

**CHELMSFORD PUBLIC SCHOOLS
CHELMSFORD, MASSACHUSETTS**

**STUDENT REGISTRATION – GRADES K-4
& CHIPS PRESCHOOL**

<i>Student Data</i>	
1.	Last Name: _____ First Name: _____ Middle Name: _____
2.	Grade level student is entering: _____
3.	Does this student currently receive special services? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, I.E.P. <input type="checkbox"/> 504 <input type="checkbox"/> Has this student ever received special services in the past? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____
4.	Has this student been registered as a student in Chelmsford Public Schools? Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Does the student have any siblings registered in Chelmsford Public Schools? Yes <input type="checkbox"/> No <input type="checkbox"/> Sibling's name/current grade level: _____ _____ _____ <i>Each student enrolled in Chelmsford Public Schools has a unique user name, also known as a log in. Parents can retrieve this information online by using the X2 Aspen Family Portal. This information is commonly found on report cards or student schedules for middle and high school students.</i>
6.	Date of Birth: _____ Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>
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.	<u>Student's race:</u> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/>
12.	<u>Student's Ethnicity:</u> Are you Hispanic or Latino? (select one) No, Not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino* <input type="checkbox"/> <i>*A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.</i>
13.	Parent E-Mail Address: _____

First Parent/Guardian Contact Information

1st Contact Name	Relationship	Lives w/student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Custody issue Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If yes, is this contact a custodial parent? Yes <input type="checkbox"/> No <input type="checkbox"/></small>	
Address (if different than student)	Email Address	Workplace	Can Dismiss Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can Receive Student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone Numbers			Unlisted?	
Home Phone (Primary)		Mobile Phone (Primary)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone (Alt.)		Mobile Phone (Alt.)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Work Phone (Primary)				Yes <input type="checkbox"/> No <input type="checkbox"/>
Work Phone (Alt.)				Yes <input type="checkbox"/> No <input type="checkbox"/>

Second Parent/Guardian Contact Information

2nd Contact Name	Relationship	Lives w/student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Custody issue Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If yes, is this contact a custodial parent? Yes <input type="checkbox"/> No <input type="checkbox"/></small>	
Address (if different than student)	Email Address	Workplace	Can Dismiss Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can Receive Student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone Numbers			Unlisted?	
Home Phone (Primary)		Mobile Phone (Primary)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone (Alt.)		Mobile Phone (Alt.)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Work Phone (Primary)				Yes <input type="checkbox"/> No <input type="checkbox"/>
Work Phone (Alt.)				Yes <input type="checkbox"/> No <input type="checkbox"/>

First Emergency Contact if Parents/Guardians CAN NOT Be Reached

Contact Name	Relationship	Lives w/student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can Dismiss Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can Receive Student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address (if different than student)		Email Address		
Phone Numbers			Unlisted?	
Home Phone (Primary)		Mobile Phone (Primary)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone (Alt.)		Mobile Phone (Alt.)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Work Phone (Primary)				Yes <input type="checkbox"/> No <input type="checkbox"/>
Work Phone (Alt.)				Yes <input type="checkbox"/> No <input type="checkbox"/>

Second Emergency Contact if Parents/Guardians CAN NOT Be Reached

Contact Name	Relationship	Lives w/student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can Dismiss Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can Receive Student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address (if different than student)		Email Address		
Phone Numbers			Unlisted?	
Home Phone (Primary)		Mobile Phone (Primary)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone (Alt.)		Mobile Phone (Alt.)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Work Phone (Primary)				Yes <input type="checkbox"/> No <input type="checkbox"/>
Work Phone (Alt.)				Yes <input type="checkbox"/> No <input type="checkbox"/>

**CHELMSFORD PUBLIC SCHOOLS
CHELMSFORD, MASSACHUSETTS**

**ENGLISH LANGUAGE EDUCATION
HOME LANGUAGE SURVEY**

STUDENT'S FIRST NAME: _____ STUDENT'S FAMILY NAME: _____

Age: _____ Birth date: _____ Grade: _____ Gender: M F

Relationship of Person Completing Survey:

Mother Father Guardian Other Specify: _____

Dear Parents and Guardians:

In order to help your child succeed in school, we ask that you please answer the following questions for each child in your family. Your answers will help us in the creating of the best possible educational program for your child.

