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# WAREHAM PUBLIC SCHOOLS



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## **Registration Packet Grades K – 12**

Wareham Public Schools

Central Office, Registrar

4 Viking Drive, Door 22

Phone: 508-291-3500 x-3541

Fax: 508-291-3574

Tracy McGraw, Registrar

Email: [tmcgraw@wareham.k12.ma.us](mailto:tmcgraw@wareham.k12.ma.us)

Wareham Elementary School, Grades PreK-4

Wareham Middle School, Grades 5 – 7

Wareham High School Grades 8 - 12

REGISTRATION FORM  
WAREHAM PUBLIC SCHOOLS

LASID # \_\_\_\_\_ Grade: \_\_\_\_\_  
SASID # \_\_\_\_\_ Room: \_\_\_\_\_  
BUS: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Check   
Last First Full Middle Name No Middle Name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ City/Town of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_ Check if this is a new address  
Street City Zip Code

Mailing Address (PO Box) \_\_\_\_\_ same as above

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent 1/Guardian: \_\_\_\_\_ Mother Father Guardian (circle)

Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent 2/Guardian: \_\_\_\_\_ Mother Father Guardian (circle)

Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Child Resides with (circle one): Both Parents Mother Father Legal Guardian Foster Parents

Name and Address of parent living at a different address: \_\_\_\_\_

Does the child also reside with a step-parent? Legally married to (circle): Mother Father

Step-Parent Name: \_\_\_\_\_

Are there any legal restrictions against either parent or others? Yes No Person's Name: \_\_\_\_\_

Is there any legal custody? Yes No Date of order: \_\_\_\_\_ Expiration of order: \_\_\_\_\_

Emergency Contact when parent/guardian cannot be reached and student can be released to:

1.Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

2.Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

3.Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Siblings: \_\_\_\_\_

Name Grade Name Grade

Primary Language Spoken at home: \_\_\_\_\_

Ethnicity (Race): \_\_\_ Native American \_\_\_ Asian or Island Pacific \_\_\_ Black \_\_\_ White \_\_\_ Hispanic \_\_\_ Other \_\_\_\_\_

School Last Attended: \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_ Special Education Services/IEP \_\_\_ 504 Plan Services \_\_\_ Foster Student \_\_\_ Temporary Housing

Medical Plan: \_\_\_ Mass Health \_\_\_ Medicaid \_\_\_ Blue Cross \_\_\_ Other \_\_\_\_\_

Insurance #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## WAREHAM PUBLIC SCHOOLS

Student Name: \_\_\_\_\_

### Home Language Survey

In order to assure that students of Wareham Public Schools have equal access to education, we need to know the language that your child speaks with you, friends, neighbors, and relatives. Based on your answers, we will place your child in the appropriate class in compliance with Federal laws and regulations.

1. What language did your child first learn to speak? \_\_\_\_\_
2. What language do you use most often when speaking to your child at home? \_\_\_\_\_
3. What language does your child use most often when speaking to you at home? \_\_\_\_\_
4. What language does your child use most often when speaking to brothers, sisters, friends, and other adult?  
\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Race/Ethnicity Data Collection

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. 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 2005-06 school year, all schools in Massachusetts will report student data to the Department of Education using the new categories. Please note that we have the right to ask for this information; we do not have the right to question your answers. For more information about the student data reporting categories, please see: [http://www.doe.mass.edu/inforservices/data/guides/race\\_faqs.html](http://www.doe.mass.edu/inforservices/data/guides/race_faqs.html).

#### Ethnicity (you must check one):

- Hispanic, Latino, or Spanish Origin. A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture of origin, regardless of race.
- Not Hispanic or Latino

#### Race (you must check one or more as appropriate):

- 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.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Wareham Public Schools reaffirms that it does not discriminate on the basis of race, color, religion, sex, national origin, age, handicap or sexual orientation in admission to access to, or treatment in its programs or activities.*

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

School District Name and Code: Wareham Public Schools 3100000

School/District Contact: Melissa Fay, Director of Student Services, 48 Marion Road, Wareham, MA 02571

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

**Wareham Public Schools**  
Registration and Supplementary Health Form

**STUDENT INFORMATION**

Full legal name: \_\_\_\_\_ Sex:  Male  Female  
Street address: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Are either of these a new address?  Yes  No  
Home telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade level: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Place of employment: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Place of employment: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Name of parent/guardian with whom student resides: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of legal guardian other than parent: \_\_\_\_\_

**MEDICAL INFORMATION**

Name of doctor: \_\_\_\_\_ Name of dentist: \_\_\_\_\_  
Person(s) who have agreed to care for your child when parent or guardian cannot be reached:  
Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
If your child is sick or injured and you cannot be reached, what do you wish us to do?  
\_\_\_\_\_

Are you willing for necessary treatment to be initiated if you cannot be reached?  yes  no  
Name of hospital or medical plan: \_\_\_\_\_ Number (if applicable): \_\_\_\_\_  
Is your child allergic to bee, hornet, or wasp stings?  yes  no  
Is your child allergic to medication; or foods?  yes  no  
If yes, what medication or treatment has been ordered for the reaction? \_\_\_\_\_  
Indication type of reaction:  Local swelling  Hives/breathing problem  
What medications, if any, does your child take? \_\_\_\_\_  
Does your child need medication during the school day?  yes  no  
If yes, please fill out the authorization to administer medication form.  
Has your child ever attended Wareham Schools:  yes  no

Signature of parent or legal guardian: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date of entry: \_\_\_\_\_



**TRANSPORTATION APPLICATION 2020-2021**

PLEASE COMPLETE ONE (1) APPLICATION PER FAMILY AND INCLUDE ALL STUDENTS THAT WILL ATTEND WAREHAM PUBLIC SCHOOLS, EVEN IF NO PAYMENT IS DUE AND/OR STUDENT IS NOT USING THE BUS TRANSPORTATION.

