



**MONOMOY REGIONAL SCHOOL DISTRICT
SCHOOL REGISTRATION CHECKLIST**

Date: _____
Grade: _____

Dear Parents,

Please find enclosed in this registration packet important documents pertaining to your child's health as well as use of school equipment. Please complete the entire packet and return all documents to your child's school.

Student's Name _____

Address: _____

Date of Birth: _____ **Phone #:** _____

Anticipated Start Date: _____ **Primary Cell Phone #:** _____

To Ensure Accuracy of Information Please Print Clearly

**ALL INFORMATION MUST ACCOMPANY THIS FORM IN ORDER TO
REGISTER YOUR CHILD. THANK YOU.**

HEALTH HISTORY MUST INCLUDE MOST RECENT PHYSICAL AND IMMUNIZATIONS

This Checklist is for **SCHOOL USE ONLY**

	INITIALS	COMMENTS
Registration (White)	_____	_____
Birth Certificate	_____	_____
Health History (White)	_____	_____
Immunizations	_____	_____
Medical Records	_____	_____
Military Family Status	_____	_____
Home Language Survey (Green)	_____	_____
Proof of Residency	_____	_____
Release of Records	_____	_____
Academic Records	_____	_____
Attendance/Discipline Records	_____	_____
Standardized Testing	_____	_____
Acceptable Use Policy (color)	_____	_____
Special Learning Needs Survey (Pink)	_____	_____
Transportation Slip (yellow)	_____	_____
Potassium Iodide Consent (golden rod)	_____	_____
REGISTRATION COMPLETED	_____	_____



MONOMOY REGIONAL SCHOOL DISTRICT

Harwich Elementary School

Chatham Elementary School

SASID # _____

Monomoy Regional Middle School

Monomoy Regional High School

LASID # _____

Registration Date: _____ Entrance Date: _____ Grade: _____ Birth Certificate _____

Last Name	First Name	Middle Name (required)	Preferred Name	Gender
Home Telephone Number		Date of Birth	Place of Birth	
Residential Address (required)		Town	State	Zip Code
Mailing Address-if different from above (required)		Town	State	Zip Code
Does your student have a Cell Phone? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is the number _____				

Primary Parent/Guardian Information #1

Last Name	First Name	Relationship to student		
Residential Address-if different from above (required)		Town	State	Zip Code
Mailing Address-if different from above (required)		Town	State	Zip Code
Home Telephone		Work Telephone	Work Hours	
Cell Phone Number - Primary		Email Address - Primary		

Does this caregiver live with the student? Yes No If yes, days: All other please specify: _____

Does this caregiver receive mail regarding this student? Yes No

May this caregiver dismiss this student? Yes No

Will this caregiver have access to Aspen Parent Portal (student information system)? Yes No

Parent/Guardian Information #2

Last Name	First Name	Relationship to student		
Residential Address-if different from above (required)		Town	State	Zip Code
Mailing Address-if different from above (required)		Town	State	Zip Code
Home Telephone		Work Telephone	Work Hours	
Cell Phone Number		Email Address		

Does this caregiver live with the student? Yes No If yes, days: All other please specify: _____

Does this caregiver receive mail regarding this student? Yes No

May this caregiver dismiss this student? Yes No

Will this caregiver have access to Aspen Parent Portal (student information system)? Yes No

Has this student previously attended school in Harwich or Chatham? Yes No

If yes, please list _____
School(s) Dates

What preschool did your child attend (for incoming K students only) _____

General questions regarding this student:

This student lives with: = Both parents = Father = Mother = Other (please specify):

Parent(s) are: Married Not married Separated Divorced Widowed

Does your child have Mass Health? Yes No If yes, ID # _____

Is your child eligible for free or reduced lunch? Yes No

Please list other school age siblings, their ages and schools they attend:

Sibling Name	Date of Birth	Biological	Step/Half	Foster	School

EMERGENCY CONTACT 1 OTHER THAN PRIMARY PARENT/GUARDIAN #1 or #2

Last Name	First Name	Relationship to Student		
Home Telephone	Work Telephone	Cell Phone Number		
Residential Address	Town	State	Zip Code	

EMERGENCY CONTACT 2 OTHER THAN PARENT/GUARDIAN #1 or #2

Last Name	First Name	Relationship to Student		
Home Telephone	Work Telephone	Cell Phone Number		
Residential Address	Town	State	Zip Code	

STUDENT HEALTH INFORMATION

Name of Health Insurance Provider _____

Primary Care Physician: _____ Phone: _____

Dentist: _____ Phone: _____



MONOMOY REGIONAL SCHOOL DISTRICT

The No Child Left Behind law requires that we make efforts to identify students who may be homeless. To that end regulatory guidance from the federal and state regulations require we ask the living arrangements of the family or unaccompanied youth, including asking if they are living in motels, hotels, trailer parks or camping grounds due to the lack of alternative accommodations; with relatives or others due to loss of housing, economic hardship or a similar reason; shelters; cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; are abandoned in hospitals or are awaiting foster care placement; or have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

Please check if the above applies. Please list the type of accommodation _____
This information is CONFIDENTIAL for school administration ONLY.

