



WELLESLEY PUBLIC SCHOOLS REGISTRATION CHECKLIST

Welcome to Wellesley Public Schools!

In order for your child to start school, we must have all required documents. Along with the Registration for Admission Forms, please present the following documents by appointment at time of registration or contact **District Registrar, Nancy Costigliola** at **781-446-6210 ext. 5600** email at registrar@wellesleyps.org / Fax 781-446-6207 /address: WPS Central Office, 40 Kingsbury Street, Wellesley, MA 02481

REQUIRED DOCUMENTS PARENT/LEGAL GUARDIAN PROVIDES**

<http://z2policy.ctspublish.com/masc/Z2Browser2.html?showset=wellesleyset>

(School Committee Policy JF Section 3.2 Proof of Residency)

- _____ **Proof of Residency** – Current Property Tax Bill, Lease Agreement with children’s names listed in the lease **or** Fully Signed and Executed Purchase and Sale (P&S) Agreement (Occupancy date must be within 45 days of enrollment)
- _____ **Proof of Occupancy** – Current Utility Bill or Notarized Occupancy Statement in lieu of a Utility Bill
- _____ **Immunization Record**
- _____ **Provide Birth Certificate or Passport** of the child
- _____ **Provide Parent/Guardian identification** (i.e. MA Driver's license or passport)
- _____ **Copy of IEP or Section 504 Plan** (if applicable)
- _____ **Copy of English Language Learners Transcripts** (if applicable)
- _____ **Custody Papers/Caregiver Affidavit** (if applicable)
- _____ **Authorization to Release School Records Form** (to be filled out and returned with Packet)
- _____ **Registration Form for Admission**
- _____ **State Mandated Race Data/Ethnicity Data Collection**
- _____ **Home Language Questionnaire**
- _____ **Student Health History Profile**
- _____ **Emergency Contact Form**
- _____ **Media Permission Form**
- _____ **Early Childhood Education Experience Survey**



WELLESLEY PUBLIC SCHOOLS
40 Kingsbury Street • Wellesley • Massachusetts 02481
PH 781-446-6210 FAX 781-446-6207

Authorization to Release School Records

Student Name _____ Grade _____

Home Address _____

City _____ State _____ Zip Code _____

Please send/or fax the student's records at your earliest convenience to:

District Registrar, Nancy Costigliola
Wellesley Public Schools
40 Kingsbury Street
Wellesley, MA 02481
Phone 781-446-6210 ext. 5600 Fax: 781-446-6207
Email: registrar@wellesleyps.org

Please send all records pertinent to this student, including:

- Transcript information (includes identifying information, course titles, grades, or their equivalent and grade level completed)
- MCAS Scores
- Attendance Record
- Discipline Records and State Assigned Identification Number (SASID) if applicable
- Health Records
- English Language Learner Records
- 504 plan or IEP Special Education Records, inclusive of:
 - *Evaluation Reports*
 - *Individual Education Program Documents (IEP's)*
 - *Progress Reports*
 - *Other Special Education Records*

Check here for authorization: I also authorize Wellesley Public Schools Special Education staff to speak with my staff from my student's previous school.

Name and complete address of school student is *transferring from*:

School Name: _____

Street Address: _____

City, State and Zip code: _____

Phone Number: _____ Email: _____

Signature of parent/guardian _____ Date _____

For Office Use only:

Records request mailed on: _____ Requested by: _____



WELLESLEY PUBLIC SCHOOLS REGISTRATION FOR ADMISSION NEW STUDENTS ENTERING 2019-2020

To register for Kindergarten, your child must be 5 years old by August 31, 2019

Grade entering: K 1 2 3 4 5 6 7 8 9 10 11 12
(check one)

