

Welcome to the Haverhill Public Schools. Please use this packet to begin registration for your child. Ask our registration staff for assistance and if you need translation. To successfully enroll your child for school, **ALL** required documents must be submitted with the application. **Missing documents will delay enrollment.**

REQUIRED DOCUMENTATION FOR ALL NEW STUDENTS:

- ☐ This Complete Student Registration Packet
- ☐ Proof of Haverhill Residency (See examples below):
 - ☐ Lease or Mortgage Statement
 - ☐ Recent Utility Bill (within 60 days)
 - ☐ Valid Photo Identification
- ☐ Child's Birth Certificate or Valid Passport
- ☐ Up to date Immunizations
- ☐ Recent Physical Examination
- ☐ Any Legal Paperwork Pertaining to Student (custody, guardianship, court orders, etc.)
- ☐ Copy of **IEP** if student receives services under a Special Education Program
- ☐ Copy of **504** Plan if student receives services under Section 504
- ☐ Report Card or Transcript, if transferring from another school

REGISTRATIONS WILL NOT BE COMPLETE AND STUDENTS WILL NOT BE ABLE TO START SCHOOL UNTIL ALL THE REQUIRED DOCUMENTS ARE PROVIDED

EXAMPLES OF VALID PROOF OF RESIDENCY

Column A	Column B	Column C
Evidence of Residency	Evidence of Occupancy	Evidence of Identification
<input type="checkbox"/> Recent mortgage statement and/or Property Tax Bill <input type="checkbox"/> Copy of Lease Agreement <input type="checkbox"/> Notarized Landlord Affidavit AND Rental Payment Receipt <input type="checkbox"/> Section 8 Agreement <input type="checkbox"/> Signed Purchase & Sales Agreement	A recent utility bill dated within the last 60 days showing a Haverhill address: <input type="checkbox"/> Gas, Oil, Electric or Cable <input type="checkbox"/> Home Telephone (not cell) <input type="checkbox"/> Excise Bill or Car Registration from RMV <input type="checkbox"/> Lease agreement stating Landlord is paying the utilities	<input type="checkbox"/> Valid Driver's License <input type="checkbox"/> Valid MA ID Card <input type="checkbox"/> Passport

Students considered homeless under the McKinney-Vento Act have the right to enroll immediately upon registration. Please contact our Homeless Liaison, at 978-420-1967 or 978-420-1974 with any questions or for assistance.

STUDENT REGISTRATION FORM**STUDENT INFORMATION****SCHOOL YEAR:** _____ **GRADE REGISTERING FOR:** _____**STUDENT'S FULL NAME**

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

DATE OF BIRTH (MONTH/DAY/ YEAR): _____ **GENDER:** ☐ Female ☐ Male ☐ Non-Binary**ETHNICITY:** ☐ Black or African American ☐ White ☐ Native Hawaiian or
Other Pacific Islander ☐ American Indian or Alaska Native ☐ Asian **RACE:** ☐ Hispanic/Latino ☐ Not Hispanic/Latino**COUNTRY OF BIRTH:** _____ **CITY AND STATE OF BIRTH:** _____HAS THE STUDENT ATTENDED HAVERHILL PUBLIC SCHOOL BEFORE? ☐ YES ☐ NOIS STUDENT A MEMBER OF A MILITARY FAMILY? ☐ YES ☐ NOARE YOU A MIGRANT FAMILY? ☐ YES ☐ NO**EARLY CHILDHOOD EXPERIENCE****DID STUDENT EVER ATTEND A FORMAL PRESCHOOL OR OTHER EARLY CHILDHOOD EDUCATION PROGRAM?** ☐ YES ☐ NO

- ☐
- More than 20 hours per week
- ☐
- Center based program (childcare center, Head Start, or public preschool program)
-
- ☐
- Less than 20 hours per week
- ☐
- Family support program such as:
-
- ☐
- Licensed family childcare provider
- ☐
- PCHP (Parent Child Home Program)
-
- ☐
- CFCE (Coordinated Family and Community Engagement)

