

# WAREHAM PUBLIC SCHOOLS

48 Marion Road, Wareham, MA 02571 – 508-291-3500 x3541



# Grades: 1 - 7

## Student Registration Packet

## School Year: 2018/2019

*This packet is also available in other languages. Please call 508-291-3500 x 3544 for details.*

## Documents needed to register new students:

### **Provided by parent:**

1. Proof of residency (see policy)
2. Proof of guardianship (if foster/non parental guardian) ie: mittimus and placement letter
3. Original Birth Certificate
4. Health records, including immunization and most recent physical
5. Registration packet

### **Provided by sending school:**

1. Transcript
2. MCAS
3. SAT
4. IEP or 504
5. Grades to date
6. Attendance record
7. Discipline record

Please call 1-508-291-3500 ext. 3541 to schedule an appointment.

**Registrar:** Erika Kauranen  
48 Marion Road Room 224  
Wareham, MA 02571  
[ekauranen@wareham.k12.ma.us](mailto:ekauranen@wareham.k12.ma.us)  
Phone: 508-291-3500 ext. 3541  
Fax: 508-291-3536

## RESIDENCY

FILE: JED

### Purpose

The purpose of this policy is to provide guidance to school administrators, parents and/or legal guardians regarding the admission of students to the Wareham Public Schools. The right to attend the schools is regulated by statute and is generally limited to students who reside in Wareham and to certain nonresident students who are eligible to attend the schools under specific programs or conditions approved by the Wareham School Committee.

### Eligibility

In accordance with the laws governing the provision of special education services, Wareham provides services to students ages 3 through 21. Wareham School Committee Policy entitled "Entrance Age" establishes Wareham's age requirements for enrolling in kindergarten and 1<sup>st</sup> grades. Wareham establishes a maximum permissible age for school attendance at 21 years for individuals who do not have a high school diploma or its equivalent.

Every student seeking admission to school for the first time must present proof of vaccination and immunizations as required by the state.

### Verification of Residency

Before a student is enrolled in the Wareham Public Schools, Wareham must receive appropriate evidence of the student's residency in Wareham. This evidence may include the following:

1. Copy of an executed lease or rental agreement stating the beginning date of residency and duration of the lease/rental agreement;
2. Copy of an executed Purchase and Sale Agreement stating the closing date;
3. Copy of deed or most recent property tax bill and record of most recent mortgage statement (financial information may be omitted);
4. Copy of a utility bill;
5. Copy of a Section 8 agreement;
6. A valid MA driver's license, Photo ID Card, Passport, or other Government-issued Photo ID; or
7. A voter's registration card

The school district reserves the right to require additional documentation where, in the judgment of the Superintendent, a student's actual residence has not been established.

### Relationship to Federal and Massachusetts Laws and Regulations

It is the intent of the foregoing policy that the Wareham Public Schools shall also be in compliance with all Federal and State laws and regulations bearing upon enrollment issues, including but not limited to:

- 42 USC 11431 et seq.: McKinney-Vento Homeless Assistance Act
- 8 U.S.C. 1184: Federal Immigration Law Regarding Foreign Students
- 105 CMR 220: Immunization of Students Before Admission to School
- 603 CMR 8.02: Kindergarten: Minimum School Age
- 603 CMR 28.00: Massachusetts Special Education Regulations
- Caregiver Authorization Affidavit, M.G.L Chapter 511 of the Acts of 2008 as amended by Chapter 201F

### Legal References:

M.G.L. Chapter 76, Sections 5 and 6 and the above-referenced laws and regulations

ADOPTED: NOVEMBER 18, 2009

AMENDED: DECEMBER 8, 2010

AMENDED: MAY 23, 2012

AMENDED: OCTOBER 17, 2012

Reviewed by SCPRSCP: November 17, 2016

Reviewed by SCPRSCP: April 6, 2017

AMENDED: APRIL 26, 2017

WAREHAM PUBLIC SCHOOLS, Wareham, Massachusetts

**Registration Form  
Wareham Public Schools**

LASID#: \_\_\_\_\_ Grade: \_\_\_\_\_  
 SASID#: \_\_\_\_\_ Rm #: \_\_\_\_\_  
 Bus #: \_\_\_\_\_