STUDENT INFORMATION

First Name		Middle Name		Last Name	
Date of Birth <i>(mm/dd/yyyy)</i>		Birth Place <i>(City/State/Country)</i>			
Home Address					
City, State and Zip Code	City	State	Zip code	Home Phone	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non Binary				
State Mandated Ethnicity (Choose all that apply)	The Wellesley Public Schools are required by the State of Massachusetts to report each student's ethnicity and race using the State's newly defined categories. If you have questions or concerns regarding this request, please contact the Department of Education at 781-338-3000. See next page for race code that best describes your child.				
	<input type="checkbox"/> American Indian 04 or Alaska Native 04 <input type="checkbox"/> Asian/Indian 03 <input type="checkbox"/> Black or African American 02 <input type="checkbox"/> Caucasian (White) 01 <input type="checkbox"/> Native Hawaiian or other Pacific Islander 05 <input type="checkbox"/> other _____				
	<input type="checkbox"/> Hispanic or Latino <i>or</i> <input type="checkbox"/> Non-Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or of other Spanish Culture or origin, regardless of race)				
Primary Language	Primary Language (other than English) _____				
Student lives with:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian Other, specify: _____				

PARENT 1/GUARDIAN 1 - INFORMATION

First Name		Last Name	
Relationship			
Home Address			
City, State and Zip Code	City	State	Zip code
Home Phone		Cell Phone	Work Phone
Email			
Occupation		Employer	

PARENT 2/GUARDIAN 2 - INFORMATION

First Name		Last Name	
Relationship			
Home Address			
City, State and Zip Code	City	State	Zip code
Home Phone		Cell Phone	Work Phone
Email			
Occupation		Employer	

**Wellesley Public Schools
State Mandated Race/Ethnicity Data Collection**

Circle ONE numeric code:

One Race

01 White
02 Black or African American
03 Asian
04 American Indian or Alaska Native
05 Native Hawaiian or Other Pacific Islander

Combination of Two Races

06 White & Black or African American
07 White & Asian
08 White & American Indian or Alaska Native
09 White & Native Hawaiian or Other Pacific Islander
10 Black or African American & Asian
11 Black or African American & American Indian or Alaska Native
12 Black or African American & Native Hawaiian or Other Pacific Islander
13 Asian & American Indian or Alaska Native
14 Asian & Native Hawaiian or Other Pacific Islander
15 American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander

Combination of Three Races

16 White & Black or African American & Asian
17 White & Black or African American & American Indian or Alaska Native
18 White & Black or African American & Native Hawaiian or Other Pacific Islander
19 White & Asian & American Indian or Alaska Native
20 White & Asian & Native Hawaiian or Other Pacific Islander
21 White & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander
22 Black or African American & Asian & Native Hawaiian or Other Pacific Islander
23 Black or African American & Asian & American Indian or Alaska Native
24 Black or African American & Native Hawaiian or Other Pacific Islander & American Indian or Alaska Native
25 Asian & Native Hawaiian or Other Pacific Islander & American Indian or Alaska Native

Combination of Four Races

26 White & Black or African American & Asian & American Indian or Alaska Native
27 White & Black or African American & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander
28 White & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander
29 White & Black or African American or Alaska Native & Native Hawaiian or Other Pacific Islander
30 Black or African American & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander

Combination of Five Races

31 White & Black or African American & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander

Has your child previously attended Wellesley Public Schools? Yes No Date left: _____

List previous schools attended _____ Student has completed Grade: _____

Student has completed Grade: _____

SIBLING INFORMATION: List name, age and school of other children in the family

Full Name		Age	
School		Grade	
Full Name		Age	
School		Grade	
Full Name		Age	
School		Grade	

Student Services

Is your child eligible for a Section 504 plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Section 504 of the Rehabilitation Act of 1973 is a national law that protects qualified individuals from discrimination based on their disability. www.doe.mass.edu/sped/links/sec504
Is your child eligible for an IEP program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Individualized Education Plan)
Is your child eligible for McKinney-Vento?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	The McKinney-Vento Act is a Federal Law that ensures immediate enrollment and education stability for Homeless Children and Youth. http://www.doe.mass.edu/mv/
Are you sharing the housing of other persons due to loss of housing, economic hardship, or similar circumstances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Immigrant status

Federal definition: Immigration status is an indication of whether a student is considered to be an immigrant student under the Federal Definition. 1. Not have been born in any state AND, 2. Not have completed 3 full academic years of school in any state.