HOME ADDRESS**STREET ADDRESS:** _____ **BLDG./ APT #** _____**CITY:** _____ **STATE:** _____ **ZIP CODE:** _____**MAILING ADDRESS** (IF DIFFERENT THAN HOME ADDRESS)**STREET ADDRESS:** _____ **BLDG./ APT #** _____**CITY:** _____ **STATE:** _____ **ZIP CODE:** _____**PREVIOUS SCHOOL INFORMATION** (IF TRANSFERRING FROM ANOTHER SCHOOL DISTRICT)**SCHOOL NAME:** _____**SCHOOL DISTRICT:** _____**CITY, STATE, ZIP CODE:** _____

STUDENT REGISTRATION FORM

WHO DOES THE STUDENT LIVE WITH: ☐ BOTH PARENTS ☐ MOTHER ☐ FATHER ☐ LEGAL GUARDIAN

Parents are responsible for providing and alerting school staff of any court documentation that affects custodial rights to student records, visitation, etc. Copies of these documents must be provided to the school at time of enrollment. Legal Guardian is defined as "Parent(s), guardian(s), or person(s) assigned by the court."

ARE THERE ANY CURRENT RESTRAINING ORDERS OR COMMUNICATION RESTRICTIONS RELATED TO THE ABOVE STUDENT? (Please Explain)

PARENT / GUARDIAN INFORMATION

RELATIONSHIP TO STUDENT: _____

FIRST NAME: _____ **LAST NAME:** _____

HOME ADDRESS (IF DIFFERENT FROM STUDENT): _____

HOME PHONE: _____ **CELL PHONE:** _____

WORK PHONE: _____

EMAIL: _____

PARENT / GUARDIAN INFORMATION

RELATIONSHIP TO STUDENT: _____

FIRST NAME: _____ **LAST NAME:** _____

HOME ADDRESS (IF DIFFERENT FROM STUDENT): _____

HOME PHONE: _____ **CELL PHONE:** _____

WORK PHONE: _____

EMAIL: _____

OTHER SIBLINGS OF HOUSEHOLD

NAME: _____ **RELATIONSHIP:** _____ **DOB:** _____

NAME: _____ **RELATIONSHIP:** _____ **DOB:** _____

NAME: _____ **RELATIONSHIP:** _____ **DOB:** _____

NAME: _____ **RELATIONSHIP:** _____ **DOB:** _____

ALERT CONTACT INFORMATION

Provide the phone numbers and emails where you would like to be contacted in the event of an emergency and receive No School, Snow Day Notifications and School Announcements

PHONE 1: _____ **PHONE 2:** _____

EMAIL 1: _____ **EMAIL 2:** _____

☐ Check here to receive communications in your native language

STUDENT REGISTRATION FORM

SPECIAL EDUCATION SERVICES:

An **Individualized Education Plan (IEP)** provides special education and related services to a student who is identified as having a disability that negatively affects their ability to receive academic instruction.

A **504 Accommodation Plan** is guided by the Americans with Disabilities Act (ADA) to ensure that a student with a disability has access to accommodations that improve academic functioning.

IS THE STUDENT ON AN INDIVIDUAL EDUCATION PLAN (IEP)? ☐ YES ☐ NO

IS THE STUDENT ON A 504 ACCOMMODATION PLAN? ☐ YES ☐ NO

ENGLISH LANGUAGE SERVICES

DOES THE STUDENT RECEIVE ENGLISH LANGUAGE SERVICES? ☐ YES ☐ NO

IF YES, DESCRIBE THE SERVICES: _____

IS A LANGUAGE OTHER THAN ENGLISH SPOKEN IN THE STUDENT'S HOME? ☐ YES ☐ NO

WHAT IS THE PRIMARY LANGUAGE SPOKEN IN THE HOME? _____

☐ Check here to receive communications in your native language

EMERGENCY CONTACTS

Emergency contacts should be **different** from the parent/guardian information

☐ Check here to provide permission for emergency contacts to pick up student (must be 18y or older)

EMERGENCY CONTACT 1 (Different from the parent/guardian)

RELATIONSHIP TO STUDENT: _____

FIRST NAME: _____ LAST NAME: _____

CELL PHONE: _____ WORK PHONE: _____

EMAIL: _____

EMERGENCY CONTACT 2 (Different from the parent/guardian)

RELATIONSHIP TO STUDENT: _____

FIRST NAME: _____ LAST NAME: _____

CELL PHONE: _____ WORK PHONE: _____

EMAIL: _____

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

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____ GENDER: ☐ F ☐ M
 COUNTRY OF BIRTH _____ DATE OF BIRTH (MM/DD/YYYY) _____ DATE FIRST ENROLLED IN ANY U.S. SCHOOL (MM/DD/YYYY) _____

SCHOOL INFORMATION

START DATE IN NEW SCHOOL (MM/DD/YYYY) _____ NAME OF FORMER SCHOOL AND TOWN _____ CURRENT GRADE _____

QUESTIONS FOR PARENTS/GUARDIANS

What is the primary language used in the home, regardless of the language spoken by the student?