Full Name \_\_\_\_\_ NO Middle Name  
 Last Name First Name Full Middle Name

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

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 \_\_\_\_\_ CHECK IF THIS IS A NEW ADDRESS

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Unlisted: Yes No E-mail Address: \_\_\_\_\_

Child resides with: Both Parents Mother Father Foster Parents Legal Guardian (circle 1)

	NAME	Work Number	Cell Phone Number
Father			
Mother			
Guardian			

Are there any legal restrictions against either parent or others? Yes No Person's Name \_\_\_\_\_  
 If the child does not reside with both natural parents, is there a custody order which addresses any aspect of the child's school attendance or educational program? Yes No (A copy of custody papers must be supplied to the school.)

Name and Address of parent living at a different address:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Emergency Contacts: (When parent or guardian cannot be reached can student be released to Emergency contact?)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Yes | No  
 1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Yes | No  
 1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Yes | No

Primary Language spoken at home: \_\_\_\_\_

- Race:  Native American  
 Asian or Island Pacific  
 Black  
 White  
 Hispanic

Has this student been enrolled in Wareham Schools before? Yes No

List schools previously attended and location (please provide information for the last 3 years if applicable)

Name of School \_\_\_\_\_ Location \_\_\_\_\_ Grade \_\_\_\_\_  
 Name of School \_\_\_\_\_ Location \_\_\_\_\_ Grade \_\_\_\_\_

Are you aware of any special school/classroom accommodations needed for your child? Yes No

If yes, please note: \_\_\_\_\_

Is your child currently receiving or has he/she received any of the following services? Please provide current document.

- Special needs Program/IEP  505 Plan Services  Foster Student  
 Temporary Housing  Free/Reduced Lunch

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

**FOR SCHOOL USE ONLY**

Entry Code: \_\_\_\_\_ Entry Date: \_\_\_\_\_ Health Rec'd: \_\_\_\_\_ Residency Verified: \_\_\_\_\_  
 Curr Code: 1 2 3 SPED Trans. Code: \_\_\_\_\_ Building: \_\_\_\_\_ Residency Code: 1 22 33 55 77 88 99  
 PowerSchool: \_\_\_\_\_ Entry Log: \_\_\_\_\_ CUM \_\_\_\_\_ Bus \_\_\_\_\_ Req. Records? \_\_\_\_\_ Lunch if Applicable: \_\_\_\_\_

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

# 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 the 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 adults? \_\_\_\_\_

Parent/Guardian 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/info/services/data/guides/race\\_faqs.html](http://www.doe.mass.edu/info/services/data/guides/race_faqs.html).

You *must* check one item from the first column and one or more items from the second column.

### Ethnicity (please check one):

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

### Race (please 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/Guardian 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 MIDDLE SCHOOL  
508-291-3550  
JOHN W. DE'AS ELEMENTARY SCHOOL  
508-291-3530  
MINDI FORNIST ELEMENTARY SCHOOL  
508-291-3585

**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  
508-291-3550 X 6111

### 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.

.....  
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 veterans who are medically discharged or retired for 1 year.
- Yes, child of member who died on active duty.

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)

**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: \_\_\_\_\_

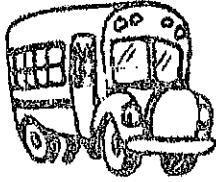
**MEDICAL INFORMATION**

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: \_\_\_\_\_





**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: \_\_\_\_\_

## TRANSPORTATION APPLICATION 2018-2019

Please complete one (1) application per family and include all students that will attend Wareham Schools, even if no payment is due and/or student is not using bus transportation.