Is your child an Immigrant? Yes No If Yes, Country of origin? _____

Military Family Status

The Commonwealth of Massachusetts requires us to collect the following: (Please check the box that applies to your child.)

___ No, not a member of a military family. (00)

___ Yes, child of active duty member. (01)

___ Yes, child of members or veterans who are medically discharged or retired for 1 year. (02)

___ Yes, child of member who died on active duty. (03)

For more information on the Military Interstate Children's Compact Commission or MIC3 go to their website at <http://mic3.net/pages/FAQ/faqnew.aspx>

Statement of truth: By signing this Electronic Signature Acknowledgment, I agree that my electronic signature is the equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. By signing below, I agree that the information I submit in this document is true.

(I agree) electronic signature x _____ Date: _____

Parent/Guardian Signature x _____ Date: _____

For Office Use only

Proof of Birthdate? (i.e. Birth Certificate) Yes No _____ initials of staff that reviewed Birthdate

Immunization Records received? Yes No _____ initials of staff Start Date: _____

Previous School Transcripts received? Yes No _____ initials of staff IEP, 504 PLAN _____

Proof of Residency and Occupancy: _____ Custody Papers (if applicable): _____

Assigned to Grade: _____ Teacher/Homeroom: _____ Counselor: _____

HOME LANGUAGE SURVEY - To be completed for all new students

Student's name: _____

Most recent grade level: _____

Student's Date of Birth: _____

Student's Country of Birth: _____

Primary Language of: Mother _____ Father _____ Guardian _____ Specify _____

Relationship of Person Completing Survey Mother Father Guardian Other Specify _____

HOME LANGUAGE INFORMATION Massachusetts DESE 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.

	English	Other	Other language(s)
1. What language did your child <u>first</u> understand or speak?	<input type="checkbox"/>	<input type="checkbox"/>	
2. What language do you use to speak to your child <u>most of the time</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	
3. What languages does your child use to speak to you <u>most of the time</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	
4. What language does your child use to speak to brothers/sisters <u>most of the time</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	
5. What language does your child use to speak to friends <u>most of the time</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	Comments
6. Has your child attended school in the USA prior to today's enrollment? Where? (State) _____	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, was your child enrolled in classes for English Language Learners?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, did your child have an IEP to receive services from Special Education?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Has your child learned to read English?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Can an adult family member or extended family member speak English?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the parent/guardian request oral and/or written communication from the school to be in a language other than English? <input type="checkbox"/> Oral <input type="checkbox"/> Written	<input type="checkbox"/>	<input type="checkbox"/>	

Signature of person completing survey: _____ **Today's Date:** ____/____/____

For office use only: Initial Assessment Date: _____ Assessment tool: _____ LEP Yes No
 ELL Evaluator: _____ Initial proficiency level: _____
 Program placement:(Check one) SEI _____ Opt-out _____
 Home district school _____ School assigned _____ Entering Grade _____

Wellesley Public Schools Department of Nursing Services



Spring 2019

Dear Kindergarten Parent/Guardian,

The Wellesley Public School Nurses would like to extend a warm welcome to you and your child. We look forward to meeting you at Kindergarten Registration. At that time, we will review your child's immunization and physical examination records and discuss any health related issues or concerns that you may have.

The Massachusetts Department of Public Health has strict immunization requirements for children entering the public school system. Please refer to the following list to verify that your child has received all the appropriate immunizations and other medical requirements necessary for entrance into Kindergarten.

If you have any individual concerns regarding the immunization requirements, please contact the nurse at your child's school. Note that physician offices tend to be very busy during the summer months and appointments fill up fast so plan accordingly. No student may begin the kindergarten program without the Massachusetts Department of Public Health required immunizations.