What language did your child first understand and speak?

How many years has the student been in US Schools?
(Not including Pre-Kindergarten)

Will you require written information from the school in your native language? ☐ Yes ☐ No
If yes, what language? _____

What language(s) are spoken with your child?
(Include relatives, grandparents, uncles, aunts and caregivers)

_____ ☐ Seldom ☐ Sometimes ☐ Often ☐ Always
 _____ ☐ Seldom ☐ Sometimes ☐ Often ☐ Always

Which language do you use most with your child?

Which Languages does your child use?

_____ ☐ Seldom ☐ Sometimes ☐ Often ☐ Always
 _____ ☐ Seldom ☐ Sometimes ☐ Often ☐ Always

Will you require an interpreter/translator at Parent/Teacher meetings? ☐ Yes ☐ No
If yes, what language? _____

Parent/Guardian Signature: _____ Today's Date: _____

FOR SCHOOL USE ONLY

DATE OF ENROLLMENT:	ASSESSMENT:	SCHOOL PLACEMENT AND LEVEL:
1 st Year in US Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Transferring from? _____ _____ Parent Phone Number: _____	PK: Pre-IPT Oral A-B-C-D-E K: WIDA Model First Semester (LS): Second Semester (LSRW): Grades 1 -12: WIDA Screener Overall Composite: EL NOT EL	Programming and Assessment Notes (including domain scores)

AUTHORIZATION FORM

Student's Name (First, Middle, Last): _____

Parent/Guardian's Name: _____

FREEDOM OF INFORMATION ACT

The Freedom of Information Act states that school rosters or directories with addresses of students and/or parents are public documents as described in that act. Anyone seeking this information must do so in writing and must be specific concerning what roster or directory they are looking for. The school system must annually provide parents the opportunity to remove their child's information from a directory or roster that could be made public if requested by a third party.

Please Check One of the Options Below:

- ☐ **YES**, I authorize my son/daughter's information be released to any written request by a third party.
- ☐ **NO**, I do not authorize my son/daughter's information be released and request it be removed from any roster/directory that is requested by a third party.

Parent/Guardian Signature: _____ **Date:** _____

INTERNET ACCESS

Haverhill Public Schools offers full internet access. The benefit of being connected to the internet is that it expands our students' access to resources, including original source material from all over the world. It brings information, data, images, and computer software from around the globe almost instantaneously to the classroom.

While the benefits of the internet are enormous, parents need to be aware that the internet is an open system, which contains pockets of material that many people might find offensive. We cannot absolutely guarantee that your son or daughter will not encounter text, pictures, or references that are objectionable, but we can assure you that your son or daughter will only access Internet resources while under the supervision of a professional staff member. In addition, the District is in full compliance of the Children's Internet Protection Act (CIPA) and has taken technology protection measures that block and/or filter inappropriate material.

We ask for your assistance in developing responsible attitudes and reinforcing appropriate behaviors on the internet. I understand and will abide by the terms and conditions for internet access in the Haverhill Public School System. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action may be taken.

As the Parent or Guardian I have read the terms and conditions for internet access in the Haverhill Public School System. I understand that this access is designed for educational purposes and the School System has taken reasonable precautions to prevent access of inappropriate material. However, I also recognize that it is impossible to prevent access to all inappropriate materials and I will therefore not hold the Haverhill Public School System responsible for materials viewed, acquired, or communicated on the internet or private accounts accessed. I understand that if my son/daughter should commit any violation, his/her access privileges may be revoked and school disciplinary action may be taken.