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

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

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

Home Phone: \_\_\_\_\_

Complete Mailing Address if different: \_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_

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

**Please check one below:**

Student(s) Name(s)	School in 2018-2019	Grade in 2018-2019	Will use bus	Will not use bus


**School Use Only**

Eligible	Amount Paid	Scanned to other schools

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

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

FOR SCHOOL USE ONLY:

TRANSPORTATION APPLICATION 2018-2019	
 Wareham Public Schools	DATE RECEIVED STAMP
Date Processed:	By:
Entered in computer:	By:

FOR GUARANTEED SEATING, REGISTRATION FORM AND PAYMENT IS DUE BY JUNE 15<sup>TH</sup> OF THE CURRENT SCHOOL YEAR (2017-2018)

The Wareham School Department requires payment of a bus fee for all students intending to use bus transportation for the 2018-2019 school year. Under the following guidelines, Massachusetts General Law CH. 71, S. 68, requires that school committees provide free transportation, once daily to and from school for students in grades K-6 who live more than two (2) miles from their assigned schools. Therefore, no bus fee will be charged for students in Grades K-6 residing two (2) or more miles from their assigned school. **A BUS FEE WILL BE CHARGED** for students in Grades K-6 residing less than two (2) miles from their assigned school, and all students in Grades 7-12, regardless of distance. If you are in the non-serviceable area (1.0 mile or less) of your school you are not eligible for transportation. If your child qualifies for free/reduced lunch, your child will not be charged a fee to ride the bus. It is mandatory that all parents fill out a bus registration form regardless of your fee status to ensure your child has a seat on the bus.

REGULAR FEE STRUCTURE	FREE/ REDUCED FEE
FOR FIRST STUDENT- \$100	\$0
SECOND STUDENT- \$75	\$0
THIRD STUDENT- \$50	\$0
MAX PER FAMILY- \$225	\$0

Transportation applications will be mailed home and will also be available online at [Wareham Public Schools / Homepage](#) and at your child's school during regular business hours. Bus fees are due in full with this application. **PAYMENTS ARE NON-REFUNDABLE.** Payments may be made by bank check, money order and online. Online payments can be made at (<http://www.myschoolbucks.com>) after May 24th, 2018.

**NO CASH OR PERSONAL CHECKS WILL BE ACCEPTED.** Please make bank checks/money orders payable to: "Wareham Public Schools -- BUS FEE".

**APPLICATIONS AND FULL PAYMENT SHOULD BE RETURNED TO ONE OF THE SCHOOLS WHERE ONE OF YOUR CHILDREN IS CURRENTLY ATTENDING,** making sure to include the school names where all other children are enrolled. Secretaries will scan a copy to each school. Applications may be sent to school with your child until June 15th, 2018. Visit <http://www.warehamps.org> for individual school addresses. Passes will be distributed in the fall.

WAREHAM PUBLIC SCHOOLS  
WAREHAM, MA 02571

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

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

**DISCLOSURE TO WAREHAM PUBLIC SCHOOLS.** I authorize \_\_\_\_\_  
(insert name of individual, organization, or agency) to release the information indicated below and to communicate with Wareham Public Schools about my child. Such information can be through any means, including written, oral, or electronic.

**INFORMATION TO BE DISCLOSED:**

**Education Information/Records**  
(Specify which information or records you consent to have released or indicate "all")  
 All records  
Specific records:

**Health Information/Records**  
(Specify which information or records you consent to have released or indicate "all")  
 All records  
Specific records:

**Other Information or Records**  
 Discipline records  
Specific records::

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Town and Zip: \_\_\_\_\_

**ACKNOWLEDGMENTS & SIGNATURE:**

I understand that a copy of this Consent will be given to me and another copy will be included in my child's records.  
**Revocation of Authorization** – I understand that I have the right to revoke this Consent at any time and I understand that such revocation does not affect records or information already released and exchanged. I understand that my revocation is effective only if it is in writing and submitted to the individual/entity that is releasing information. **Voluntary Authorization** – I voluntarily authorize the above Consent for release and exchange of information.

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 this authorization.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent, guardian, agency legally authorized to act on behalf of the student, or eligible student)