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(s) does your child read? _____
7. What language(s) 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
10. Would you prefer oral and written communication from the school in English or in your home language? _____
11. Has the student ever been in a bilingual educational or an English as a Second Language program?
Yes No
12. Did the student exit the program? Yes No Exit Date: _____

FAMILY HISTORY

If any of the following people work or live in the student's home, list the languages they speak (including English).

LANGUAGES	USED MOST	USED SECOND	USED THIRD
Father, guardian, stepfather	_____	_____	_____
Mother, guardian, stepmother	_____	_____	_____
Other children or siblings	_____	_____	_____
Grandparent	_____	_____	_____
Babysitter	_____	_____	_____
Other	_____	_____	_____

Number of Years Student in USA: _____

MIGRANT STATUS: **ELIGIBLE** **NOT ELIGIBLE**

An indication of whether an Individual or Parent/Guardian accompanying an individual maintains primary employment in one or more agricultural or fishing activities on a seasonal or other temporary basis and establishes a temporary residence for the purposes of such employment.

EMERGENCY IMMIGRATION EDUCATION PROGRAM STATUS: **ELIGIBLE** **NOT ELIGIBLE**

An indication of whether a student is eligible for the Emergency Immigrant Education Program. To be eligible for the program, a student must:

1. Not have been born in any State; AND
 2. Not have completed three (3) full academic years of school in any State.
- *Also, if a student is eligible, Country of Origin must be provided.

Signature of Parent/Guardian: _____

To be filled out by appropriate school personnel:

Recommendations: **Proficiency Testing/Records Review**
 No ELE Services

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:

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Kidney	<input type="checkbox"/> Strep throat infections (history of)
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Developmental Delays	<input type="checkbox"/> Lactose Intolerant	<input type="checkbox"/> Other
<input type="checkbox"/> Asthma	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Migraines	Hospitalizations this year? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Eyeglasses/Contacts	<input type="checkbox"/> Nosebleeds	reason? _____
<input type="checkbox"/> Autism spectrum	<input type="checkbox"/> Gastric reflux	<input type="checkbox"/> Reflux (other)	Previous Concussions? Yes <input type="checkbox"/> No <input type="checkbox"/> Dates _____
<input type="checkbox"/> Bladder Control	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Seizures	<input type="checkbox"/> Emotional Concerns? _____
<input type="checkbox"/> Constipation	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Scoliosis	
<input type="checkbox"/> Celiac	<input type="checkbox"/> 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
Administration Offices

230 North Road, Chelmsford, MA 01824
Telephone: (978) 251-5100

Dr. Jay Lang, Ed.D.
Superintendent

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, a 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 our children. This check also needs to be reviewed every three years. 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 (application is attached). Please complete the necessary information, sign the form and return it to the main office of your child's school with a copy of your Massachusetts driver's license.

Even though you may have other children in a different school building or you are involved with scouts, youth sports teams, etc., we are asking that you complete a form for each school in which you volunteer. Only one form for all your children is required.

The Chelmsford Public Schools has a very large and successful volunteer program that includes library, computer, classroom, fieldtrips, and P.T.O. volunteers. We truly appreciate the efforts of all our volunteers, so in order to participate in these activities, individuals must complete this form. It is important to remember that you will not be allowed to participate in volunteer activities without this background check.

Central Administration will be processing the C.O.R.I. checks through the Personnel Office. The information obtained is reviewed only by authorized contact people, the Chelmsford Superintendent of Schools and the Director of Personnel. All information will be held in the strictest confidence. Thank you for your understanding in this matter.

As of October 2007 the federal law changed. This new form requires personal information such as sex, height, weight and eye color and a copy of your driver's license. You will need to bring the completed form to the main office of your child's school. At that time your license will be verified and the application signed off on the CORI form, which will then be forwarded to Central Administration. No copies will be kept at the schools. Each school will have a list of all CORI forms submitted and when they expire. You can always call the individual schools to check on your C.O.R.I. status to make sure it is still in effect.

Sincerely,

Dr. 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

Chelmsford Public Schools is registered under the
(Organization)

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 may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that
Chelmsford Public Schools, must first provide me
(Organization)

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: 978-251-5160

Harrington Elementary School
120 Richardson Road,
North Chelmsford, MA 01863
978-251-5166 FAX: 978-251-5170

South Row Elementary School
250 Boston Road,
Chelmsford, MA 01824
978-251-5177 FAX: 978-251-5180

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 FAX: 978-251-5117

CHIPS PROGRAM
170 Dalton Road
Chelmsford, MA 01824
978-251-5188

_____ 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