Parent/Guardian Signature: _____ **Date:** _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I HEREBY AUTHORIZE THE FOLLOWING SCHOOL (ENTER Name, Address and Phone Number of Previous School):

TO RELEASE COPIES OF THE FOLLOWING INFORMATION:

- All Official Transcripts and Report Cards
- MCAS and Other State Testing Reports
- Individual Education Plans (IEP), Placement Forms, and all other special education documents
- 504 Accommodation Plans
- English Language Testing (ACCESS/ WIDA) and Progress Reports
- Health Records Including all Immunizations
- Attendance History
- Discipline Records

STUDENT NAME

DATE OF BIRTH

GRADE AND SCHOOL ENTERING

STUDENT NAME

DATE OF BIRTH

GRADE AND SCHOOL ENTERING

STUDENT NAME

DATE OF BIRTH

GRADE AND SCHOOL ENTERING

PRINT PARENT /GUARDIAN NAME

PHONE NUMBER

HAVERHILL ADDRESS

SIGNATURE OF PARENT OR STUDENTS (IF OVER 18 YEARS OF AGE)

DATE

☐ SEND K-8 RECORDS TO:

Attendance Department
Haverhill Public Schools
45 Fountain Street
Haverhill, MA 01830
Tel: 978-374-3439
Fax: 978-373-3815
Email: smoccio@haverhill-ps.org

☐ SEND SPECIAL EDUCATION RECORDS TO:

Haverhill Public Schools
Special Education Department
4 Summer Street, Suite 210
Haverhill, MA 01830
Tel: 978-374-3435
Fax: 978-374-3413
Email: Frontline@haverhill-ps.org

☐ SEND HIGH SCHOOL RECORDS TO:

High School Guidance Department
Haverhill High School
137 Monument Street
Haverhill, MA 01832
Tel: 978-374-5700 ext. 1134 / 1182
Fax: 978-372-7419
Email: mgravel@haverhill-ps.org

FOR HAVERHILL REGISTRATION STAFF ONLY:

Did student ever attend HPS? ☐ YES ☐ NO

Date Release Sent: _____

Date 2nd Request Made: _____

Month/Year Discharged: _____

Initial: _____

Initial: _____



HAVERHILL PUBLIC SCHOOLS HEALTH SERVICES

INITIAL HEALTH UPDATE AND PERMISSION

FAMILY RESOURCE CENTER

45 FOUNTAIN STREET, HAVERHILL MA 01830

EMAIL: REGISTRATION@HAVERHILL-PS.ORG

TEL: 978-420-1951 / FAX: 978-469-8730

Name of Student: _____ Sex assigned at birth: _____ Date of Birth: _____

School: _____ Grade: _____

Health/Medical Conditions: Check all that apply - If your student takes medication see the Nurse

Physical Developmental Conditions						
<input type="checkbox"/>	Allergies <input type="checkbox"/> Bees <input type="checkbox"/> Latex <input type="checkbox"/> Lactose <input type="checkbox"/> Epi-pen List specific allergies/intolerances: _____ _____ _____	<input type="checkbox"/> Seasonal <input type="checkbox"/> Food <input type="checkbox"/> Medication <input type="checkbox"/> Gluten	<input type="checkbox"/>	Dental Problems Specify: _____	<input type="checkbox"/>	Hearing Deficit <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Hearing Aids
	<input type="checkbox"/>	Asthma (current or history) If yes, used asthma medication within past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No (Describe) _____ _____	<input type="checkbox"/>	Diabetes <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> CGM Insulin by <input type="checkbox"/> pump <input type="checkbox"/> injection	<input type="checkbox"/>	Visual <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Preferential Seating
				<input type="checkbox"/>	Blood Disorder Specify: _____	
<input type="checkbox"/>	GI (Stomach/Intestinal) Problems Specify: _____ _____	<input type="checkbox"/>	Muscle or bone problems Specify: _____	<input type="checkbox"/>	Neurological Condition Specify: _____	
			<input type="checkbox"/>	Heart Condition Specify: _____	<input type="checkbox"/>	Skin Condition: Specify: _____
<input type="checkbox"/>		<input type="checkbox"/>	Gynecological/Menstrual Issues	<input type="checkbox"/>	Other Physical/Developmental Conditions: Specify: _____ _____ _____	
			Genitourinary problems (including kidney disease) Specify: _____			
Behavioral/Emotional Conditions						
<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Depression <input type="checkbox"/> Bipolar	<input type="checkbox"/>	Other Behavioral/Emotional Conditions: _____ _____ _____	
<input type="checkbox"/>	Anxiety (GAD, School Phobia, etc.)	<input type="checkbox"/>	Eating Disorder			
<input type="checkbox"/>	Autism Spectrum Disorder	<input type="checkbox"/>	PTSD/Trauma History			

