the event of a serious illness/injury, I hereby authorize the school to contact my child's physician and/or to seek emergency medical care including transportation to a medical facility. I hereby authorize the physician and emergency room staff to administer care that is deemed necessary. I understand that every effort will be made to contact the family and emergency contacts first.

_____ YES _____ NO

Preferred Hospital: _____

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Relationship: _____

Form 4

Student ID#: _____

Rockland Public Schools Student Record Release Form

State law requires students and/or parents/guardians to provide a complete school record upon enrollment in a new district. Please sign below to permit release of all school records for the named student to complete enrollment in the Rockland School District.

Please release the complete school record for _____

Name of student

Date of Birth

School last attended: _____

Name of prior school system or third party

Address: _____

Address of prior school system or third party

Including:

_____ Transfer card or discharge letter

_____ Health records (immunizations, birth certificate)

_____ Academic Records (objective test data)

_____ Other Special Education/Evaluation Reports (psychological, IEP, etc.)

_____ Discipline Record

_____ All of the above

Please forward to:

R. Stewart Esten School
733 Summer Street
Rockland, MA 02370
781-878-8336
FAX 781-871-8451

Memorial Park School
One Col. Brian Duffy Way
Rockland, MA 02370
781-878-1367
FAX 781-871-8450

Jefferson School
93 George Street
Rockland, MA 02370
781-871-8400
FAX 781-871-8449

John W. Rogers Middle School
100 Taunton Avenue
Rockland, MA 02370
781-878-4341
FAX 781-871-8448

Rockland High School
52 MacKinlay Way
Rockland, MA 02370
781-871-0541
FAX 781-878-0158

Signature of Parent or Guardian

Date

Rockland Public Schools does not discriminate on the basis of race, color, sex, age, religion, disability, national origin or sexual orientation.

Rockland Public Schools
Verification of Student Residency

(FOR STUDENT AND PARENT/GUARDIAN RESIDING/LIVING AT SHELTER OR WITH A FAMILY MEMBER)

I, _____, hereby attest that the following individual(s) currently reside in
(please print legibly)
my home located at the following address:

in the town of _____, MA. Telephone: _____

Parent/Guardian Name: _____

Name of student(s): _____

* I/We understand that all applicants must reside in Rockland. Every person shall have a right to attend the public schools of the town where he/she actually resides, subject to the following section (Massachusetts General Laws, Chapter 76, sec 5). No School Committee member is required to enroll a person who does not actually reside in the town unless said the School Committee authorizes by law or enrollment. 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 or 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.

I certify that all statements made on this form are correct to the best of my knowledge.

Head of Household signature

Date

The term "residence" or "residency" refers to your legal residence as determined by government issued documents- primarily your driver's license or state ID card. Supporting documentation may be required in addition to your license. Review the list of residency documents.

Acknowledgement of signature

On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared

_____ (name of document signer), proved to

me through satisfactory evidence of identification, which were _____,

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that

(he/she) signed it voluntarily for its stated purpose.

Massachusetts Notary Public

Notary Print Signature Here

Massachusetts Parental Notice with One-Time Consent to Allow the School District To Access MassHealth (Medicaid) Benefits

Rockland Public Schools

Dear Parent/Guardian:

The purpose of this letter is to ask your permission to bill MassHealth for the cost of special education services that the district provides your child under the IEP that we developed with you. If you agree, MassHealth will reimburse the cost of services that they cover, such as therapy services as well as the cost of time spent by providers of such services to participate in Team meetings. We cannot send records and information about your child and your child's IEP services to MassHealth to ask for reimbursement without your consent and without first notifying you of the following:

1. The school district cannot require you to sign up for MassHealth in order for your child to receive the special education services to which your child is entitled;
2. The school district cannot require you to pay anything towards the cost of your child's special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can bill MassHealth. The school district can agree to pay the co-pay or deductible if any such cost is expected.
3. If the school district receives your consent:
 - a. Your consent will not decrease your child's available lifetime coverage or other MassHealth benefit; nor will it in any way limit your own family's use of MassHealth benefits outside of school.
 - b. Your consent does not affect your child's special education services or IEP rights in any way.
 - c. Your consent will not lead to any changes in your child's MassHealth rights; and
 - d. Your consent will not lead to any risk of losing eligibility for other Medicaid or MassHealth funded programs.
4. If you consent, you have the right to change your mind and withdraw your consent at any time.
5. If you withdraw your consent, or refuse to agree to allow the school district to share your child's records and information with MassHealth for the purpose of billing the cost of his/her IEP services, the school district will continue to be responsible for providing your child the special education services in his/her IEP at no cost to you.