SCHOOL ENTRY IMMUNIZATION REQUIREMENTS:

DTaP / DTP	5 doses
Polio	4 doses*
Hepatitis B	3 doses
MMR	2 doses
Varicella	2 doses **

*Final polio dose must be given on or after four years of age and at least 6 months after the previous dose

**Varicella vaccine or "physician certified reliable history of chickenpox disease"

OTHER REQUIRED HEALTH INFORMATION:

Vision screening by physician including stereopsis

Verification of lead poisoning screening

Copy of physical examination dated after September 1, 2018

Completion of the Student Health History Profile (attached)

PLEASE bring all the above listed documentation for review by the nurses at the time of kindergarten registration. Anything outstanding will be identified so that your child's transition into kindergarten will be smooth. The school nurse section of each school's website has information on the comprehensive health services that are available during the school day. We look forward to working with you and your child and are here to answer any questions that you may have.

Sincerely,

The Wellesley Public School Nurses



Wellesley Public Schools

Student Health History Profile

School _____

Entering Grade _____

Child's Last Name _____ First Name _____ Date of Birth _____ Gender _____

Pre-Natal History – Check Yes or No

Full Term Birth Yes No Premature Birth Yes No

Adoption Yes No Confidential Yes No

Health History – if yes, to any, describe fully

Does your child have any medical conditions?

- ADD/ADHD Yes No
- Developmental Delay Yes No
- Diabetes Yes No
- Headaches/Migraines Yes No
(treated by MD)
- Heart Problems Yes No
- Psychological/Behavioral concerns Yes No
- Seizures Yes No
- Skin Conditions Yes No
- Urinary/Kidney problems Yes No
- Other _____

Has your child received treatment for the following?

- Eating/feeding Yes No
- Frequent nose bleeds Yes No
- Gastrointestinal problems Yes No
- Hearing Yes No
(more than 3 infections per year)
- Tubes (ears) Yes No
- Hearing Aid Yes No
- Mobility Yes No
- Sleep difficulties/nightmares Yes No
- Speech Yes No
- Vision-wears glasses Yes No

Has your child ever been hospitalized?
If yes, Age _____ Reason _____

Does your child have:

- Asthma/Reactive Airway Disease Yes No
- Allergy to: If yes, describe fully _____
- Asthma Action Plan available Yes No
- Bee Sting Yes No
- Food Yes No
- Medication Yes No
- Other Yes No
- History of anaphylactic reaction Yes No
- Treatment with epinephrine (Epi-Pen) Yes No
- Other treatment for these allergies Yes No

Medications Home School
List all medications your child is taking:

Medication _____	<input type="checkbox"/>	<input type="checkbox"/>
Dose _____	<input type="checkbox"/>	<input type="checkbox"/>
Medication _____	<input type="checkbox"/>	<input type="checkbox"/>
Dose _____	<input type="checkbox"/>	<input type="checkbox"/>

Other important information

Date of last Physical Examination: _____

Any recess, physical education or sport restriction:

Additional Information: _____



Student/Family History

Please answer the following questions:

- 1.) Is there anyone besides the parent(s)/guardian(s) who provide care to your child?

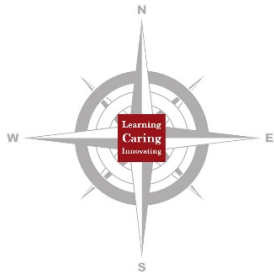
 - 2.) Do you have any religious or cultural practices that we should be aware of?

 - 3.) Are there any traditions that your family observes that we should be aware of?

 - 4.) Is there anything else we need to know about your child that would help us better care for him/her in the Health Office?
-

Parent/Guardian Signature: _____ Date: _____

The Nurse may share this information with non-nursing personnel on a "need to know" basis.