Parent/Guardian Name(s): \_\_\_\_\_

Number of children attending Wareham Public Schools: \_\_\_\_\_

Street Address: \_\_\_\_\_

Complete Mailing address if different: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell/Work phone: \_\_\_\_\_

Please list names of all students in family, even if no payment is due.

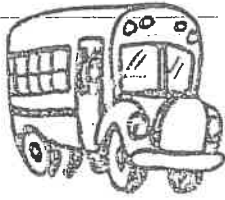
Student (s) Name (s)	School Attending 2020-2021	Grade in 2020-2021	Yes, will use the bus	No, will not use the bus

School Use Only:

Eligible	Amount Paid	Scanned to other schools

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**WAREHAM PUBLIC SCHOOLS**

**Transportation Department**

Phone: 508-291-3574 FAX: 508-291-3570

**Regular Education Transportation Request Form**

Date: \_\_\_\_\_

New Student [ ]      Change of Address [ ]      Transferred out of District [ ]

Status: Walker [ ]      Parent Transports [ ]      WPS Transports [ ]

Bus #1 \_\_\_\_\_      Bus #2 \_\_\_\_\_      Take off Bus \_\_\_\_\_

Attending School: \_\_\_\_\_      Grade: \_\_\_\_\_

**STUDENT INFORMATION:**

LASID: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Section of Town: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**STUDENT TRANSPORTATION INFORMATION:**

For students in Preschool – Kindergarten: The following people are designated to receive the student off the bus.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**This form is not for variance requests.**

For Administrative Use Only:

Date to begin: \_\_\_\_\_ Approved by: \_\_\_\_\_



WAREHAM PUBLIC SCHOOLS  
WAREHAM, MA 02571

INFORMED WRITTEN CONSENT FOR RELEASE AND EXCHANGE OF INFORMATION BETWEEN WAREHAM PUBLIC SCHOOLS  
AND OUTSIDE SCHOOLS, INDIVIDUALS, AGENCIES, AND PROGRAMS.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

AUTHORIZATION STATEMENTS:

DISCLOSURE BY WAREHAM PUBLIC SCHOOLS: I authorize Wareham Public Schools to release the information indicated below and to communicate with the agencies, programs, or persons listed below about my child. Such information can be through any means, including written, oral, or electronic:

Previous School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City/Town: \_\_\_\_\_

Agencies/Programs/Organization/Individual: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/Town: \_\_\_\_\_ Fax: \_\_\_\_\_

DISCLOSURE TO WAREHAM PUBLIC SCHOOLS:

I authorize \_\_\_\_\_

(name of school, agency, program, organization, individual)

to release the information indicated below and to communicate with Wareham Public Schools about my child.  
Information to disclose:

Education Information/Records

Health Information/Records

Other information or Records

ALL RECORDS

ALL RECORDS

ALL RECORDS

Specific Records:

Specific Records:

Specific Records:

Transcripts, Grade to Date Withdrawal

Immunization, Recent Physical

IEP or 504 Plan, Attendance, Discipline

This consent is valid for one year. A copy of this form is as effective as the original. I certify that I am the parent, legal guardian, or agency authorized to act on behalf of the above named student, or that I am the student with the authority to sign in authorization.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Date: \_\_\_\_\_





WAREHAM MIDDLE SCHOOL  
508-291-3550  
JOHN W. DECAS ELEMENTARY SCHOOL  
508-291-3530  
MINOT FOREST ELEMENTARY SCHOOL  
508-291-3555

**WAREHAM PUBLIC SCHOOLS**  
**Central Administration Offices**  
**48 Marion Road**  
**Wareham, Massachusetts 02571**  
**508-291-3500**

WAREHAM HIGH SCHOOL  
508-291-3510  
WAREHAM COOPERATIVE  
ALTERNATIVE SCHOOL  
508-291-3500 Ext.3551

## MILITARY FAMILY STATUS

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.

Please fill in and return this form to your child's school if any of the following statements are true.

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Military Family is defined as students who are children of:

*(Please check the box that applies.)*

- Yes, child of active duty member.
- Yes, child of member or veteran who is severely injured and medically discharged or retired for a period of 1 year after medical discharge or retirement.
- Yes, child of member who died on active duty or as a result of injuries sustained on active duty for a period of 1 year after death.

Student Name: \_\_\_\_\_ Name of School: \_\_\_\_\_

Name of Person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_  
PLEASE PRINT

For more information, please visit: [www.mic3.net](http://www.mic3.net)