Will your child need to take medication at school? Ex: Epi-pen, Albuterol inhaler? ☐ Yes ☐ No

Have you traveled outside of the U.S. in the past 12 months? ☐ Yes ☐ No

If yes, where and for how long? _____

Primary Care Doctor Name: _____ Phone: _____

Primary Care Dentist Name: _____ Phone: _____

Do you have Health Insurance? ☐ Yes ☐ No

Health Insurance Provider: _____

Subscriber Name: _____

Health insurance #: _____

Do you need help obtaining health insurance for your family? ☐ Yes ☐ No



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INITIAL HEALTH UPDATE AND PERMISSION

FAMILY RESOURCE CENTER

45 FOUNTAIN STREET, HAVERHILL MA 01830

EMAIL: REGISTRATION@HAVERHILL-PS.ORG

TEL: 978-420-1951 / FAX: 978-469-8730

Name of Student: _____

Date of Birth: _____

PERMISSIONS

The following medications are available in school: Ibuprofen/Advil/Motrin, Tylenol/Acetaminophen, Benadryl, Tums for students ages 12 and up, and first aid topicals.

I **do NOT** want my child to receive the following medications in school: _____

I understand alcohol based hand sanitizer is being offered in school per CDC recommendation.

Check, here if you **do NOT** want your child to use school provided alcohol based hand sanitizer: ☐

In case of an emergency, the school nurse will attempt to contact the parent/guardian. In the event that we are unable to contact you, your child will be transported by ambulance to the nearest hospital accompanied by a responsible adult.

Under FERPA guidelines, the school nurse will share information relevant to my child's health condition(s) and medication with appropriate school personnel that is needed to meet my child's health and safety needs.

- I agree to allow Haverhill Public School Nurses to share information about my child in order to access the Vaccine for Children program at the Haverhill Department of Public Health should vaccines be required prior to school entry. This may include demographic information such as my child's name, date of birth, address, parent or guardian phone number, email, and a list of vaccines needed.

Signature: _____ Date: _____

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

School District Name and Code: Haverhill Public Schools 01280000

School/District Contact:

Dear Parent/Guardian:

The purpose of this letter is to ask for your permission (also known as consent) to share information about your child with MassHealth. Local communities in Massachusetts have been approved to receive partial reimbursement from MassHealth for the costs of certain health-related services provided by the district to your child (or children). In order for your community to get back some of the money spent on services, the school district needs to share with MassHealth the following types of information about your child: name; date of birth; gender; type of services provided, when, and by whom; and MassHealth ID.

With your permission, the school district will be able to seek partial reimbursement for services provided by MassHealth, including, among others, a hearing test or eye exam; a school physical; occupational or speech or physical therapy; some school nurse visits; and counseling services with the school social worker or psychologist. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

The school district cannot share with MassHealth information about your child without your permission. As you consider giving permission, please be advised of the following:

1. The school district cannot require you to sign up for MassHealth in order for your child to receive the health-related and/or 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 health-related and/or special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can charge MassHealth for services provided. The school district can agree to pay the co-pay or deductible if any such cost is expected.
3. If you give the school district permission to share information with and request reimbursement from MassHealth:
 - a. This will not affect 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 permission will not affect your child's special education services or IEP rights in any way, if your child is eligible to receive them.
 - c. Your permission will not lead to any changes in your child's MassHealth rights; and
 - d. Your permission will not lead to any risk of losing eligibility for other Medicaid or MassHealth funded programs.
4. If you give permission, you have the right to change your mind and withdraw your permission at any time.
5. If you withdraw your permission or refuse to allow the school district to share your child's records and information with MassHealth for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you.

I have read the notice and understand it. Any questions I had were answered. I give permission to the school district to share with MassHealth records and information concerning my child(ren) and their health-related services, as necessary. I understand that this will help our community seek partial reimbursement of MassHealth covered services.

Parent/Guardian Signature: _____ Date: _____

Child's Name:	Date of Birth:	SASID # (for district to add):
Child's Name:	Date of Birth:	SASID # (for district to add):
Child's Name:	Date of Birth:	SASID # (for district to add):

Add more children