WELLESLEY PUBLIC SCHOOLS EMERGENCY CONTACT INFORMATION

Child's First Name		Child's Middle Name		Child's Last Name		<i>For School use only</i>	
Date of Birth		Gender		School		Grade	
Street Address			City		State		Zip code
Homeroom							
Parent/Guardian: Please indicate where parents can be reached during the day				Persons to contact if parent/guardian cannot be reached			
Parent/Guardian 1 to call		Parent/Guardian 2 to call		Contact 1	Contact 2		Contact 3
Name:		Name:		Name:	Name:		Name:
Relationship:		Relationship:		Relationship:	Relationship:		Relationship:
Home phone:		Home phone:		Contact phone:	Contact phone:		Contact phone:
Work/Employer phone:		Work/Employer phone:					
Mobile phone#:		Mobile phone#:		Mobile phone#:	Mobile phone#:		Mobile phone#:
email:		email:		email:	email:		email:
Medical Information							
<p>At WMS and WHS only school nurses may administer Acetaminophen and Ibuprophen to students who have parental consent. Adult strength Acetaminophen 325mg. or Ibuprophen 200mg. (1-2 tab) will be given at the discretion of the school nurse for the following conditions: Headache, menstrual cramps, dental related pain, muscle soreness.</p> <p>Signature: _____ Date: _____</p> <p>I give permission to the school nurse to administer Acetaminophen. Yes_____ No_____ Initial_____</p> <p>I give permission to the school nurse to administer Ibuprophen. Yes_____ No_____ Initial_____</p> <p>Does your child have Health Insurance? Yes/No_____ Health Insurance Provider:_____</p> <p>Does your child have Dental Insurance? Yes/No_____ Dental Insurance Provider:_____</p> <p>I give permission to the school nurse to contact my child's physician. Yes/No_____</p>						Physician Name: Physician Phone: Dentist Name: Dentist Phone: Notes: Notes:	
<p>EMERGENCY PERMISSION: In the event I cannot be reached in an emergency, I give permission to school authorities to provide emergency medical treatment in the case of injury or illness for my child as considered necessary. I accept responsibility for any expenses incurred in handling emergency care.</p> <p>Signature: _____ Date: _____</p>							

WELLESLEY PUBLIC SCHOOLS PARENT/GUARDIAN PERMISSION FOR MEDIA PUBLISHING

Student Name _____

The purpose of this form is to obtain a release that the student may be interviewed and/or photographed during the course of the year. In publicizing special events and programs that take place within our schools during the year, there may be times when the school district will want to highlight a student's or school's accomplishments in media publications such as:

- Student Newspaper (print and online versions)
- Wellesley School District Website and official social media accounts
- PTO websites and official social media accounts
- School Yearbook, Photo book, Photo directory
- News Articles (e.g. Wellesley Townsman, Boston Globe, Boston Television News)

Permission for student to be Interviewed:

Permission for student to be interviewed at school for media publications, when this media visit has been authorized by the school administration.

YES NO

Permission to Use Student Picture:

Permission for my child's picture (photograph, video, or multimedia project) to be published in media publications.

YES NO

Publishing of Student Work:

Permission for my child's work to be published in media publications.

YES NO

Yearbook:

Permission for my child's picture and work to be published in the school's yearbook, photo book or photo directory.

YES NO

Please sign and date below.

Parent/Guardian Signature _____ Date _____

WELLESLEY PUBLIC SCHOOLS

Early Childhood Education Experience Survey

Please check next to the option that best describes your child's preschool experience in the school year prior to entering Kindergarten. Select one option only, and indicate hours where applicable. Thank you!

Name of Child: _____

Date of Birth: _____

My child did not have any formal early childhood program experience

My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.

My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.

My child did not have formal early childhood program experience but participated in **BOTH Coordinated Family and Community Engagement (CFCE) AND Parent Child Home Program (PCHP)** services.

My child attended a Licensed Family Child Care Provider (**indicate hours below**)

___ for less than 20 hours per week

___ for 20+ hours per week

My child attended a Center Based Program (**indicate hours below**)

___ for less than 20 hours per week

___ for 20+ hours per week

My child attended **BOTH a Licensed Family Child Care Provider AND a Center Based Program** (**indicate hours below**)

___ for less than 20 hours per week

___ for 20+ hours per week

Definitions:

Coordinated Family and Community Engagement (CFCE) Services: Locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent-child activities).

Parent Child Home Program (PCHP): Home visiting model program funded through the Department of Early Education and Care.

Licensed Family Childcare: Refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families.

Center-Based Care: Refers to care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools.