

# Webster Public Schools

## Checklist

Administration Offices  
77 Poland Street  
Webster, MA 01570  
508-943-0104

Bartlett High School, Grades 9-12  
52 Lake Parkway  
Webster, MA 01570  
508-943-8552

Webster Middle School, Grades 5-8  
75 Poland Street  
Webster, MA 01570  
508-943-1922

Park Avenue Elementary School, Grades PreK-4  
58 Park Avenue  
Webster, MA 01570  
508-943-4554

***The student registration process can take a couple of days, it is recommended that you do not withdraw your child from the current school until a start date have been established with the Webster Public Schools.***

### Student Registration Checklist for Parent(s)/Guardian(s):

- Child's birth certificate (an original, not a photocopy; we will make a photocopy and return original to you)
- Child's up-to-date immunization records (required immunizations can be found attached)
- Child's current physical exam (must be within the last 12 months prior to entering WPS)
- School Enrollment/Residency (see attached procedures)
- Parent(s)/Guardian(s) photo ID
- Notarized** Parent/Guardian Affidavit or **Notarized** Residency Affidavit (most banks have a Notary Public on staff)
- Student Emergency/Enrollment Form
- Transportation Form
- Records Release
- Home Language Survey
- Copy of IEP, 504, Safety Plans or Individual Health Plan, Custodial Documents (if applicable)
- Military Form (if applicable)

**Webster Public Schools**  
**Letter from Nurses**

Dear Parent or Guardian,

Welcome to Webster Public Schools. We would like to assist you and your child with adjusting comfortably in a new school setting. Your child's health and the prevention of communicable disease are the utmost importance.

Massachusetts State Law requires all children to have a current physical examination by a duly licensed health care provider, within 12 months, prior to entry into school. Please note that any information of allergies, physical disabilities or medical concerns will become part of your child's records. Parent(s)/Guardian(s) **must** advise the school nurse if your child has **any** medical concerns.

Webster Public Schools, in accordance with Massachusetts General Law, Chapter 76 Section 15, requires all students to show proof of immunization prior to entry. Please refer to page two and three of this document for the Massachusetts Department of Public Health Immunization Requirements.

Any students, who are not in compliance with the required vaccinations, will be excluded until the school receives the proper documentation. The only exceptions to these requirements are medical or religious waivers with written and signed documentation. Your child may be conditionally enrolled if they are in the process of catching up their immunizations and provide documentation of all immunizations that have been given. If you have any questions please feel free to contact the school nurse.

Sincerely,

Webster Public School Nurses

# Massachusetts School Immunization Requirements 2020-2021<sup>§</sup>

Massachusetts school immunization requirements are created under authority of 105 CMR 220.000  
Immunization of Students Before Admission to School

Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students, even if over 18 years of age.

## Childcare/Preschool<sup>¶†</sup>

Attendees <2 years should be immunized for their age according to the ACIP Recommended Immunization Schedule. Requirements listed in the table below apply to all attendees ≥2 years. These requirements also apply to children in preschool classes called K0 or K1.

Hib	<b>1-4 doses</b> ; the number of doses is determined by vaccine product and age the series begins
DTaP	<b>4 doses</b>
Polio	<b>3 doses</b>
Hepatitis B	<b>3 doses</b> ; laboratory evidence of immunity acceptable
MMR	<b>1 dose</b> ; must be given on or after the 1 <sup>st</sup> birthday; laboratory evidence of immunity acceptable
Varicella	<b>1 dose</b> ; must be given on or after the 1 <sup>st</sup> birthday; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

§ Address questions about enforcement with your legal counsel.

¶ Meningococcal vaccine requirements (see Grades 7-10 and 11-12) also apply to residential students in Grades Pre-K through 8 if the school combines these grades in the same school as students in Grades 9-12.

†Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) must be renewed annually at the start of the school year and religious exemptions (statement from a student, or parent/guardian if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

\*A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.

See following pages for Grades K-6, 7-10, Grades 11-12, and College (Postsecondary Institutions)

# Massachusetts School Immunization Requirements 2020-2021<sup>§</sup>

## Grades Kindergarten – 6<sup>¶†</sup>

In ungraded classrooms, Kindergarten requirements apply to all students ≥5 years.

DTaP	<b>5 doses;</b> 4 doses are acceptable if the fourth dose is given on or after the 4 <sup>th</sup> birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP
Polio	<b>4 doses;</b> fourth dose must be given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose, or a fifth dose is required. 3 doses are acceptable if the third dose is given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose
Hepatitis B	<b>3 doses;</b> laboratory evidence of immunity acceptable
MMR	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable
Varicella	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

§ Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

¶ Meningococcal vaccine requirements (see Grades 7-10 and 11-12) also apply to residential students in Grades Pre-K through 8 if the school combines these grades in the same school as students in Grades 9-12.

† Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) must be renewed annually at the start of the school year and religious exemptions (statement from a student, or parent/guardian if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

\* A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.

See following pages for Grades 7-10, Grades 11-12, and College (Postsecondary Institutions)

# Massachusetts School Immunization Requirements 2020-2021<sup>§</sup>

Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students, even if over 18 years of age.

## Grades 7 – 12<sup>†</sup>

In ungraded classrooms, Grade 7 requirements apply to all students ≥12 years.

Tdap	<b>1 dose;</b> and history of DTaP primary series or age appropriate catch-up vaccination. Tdap given at ≥7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td or Tdap should be given if it has been ≥10 years since last Tdap
Polio	<b>4 doses;</b> fourth dose must be given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose, or a fifth dose is required. 3 doses are acceptable if the third dose is given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose
Hepatitis B	<b>3 doses;</b> laboratory evidence of immunity acceptable. 2 doses of Heplisav-B given on or after 18 years of age are acceptable
MMR	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable
Varicella	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

## NEW – Meningococcal Requirements

Grade 7	<b>1 dose;</b> 1 dose MenACWY (formerly MCV4) required. Meningococcal B vaccine is not required and does not meet this requirement.
Grade 11 <sup>‡</sup>	<b>2 doses;</b> second dose MenACWY (formerly MCV4) must be given on or after the 16th birthday and ≥ 8 weeks after the previous dose. 1 dose is acceptable if it was given on or after the 16th birthday. Meningococcal B vaccine is not required and does not meet this requirement.

## Meningococcal Vaccine Phase-In Schedule

	2020-2021	2021-2022	2022-2023	2023-2024
1 Dose MenACWY	Grade 7	Grades 7-8	Grades 7-9	Grades 7-10
2 Doses MenACWY	Grade 11	Grades 11-12	Grades 11-12	Grades 11-12

<sup>§</sup> Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

<sup>†</sup>Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) must be renewed annually at the start of the school year and religious exemptions (statement from a student, or parent/guardian if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

\* A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.

<sup>‡</sup> Students who are 15 years old in grade 11 are in compliance until they turn 16 years old.

# Massachusetts School Immunization Requirements 2020-2021<sup>§</sup>

Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students, even if over 18 years of age.

## College (Postsecondary Institutions)\*\*†

Requirements apply to all full-time undergraduate and graduate students under 30 years of age and all full- and part-time health science students. Meningococcal requirements apply to the group specified in the table below.

Tdap	<b>1 dose;</b> and history of a DTaP primary series or age appropriate catch-up vaccination. Tdap given at ≥7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td or Tdap should be given if it has been ≥10 years since Tdap.
Hepatitis B	<b>3 doses;</b> laboratory evidence of immunity acceptable; 2 doses of Heplisav-B given on or after 18 years of age are acceptable
MMR	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable. Birth in the U.S. before 1957 acceptable only for non-health science students
Varicella	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable. Birth in the U.S. before 1980 acceptable only for non-health science students
Meningococcal	<b>1 dose;</b> 1 dose MenACWY (formerly MCV4) required for all full-time students 21 years of age or younger. The dose of MenACWY vaccine must have been received on or after the student's 16 <sup>th</sup> birthday. Doses received at younger ages do not count towards this requirement. Students may decline MenACWY vaccine after they have read and signed the <u><a href="#">MDPH Meningococcal Information and Waiver Form</a></u> provided by their institution. Meningococcal B vaccine is not required and does not meet this requirement

§ Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

\*\* The immunization requirements apply to all students who attend any classes or activities on campus, even once. If all instruction and activities are remote and the student will never be on campus in person, the requirements would not apply. Should a student physically return to campus, they would need comply with this requirement

†Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) must be renewed annually at the start of the school year and religious exemptions (statement from a student, or parent/guardian if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.

# Webster Public Schools Health Intake Information

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F NonBinary

Address: \_\_\_\_\_ City: \_\_\_\_\_ Child is entering grade: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Pediatrician/Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Questions (circle yes or no answer):

1. Does your child wear glasses? Yes No

2. Does your child have a hearing problem? Yes No Does he/she wear hearing aides? Yes No

3. Does your child have any food allergies? Yes No Does he/she require an EpiPen for this allergy? Yes No

If yes, what is the food allergy? \_\_\_\_\_

\*\*\*(Physician documentation of allergy is required to be turned into nursing office.)\*\*\*

4. Does your child have any other allergies? Yes No Does he/she require an EpiPen for this allergy? Yes No

If yes, what is the allergy? \_\_\_\_\_

\*\*\*(Physician documentation of allergy is required to be turned into nursing office.)\*\*\*

5. Does your child have asthma or reactive airway disease? Yes No

If yes, do they have an inhaler? Yes No Would you like them to have this inhaler at school? Yes No

6. Is your child taking any medications? Yes No Non-prescription medication? Yes No

Reason for taking: \_\_\_\_\_

Does your child need to take medication at school? Yes No

Name of medication: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

7. Has your child ever had seizures? Yes No Date: \_\_\_\_\_ Cause: \_\_\_\_\_

8. Does your child have any special health needs or concerns? Yes No Please explain: \_\_\_\_\_

9. Has your child ever had a serious operation, illness, or accident? Yes No Please explain (include dates): \_\_\_\_\_

10. Has your child ever had any of the following illnesses?

Chicken Pox	Yes	No	Mumps	Yes	No	Whooping Cough	Yes	No
Measles	Yes	No	Scarlet Fever	Yes	No	Rheumatic Fever	Yes	No

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

# Webster Public Schools

## School Enrollment/Residency Procedures

**The Webster Public Schools adopt the following procedures regarding the residency and admissions of students. The staff is directed to ensure that all forms and regulations are fully executed and conform to this procedure.**

### I. RESIDENCY

In order to attend the Webster Public Schools, a student must actually reside in the Town of Webster, unless one of the exceptions (set forth in Part V below) applies. The residence of a minor child is ordinarily presumed to be the legal residence of the child's parent or legal guardian having physical custody of the child. A student's actual residence is considered to be the place where he or she lives permanently. In determining residency, the Webster Public Schools retain the right to require the production of a variety of records and documentation and to investigate where a student actually resides.

Determination that a student does not actually reside in the Town of Webster renders the student ineligible to enroll in the Webster Public Schools or, if the student is already enrolled in the Webster Public School, shall result in the termination of such enrollment. A parent, legal guardian, or student who has reached the age of majority (18), who is aggrieved by a determination of residency, may appeal the determination to the Superintendent of Schools, whose decision shall be final.

### II. VERIFICATION OF RESIDENCY

Before any student is enrolled in the Webster Public Schools, his or her parent or legal guardian must provide:

1. A signed affidavit of residency; and
2. Proof of residency in the Town of Webster (3 documents)

All applicants for enrollment must submit at least one document each from Column A, B, and C and any other documents that may be requested, including but not limited to those from Column A, B, or C (noted below). A parent, legal guardian, or student who is unable to produce the required documents should contact the Superintendent of Schools.

<b>Column A Evidence of Residency</b>	<b>Column B Evidence of Occupancy</b>	<b>Column C Evidence of Identification (Photo ID)</b>
Record of recent mortgage payment and/or property tax bill, Purchase and Sales Agreement	Recent bill dated within the past 60 days showing Webster address and name	Valid MA Driver's License Valid MA Photo ID Card
Copy of lease and record of recent rental payment	Gas Bill, Oil Bill, Electric Bill, Home Telephone Bill (not cell phone), Cable Bill, or Excise Tax Bill	Valid Passport
Landlord Affidavit and recent rental payment	Homeowners Insurance	W2 Form (dated within the past year)
Section 8 Agreement		Pay Stub (dated within the past 60 days)

**The principal, or his/her designee, shall verify the home address and home telephone number of each student at least once during the school year. Any irregularities shall be reported promptly to the Superintendent of Schools. Parents are required to notify the school of any changes of their address or the address of the student within five (5) days of the change.**



### III. ENFORCEMENT

Should a question arise concerning any student's residency in the Town of Webster while attending the Webster Public Schools, the student's residency will be subject to further inquiry and/or investigation. Such questions concerning residency may arise on the basis of incomplete, suspicious, or contradictory proofs of address; anonymous tips; correspondence that is returned to the Webster Public Schools because of an invalid or unknown address, or other grounds.

The Superintendent may request additional documentation, and may obtain the services of police or investigative agency personnel to conduct investigations into student residence. The residency investigator(s) will report his or her findings to the Superintendent of Schools. Who shall make final determination of residency.

Upon an initial determination by the Superintendent of Schools that a student is actually residing in a city or town other than the Town of Webster, the student's enrollment in the Webster Public Schools shall be terminated immediately.

### IV. PENALTIES

In addition to termination of enrollment and the imposition of other penalties permitted by law, the Webster Public Schools reserve the right to recover restitution based upon the costs of educational services provided during the period of non-residency.

### V. EXCEPTIONS

1. The Residency Requirements Shall Not Apply to the Following:
  - a. Students enrolled in the High School under special programs approved by the School Committee, such as educational exchange programs;
  - b. Tuition paying students, as permitted by law;
  - c. Students who are entitled to attend the Webster Public Schools under the McKinney-Vento Homeless Assistance Act.

### VI. POTENTIAL WAIVER WHEN RESIDENCY IS IN TRANSITION

For students whose residence is in transition, the following exceptions to the general policy may apply, with prior written approval from the Superintendent of Schools:

1. Pending Purchase of Dwelling

The children of families who have a signed and accepted Purchase and Sales Agreement to purchase and reside in a dwelling in the Town of Webster may be enrolled up to 30 calendar days in advance of the time actual physical residence occurs. If actual residence occurs later than 30 days after enrollment, students may be asked to leave the Schools until actual residence occurs.

2. Residence in Rental Properties

Children of families who plan to rent a primary residence in Webster may enroll in the Webster Public Schools 30 days prior to taking possession of the rental property, as evidenced of financial commitment.

3. Brief Residence Outside the Town

Webster Public Schools students, whose families must briefly live outside the Town because they are (a) moving from one Webster residence to another, or (b) renovating a current Webster residence, may continue to attend the Webster Public Schools. Evidence of the intention and ability to resume residency in Webster within 90 days may be required.

### VII. NOTIFICATION

The Webster Public Schools residency requirements, verification procedures, and consequences of falsifying or misrepresenting residency will be pursued per the Webster Public School District procedures.

**Webster Public Schools  
Residency Statement  
Notarized Parent/Guardian Affidavit**

1. I/We wish to enroll the above named student in the Webster Public Schools. I/we understand that pursuant to Massachusetts law and Webster Public School Committee Policy students who actually reside in the Town of Webster may attend the Webster Public Schools and students who do not actually reside in the Town of Webster may not attend the Webster Public Schools, except as admitted under the School Choice Law.
2. I/We hereby certify that effective \_\_\_\_\_, 20\_\_\_\_, the above named student is/will be residing at the following address in Webster, MA 01570, with :

\_\_\_\_\_  
Printed Name(s) of Parent(s)/Guardian(s)

Street \_\_\_\_\_ Apt/Unit No \_\_\_\_\_ Webster, MA 01570

Home Telephone: \_\_\_\_\_

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

3. I/We acknowledge that I am/ we are required to notify the Webster Public Schools or the above student's school, in writing, of any change in said student's address within five (5) calendar days of such change of address.
4. I/We understand that this Residency Statement will be relied upon by the Webster Public Schools for the purpose of determining the above student's eligibility to attend the Webster Public Schools on the basis of residency. If said student is enrolled in the Webster Public Schools based upon the information provided and it is subsequently determined that the student does not actually reside in Webster, I/We understand that the student's enrollment in the Webster Public Schools will be immediately terminated and I/We will be jointly and severally liable to the Webster Public Schools for the student's tuition for the full academic year(s) attended.
5. I/We further certify that I am/we are the parent(s)/Legal guardian(s) of the above student. As the parent(s)/legal guardian(s), I/We hereby give the authority for \_\_\_\_\_ to  
(Responsible adult)  
receive all educational records, make educational decisions, and make emergency medical decisions for our son/daughter  
\_\_\_\_\_  
(student)
6. I/We understand that all applicants must reside in the Town of Webster (Massachusetts General Laws, Chapter 76, sec 5) every person shall have a right to attend the public schools of the town where he/she actually resides, subject to the following section. No School Committee is required to enroll a person who does not actually reside in the town unless said enrollment is authorized by law or by the School Committee. Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly attended public schools. No person shall be excluded from or discriminated against in admission to a public school of any town or in obtaining the advantages, privileges and courses of student of such public school on account of race, color, sex, religion, national origin or sexual orientation.
7. I/We understand that the Webster Public Schools reserve the right to investigate the reasons why this child does not reside with a parent or legal guardian. I attest to the fact that the above named child is not living with me solely for the purpose of attending the Webster Public Schools.

Signed under the pain and penalties of perjury on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_:

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

**This form must be presented to and signed and notarized by a duly authorized Notary Public in the Commonwealth of Massachusetts.**

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(Date)

Commission Expires: \_\_\_\_\_

**Webster Public Schools**  
**Notarized Residency Affidavit**  
Non-Parental Affidavit of Residence

This form shall be completed for students seeking enrollment in the Webster Public School District, who live with their parent(s) or legal guardian(s), but reside in the home of another adult. All Residency Affidavits must be resubmitted annually at least 2 weeks prior to the beginning of each school year. A Residency Affidavit **must** be accompanied by two of the following documents:

**House Lease or deed, Apartment lease, and/or Current Utility Bill (gas, water or electric)**

This form shall be completed by the adult with whom the student and parent(s)/guardian(s) are living.

I, the undersigned, am over eighteen (18) years of age and competent to testify to the facts and matter set forth herein.

The student whose legal name is \_\_\_\_\_ and whose birth date is \_\_\_\_/\_\_\_\_/\_\_\_\_ lives with me at the following address:

**Signee's Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

The reason the student is living with above named adult is: \_\_\_\_\_

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

\_\_\_\_\_  
**Signature of Affiant with whom student and parent(s)/Guardian(s) are living**

\_\_\_\_\_  
**Date**

**State of:** \_\_\_\_\_, **County of:** \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public for said county and state do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due executing of the foregoing instrument.

Witness my hand and Official Seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
**Signature of Notary**

\_\_\_\_\_  
**Seal**

# Webster Public Schools ~ Emergency / Enrollment Form

School Year: \_\_\_\_\_ Bus # \_\_\_\_\_ Teacher: \_\_\_\_\_

## Student Information

Last Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Birth date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Home Address/PO Box: \_\_\_\_\_

### Choose all that apply:

- American Indian or Alaska Native
- Asian
- Black or African American
- White/Caucasian
- Native Hawaiian or Other Pacific Islander

### Choose One (1):

- Hispanic or Latino
- Not Hispanic or Latino

Name of Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student Lives with: \_\_\_\_\_

## Parent/Guardian Information

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

Home Address/PO Box: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Workplace: \_\_\_\_\_ Work phone number: \_\_\_\_\_

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

Home Address/PO Box: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Workplace: \_\_\_\_\_ Work phone number: \_\_\_\_\_

**Legal Guardian:** \_\_\_\_\_

Home Address/PO Box: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Workplace: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Please provide the school with documentation regarding custody issues. (if applicable)

## Emergency Contact Information – Name of person to contact in case of emergency

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Sibling Information

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

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

**Webster Public Schools**  
**Transportation Form - All Students**

Students not Transported by Bus (Complete Steps 1 & 5)  
Kindergarten Students (Complete Steps 1 & 2)  
New Student Enrollment (Complete Steps 1 & 3)  
Bus Change from Current Transportation (Complete Steps 1 & 4)

**Step 1**

Student Name: (Please Print): \_\_\_\_\_

School Assignment: (circle one)    **PAE**    **WMS**    **BHS**    Grade: \_\_\_\_\_

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

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

Telephone #: Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Bus Stop of A.M. PICK-UP: \_\_\_\_\_ Bus Stop of P.M. DROP-OFF: \_\_\_\_\_

Family Name at BUS STOP: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Step 2**

Kindergarten

Bus Stop of A.M. Pick-Up: \_\_\_\_\_ Bus Stop of P.M. Drop-Off: \_\_\_\_\_

**Step 3**

Date new student will begin riding the BUS: \_\_\_\_\_

**Step 4**

Requesting change to A.M. BUS     Requesting change to P.M. BUS

Current A.M. Pick-Up: \_\_\_\_\_ New A.M. Pick: \_\_\_\_\_

Current P.M. Drop-Off: \_\_\_\_\_ New P.M. Drop-Off: \_\_\_\_\_

Family Name at New AM Assignment: \_\_\_\_\_

Family Name at New PM Assignment: \_\_\_\_\_

Reason for BUS Change: \_\_\_\_\_

**Step 5**

Student WALKS to/from School:  Yes     No    If yes, please check:  AM Only     PM Only     Both

Parent Transports Student:  Yes     No    If yes, please check:  AM Only     PM Only     Both

Student Drives Self:  Yes     No

Student Passenger With: \_\_\_\_\_

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

**Webster Public Schools**  
**Release for Student Information**

Today's Date: \_\_\_\_\_

Student: \_\_\_\_\_  
                    First Name                      Middle Name                      Last Name                      DOB

I give my permission for (Name of Sending School) \_\_\_\_\_

\_\_\_\_\_  
                    School Address                      Town                      State/ZIP

\_\_\_\_\_  
                    School Phone Number                      School Fax Number

to forward information listed below to (Name of Receiving School) \_\_\_\_\_

\_\_\_\_\_  
                    School Address                      Town                      State/ZIP

\_\_\_\_\_  
                    School Phone Number                      School Fax Number

Information concerning my child:

- Official Transcript (Bartlett High School Only)
- Cumulative Records (Which may include academic and attendance records, standardized test results, class rank, extracurricular activities, I.Q. scores, college board scores, teacher, counselor and school staff evaluations, 766 evaluative materials, MCAS scores, etc.)
- All Health Records
- All Special Education Records and Educational Plans
  - Is your child presently receiving special Education Services?     Yes     No
  - Does your child recently have a 504 Accommodation Plan ?     Yes     No
- Completed Massachusetts Transfer Card (if applicable)
- Discipline Record (if applicable)
- ELL Records

**I also give my permission for WPS administration and/or school counselors to speak with staff at the school district named above.**

\_\_\_\_\_  
Signature of Parent/Guardian                      Date

## Webster Public Schools

### 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

_____	_____	_____	F <input type="checkbox"/> M <input type="checkbox"/> Gender
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?  _____  _____	Which language(s) are spoken with your child? (include relatives -grandparents, uncles, aunts, etc. - and caregivers)  _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
What language did your child first understand and speak?  _____  _____	Which language do you use most with your child?  _____  _____
How many years has the student been in U.S. Schools? (not including pre-kindergarten)  _____	Which languages does your child use? (circle one)  _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/>  If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>  If yes, what language? _____
Parent/Guardian Signature:  X	_____  Today's Date: (mm/dd/yyyy)

**Webster Public School District**  
**MILITARY FAMILY STATUS**

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

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.

There is a Parent or Guardian in the student's household who:

***(Place a checkmark next to the statement that is true)***

is a member of the uniformed services or National Guard and Reserve on full-time active duty orders.

is currently deployed.

is a veteran who retired within the past year.

was medically discharged within the past year.

died while serving our country within the past year.

Other: \_\_\_\_\_

Date of discharge, retirement, death, deployment, military transfer, etc. \_\_\_\_\_

Name of Service Member: \_\_\_\_\_

Name of Person completing this form: \_\_\_\_\_

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