Every school district in Massachusetts is required to report to the Massachusetts Department of Education each year student data by race and ethnicity categories that are set by the federal government. The Department of Education does not report individual student data to the federal government, but does report the total number of students in various categories in each school. These reports help us keep track of changes in student enrollments and ensure that all students receive the educational programs and services to which they are entitled.

The federal government recently changed the reporting categories for student data. As a result, you have the opportunity to update the student data on your child, if you wish to do so. With the new reporting categories, you may now identify your child by ethnic group (either Hispanic/Latino or not Hispanic/Latino) and by one or more racial groups (American Indian/Alaska Native, Asian, Black/African-American, Native Hawaiian/ Other Pacific Islander, White). Starting with the 2005-2006 school year, all schools in Massachusetts will report student data to the Department of Education using the new categories.

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, Cuban, South or Central American, or other Spanish culture or origin, regardless of race)

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

- American Indian or Alaska 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.)
- Other

Signature of person completing this form: _____

Relationship to student: _____ Date: _____



Military Family Status

Student Name: _____

In May 2012, as part of the VALOR Act, Massachusetts became a member of the Interstate Compact on Educational Opportunity for Military Children. The Compact aims to make the transition to a new school easier for military children in areas such as enrollment, assessment, graduation, etc. The provisions of the Compact also apply to students whose Parent/Guardian is currently deployed, or who was discharged from active duty due to a disability or died while on active duty within the past year.

The above student DOES NOT have a Parent or Guardian that qualifies for Military Family Status.

There is a Parent or Guardian in the student's household who:

(Please check one box that applies)

Is a member of the uniformed services or National Guard and Reserve on full-time active duty orders.

Is currently deployed.

Is a veteran who retired within the past year.

Was medically discharged within the past year.

Died while serving our country within the past year.

Other: _____

Date of discharge, retirement, death, deployment, military transfer, etc. _____

Name of Service Member: _____

Name of Person completing this form: _____

Date: _____

For more information, please visit: www.mic3.net



MONOMOY REGIONAL SCHOOL DISTRICT

Health History

- Harwich Elementary School Chatham Elementary School
 Monomoy Regional Middle School Monomoy Regional High School

NAME _____ SEX _____
 Last First Middle Name DOB _____

Date Of Entry _____ Grade Entered _____

Family Physician or Source of Medical Care _____

Address _____ Telephone _____

Family Dentist _____

Address _____ Telephone _____

Does your child have any of the following:

Allergies (food, bee stings/insects, medications) YES _____ NO _____ Please Explain _____
 Epi Pen or other medication needed _____

Asthma	YES _____	NO _____	Medication	Yes _____	No _____
Seizures/Convulsions	YES _____	NO _____	Medication	Yes _____	No _____
Diabetes	YES _____	NO _____	Medication	Yes _____	No _____
Kidney Problems	YES _____	NO _____	Medication	Yes _____	No _____
Heart Problems	YES _____	NO _____	Medication	Yes _____	No _____

History of Ear Infections YES _____ NO _____ Tubes Yes _____ No _____ When _____

Hearing Problems YES _____ NO _____ Hearing exam at Dr.'s Office in past year Yes _____ No _____
 Specialist Seen _____

Vision Problems YES _____ NO _____ Vision exam at Dr.'s Office in past year Yes _____ No _____

Wears Glasses Yes _____ No _____ Eye Doctor _____

Speech Problems YES _____ NO _____

History of Chicken Pox YES _____ NO _____ Date _____

Hospitalizations/Serious Injuries/Trauma (Please explain, giving dates) _____

Physical Handicaps/Special Needs (Please explain, giving dates) _____

Medications (Please list any medication your child takes (*please note policy on giving medications in school*))

Other Medical Information: _____

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment.