I have read the notice and understand it. I have had my questions, if any, answered. I agree to give my consent to the school district to share records and information concerning my child and his/her IEP services as necessary to bill MassHealth to obtain federal reimbursement for the cost of the IEP services that MassHealth covers.

Parent/Guardian Signature: _____ Date _____

Student Name:

DOB:

SASID:

**ROCKLAND PUBLIC SCHOOLS
ROCKLAND, MASSACHUSETTS**

TO: Parents of Students entering the Rockland Public Schools
FROM: Patricia Penney, System Operator
RE: BUS

If you would like your child transported by bus, please call Patti Penney at 781-878-1540 or email her at ppatricia@rocklandschools.org. Thank you!

PARENT CONTACT/DISMISSAL CARD

Bus _____ (office use)

Day care _____ (office use)

PRE/ESTEN/JEFF/MP/RMS/RHS/OOD

Student Name _____

Last

First

Middle

Grade _____ Homeroom _____ Age _____ Date of Birth _____

Student Address _____

(1) Parent/Guardian Name _____ Relationship to Student _____

Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Best number for automated message _____ Best number to reach you _____

Do you want text messages? Y N Email _____

Have custody? Y N May Pickup? Y N Can have access to X2? Y N

Can receive Grade Mailings? Y N Can receive Conduct Mailing? Y N

(2) Parent/Guardian Name _____ Relationship to Student _____

Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Best number for automated message _____ Best number to reach you _____

Do you want text messages? Y N Email _____

Have custody? Y N May Pickup? Y N Can have access to X2? Y N

Can receive Grade Mailings? Y N Can receive Conduct Mailing? Y N

Student lives with:

Both _____ Mother _____ Father _____ Guardian _____ Homeless _____ Other _____

List two nearby neighbors/relatives/contacts who will assume temporary care of your student if you cannot be reached.

Name _____ Relationship _____ Telephone _____

Address _____

Name _____ Relationship _____ Telephone _____

Address _____

Is there anyone to whom your student cannot be dismissed? Y N If so, list their names:

Is there any legal documentation? Y N If yes, please provide a copy to the front office.

Please circle the best statement:

1. No, not a member of a military family
2. Yes, child of active duty member
3. Yes, child of member or veterans who are medically discharged or retired for 1 year
4. Yes, child of member who died on active duty

Immigrant Status:

1. Please provide copy of passport with a port of entry and date stamp
2. Are you an immigrant? _____ Yes _____ No
3. What is your country of origin _____
4. Have you been enrolled in Massachusetts schools for the past 3 years? _____ Yes _____ No
When _____
Other School _____

Emergency Information Card

PRE/ESTEN/JEFF/MP/RMS/RHS/OOD

Student Name _____ Grade _____ Homeroom _____

Address _____
Last First MI Home Tel. Birth Date _____

Please list best phone number for automated message: _____

Where can parents/guardian be reached when not at home?

Name _____ Work Tel _____ Cell Tel _____ Email _____

Name _____ Work Tel _____ Cell Tel _____ Email _____

Signature of Parent or Guardian _____ Date _____

Is there anyone your child CANNOT be dismissed to? ____ yes ____ no If so, list name _____

List two nearby neighbors or relatives who will assume temporary care of your child if you cannot be reached

1. Name _____ Tel. _____

2. Name _____ Tel. _____

Local Physician's Name _____ Tel. _____

Local Dentist's Name _____ Tel. _____

In case of accident or serious illness, I request the school to contact me and, if needed, transport to _____ Hospital

Allergies: _____ Medical Conditions: _____

May the following over the counter medications be given? Tylenol? Yes ____ No ____ Advil? Yes ____ No ____

Preschool/Elementary Only - May sunscreen be applied, if needed, for outdoor events? Yes ____ No ____

RHS/RMS Only - Sudafed? Yes ____ No ____ Antacids? Yes ____ No ____ Robitussin? Yes ____ No ____

Medical Insurance Co. _____ Dental Insurance Co. _____

Release of information regarding Medicaid

I certify that I have read and understand the enclosed letter pertaining to One-time Consent to allow School District Access to MassHealth (Medicaid) Benefits. I give my consent to the school district to access these benefits if my child is an eligible student. I further understand that this will be of no cost to me, will not impact the provisions of IEP services to my child or benefits available to him/her under MassHealth, and that I may revoke my consent at any time.

Parent/Guardian Signature: _____ Date: _____

In order that we may better manage your child's Health Care needs (especially in an emergency), please fill out the following information if it applies to your child.

What, if any, PRESCRIPTION medication does your child take at home on a regular basis? Daily and/or as needed.

Medication	Dosage	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

May this information be shared with classroom teacher on a "need to know" basis? Yes No