

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/Td/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 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)

*I/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

Birth Date (MM/DD/YYYY): _____ Gender: M ____ F ____ 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 oral and written communication from the school in English or in your home language? _____

Special Education Services Information

Is your child receiving special education services? ____Yes ____No

Is your child related to an active military member? ____Yes ____No

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: _____

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

School Bus Transportation

Kindergarten

All kindergarten students are eligible to be bused to and from their assigned bus stop. In order to maintain consistency throughout the school year, we have implemented a bus transportation policy.

The policy is, the child can be bused in from one address every day and go home to one address every day. (5 Days a week) If not consistent 5 days a week, you will have to do Family Drop Off and Pick Up at school.

With over 200 students to keep track of, the bus drivers and Rockland Public Schools cannot keep track of which child is going/coming from home or daycare.

*Please note that the bus driver will not drop off any kindergarten student without an adult being present.

We must have your transportation information no later than **Friday, June 23, 2017** to send to the bus company.

Please return this form to the Superintendent's Office, 34 MacKinlay Way, Rockland, MA 02370

Name of Child _____

My child will come in from _____

My child will be dropped off at _____

Parents Name _____ Phone# _____

All transportation requests that come in after Friday, June 23, 2017 will have to wait until after September 18, 2017 to be honored.

Please sign that you acknowledge the above policy Information;

Signature: _____