Signature of Parent/Guardian



MONOMOY REGIONAL SCHOOL DISTRICT

Home Language Survey

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. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information

Student's Current Grade _____

Today's Date: (mm/dd/yyyy) _____

First Name	Middle Name	Last Name	F M Gender
Country of Birth	/ / Date of Birth (mm/dd/yyyy)	/ / Date first enrolled in ANY U.S. school	

School Information

/ / Start Date in New School (mm/dd/yy)	Name of Former School and Town
--	--------------------------------

Questions for Parents/Guardians	
What is the native language(s) of each parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / guardian)	Which language(s) are spoken with your child? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
What language did your child first understand and speak?	Which language do you use most with your child?
Which other languages does your child know? (circle all that apply) _____ speak / read / write _____ speak / read / write	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
Will you require written information from school in your native language? <div style="text-align: center;">Y N</div>	Will you require an interpreter/translator at Parent-Teacher meetings? <div style="text-align: center;">Y N</div>
Parent/Guardian Signature: _____	

To be completed by qualified ELL Program Staff Member

Recommendation

- Proficiency testing to determine LEP placement and academic record review
 - Sheltered English Immersion (WIDA)
 - FLEP
- Proficient- No English language learner program required

Signature of ELL Staff Member _____ Date _____ (green)



MONOMOY REGIONAL SCHOOL DISTRICT

Special Learning Needs Survey

To help us identify children with possible special learning needs, please fill in the information on the form below at the time of registration.

Child's Name _____ D.O.B. _____

Parent/Guardian's Name(s) _____

1. Has your child ever been identified as being in need of Special Education Services?
_____ Yes _____ No

If yes, what services did your child receive _____

Has your child ever been tested? _____ Yes _____ No

When? _____ For what reason? _____

2. Does your child have an Individualized Education Program (IEP)?
_____ Yes (**please attach**) _____ No

3. Has your child ever received additional help such as instruction by a Reading Specialist, Title 1 Tutor, or a Speech and Language Specialist?
____ Yes _____ No

If yes, please explain service provider and when services were provided _____

4. Is your child on a 504 Plan? _____ Yes _____ No

For office use only: student LASID _____

DOE 10 _____

DOE 24 _____

(pink)



MONOMOY REGIONAL SCHOOL DISTRICT

PARENT/STUDENT HANDBOOK REVIEW

I have read the Handbook and reviewed its contents with my child.
located on www.monomoy.edu (under your child's school)

Signature Parent/Guardian _____

Signature of Student and Date _____

ACCEPTABLE USE POLICY

This user agreement must be renewed each academic year.

- I will not give out personal information on the Internet.
- I will use the Internet in a responsible manner.
- I will ask permission to use pictures or text from someone's website.
- I will use the Internet only for school-related activities, homework, research and teacher directed activities.

Signature of Student and Date _____

PARENT/GUARDIAN SYSTEM/NETWORK PERMISSION

In consideration for the privilege of using the district/system network, and in consideration for having access to the public networks, I hereby release the district, its operators, and institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system/network, including without limitation, the type of damage identified in the district and administrative procedures. I also understand that I will be personally responsible for any damages or costs caused by my son or daughter's violation of the guidelines.

Select one.

_____ I give permission for my child to participate in the district's system/network.

_____ I do not give permission for my child to participate in the district's system/network.

Signature of Parent/Guardian _____

PERMISSION TO PHOTOGRAPH, AUDIOTAPE, VIDEOTAPE, OR USE PHOTOGRAPH ON WEB PAGE.

1. _____ Yes _____ No I give permission for my child to be photographed or videotaped for use within the school.

2. _____ Yes _____ No I give permission for my child's picture and name to appear in local newspapers/Monomoy Educational Channel 22 highlighting educational activities.

3. _____ Yes _____ No I give permission for my child's picture and **first name only** to be included on the Monomoy Regional School's web page to highlight educational activities.

Signature of Parent/Guardian _____

(any color)



MONOMOY REGIONAL SCHOOL DISTRICT

425 Crowell Road, Chatham, MA
508-945-5130 FAX: 508-945-5133

PROOF OF RESIDENCE IN ORDER TO ENROLL CHILD

I am the parent or legal guardian of

Name(s) of child (ren)

and wish to enroll such child(ren) in the Monomoy Regional School District. I understand that Massachusetts law provides, with few exceptions*, that each child must attend a public school in the attendance area where the parent or guardian resides. I attest to the fact that my child resides at the following street address which is located in the Town of Harwich or Chatham.

I understand that officials of the School Department may require additional proof that I am the parent or legal guardian of the child(ren) identified by me on this form. I also understand that officials of the School Department require proof that my child resides at the address given on this form and will accept a copy of a lease/rental agreement, current utility bill, tax or excise bill, mortgage statement or deed.

Declaration

I declare that the above information provided by me is true and complete.

*Please note that the Monomoy Regional School District participates in the Massachusetts School Choice Program. Interested non-resident parents must file a specific application which must meet eligibility requirements set by the Monomoy Regional School Committee. Contact the School Principal for information.

Signed under penalties of perjury on

Date

FOR OFFICE USE ONLY

Verification of Residency _____ by _____



MONOMOY REGIONAL SCHOOL DISTRICT

SCHOOL & BUS USE ONLY

BUS # _____ am _____ pm

TRANSPORTATION SLIP

STOP: _____

STUDENT ID: _____

LAST NAME: _____

FIRST NAME: _____ MIDDLE INITIAL: _____

HOUSE #: _____ STREET: _____

TOWN: _____ ZIP: _____

PHONE: _____ (home) _____ (cell)

GRADE: _____ GENDER: Male / Female

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT PHONE:

- New student, add to database
- Change of address or other information - DELETE from BUS _____
- School Choice – No bus needed Will use bus from closest stop
- I will not use bus, will walk to/from school, drives own car, etc.

CHANGE EFFECTIVE ON:

Please call _____ at _____ with bus information.

Special Notes:

(when complete, please FAX to BUS COMPANY)

(yellow)



MONOMOY REGIONAL SCHOOL DISTRICT

425 Crowell Road, Chatham, MA
508-945-5130 FAX: 508-945-5133

RELEASE/REQUEST OF STUDENT RECORDS AND INFORMATION

Harwich Elementary School
263 South Street
Harwich, MA 02645
508-430-7216/508-430-7231(F)

Monomoy Regional Middle School
425 Crowell Road
Chatham, MA 02633
508-945-5140/508-945-5110 (F)

Chatham Elementary School
147 Depot Road
Chatham, MA 02633
508-945-5135/508-945-5138 (F)

Monomoy Regional High School
75 Oak Street
Harwich, MA 02645
508-430-7200/508-430-7903 (F)

please release records from/to:

Name of student

Grade

Date of Birth

_____ Attendance

_____ School Records/Standardized Tests

_____ Medical Records (including proof of immunizations)

_____ Special Education Records

_____ Psychological Records

_____ Discipline

_____ Other (Specify) _____

Student's Last day _____

Date

Signature of Parent/Guardian

For office use only:

Records sent: Date _____

Signature of school official

Hand given: Date _____

Signature of school official



Monomoy Regional School District Parent/Guardian Informed Consent Form Potassium Iodide Administration During School Hours In the Event Of a Nuclear Emergency

Reason for Taking Potassium Iodide

In the event of an accident at Pilgrim Nuclear Power Plant, or what is known as a radiological emergency, radioactive iodine will be released into the air. This material may be inhaled or ingested and enter the thyroid gland where it can cause cancer and/or disease. Children and infants are the most vulnerable to this occurrence. When taken by pill, Potassium Iodide (KI) floods the thyroid with non-reactive iodine and prevents the thyroid from absorbing the radioactive materials. Potassium Iodide needs to be given before or shortly after exposure to radiation. Potassium Iodide works only to prevent the thyroid from absorbing radioactive iodine.

Potential Side Effects of Potassium Iodide

It is possible to experience any or all of the following side effects when taking Potassium Iodide:

Upset stomach

Rash

Allergic reaction – *A reaction can range from mild (Rash, metallic taste in the mouth, sometimes stomach upset and diarrhea) to severe (fever, joint pain, swelling of parts of the face and body, and at times severe shortness of breath requiring immediate medical attention)*

Risks of Taking Potassium Iodide

Taking Potassium Iodide is safe for most people.* Potassium Iodide **should not be taken** if someone:

Is allergic to iodine

Has Graves Disease

Has any other thyroid illness

Takes thyroid medication

*Parents/guardians are requested to contact their child's physician if they have specific questions regarding the safety of KI administration to their child prior to returning this consent form to the school nurse.

Administration of Potassium, Iodide

Potassium Iodide will **only be given**:

In the event of a radiological emergency

If it is recommended by public health officials

If a parent/guardian signs a consent form for a child under the age of 18 years

Informed Consent: Please complete the following information and return to the school nurse at your child's school.

___ I **do not consent** to have my child receive Potassium Iodide in the event of a nuclear emergency.

___ I **consent** to have the school nurse or his/her designee administer Potassium Iodide to my child.

If consent is given, can your child swallow a small pill? Yes No

Childs' Name: _____ Age: _____ Date of Birth: _____

Child's School: _____ Teacher: _____ Grade/YOG: _____

Parent/Guardian Name: _____ Telephone: _____

Parent Address: _____

Parent Signature: _____ Date: _____