

QUINCY PUBLIC SCHOOLS

Kevin W. Mulvey, J.D.
Superintendent of Schools
34 Coddington Street, Quincy, MA 02169
617.984.8701
kevimulvey@quincypublicschools.com

Welcome to Quincy Public Schools!

Quincy Public Schools has a long-standing tradition of innovative curriculum and excellence in education. Every day, dedicated Quincy Public Schools principals, administrators, and staff strive to make a difference in each and every classroom and collaborate on the goal of providing an inclusive, positive, and safe learning environment for our students and their families.

The following pages contain the registration forms to enroll your student. (Please print the forms single-sided.) In order to complete the registration process, the following documents must be provided for each student:

- Birth certificate (with raised seal)
- Photo I.D. of the person registering the student
- Copy of a recent physical examination by a physician (within one year)
- Record of immunizations
- **Two** proofs that the student and family live in Quincy: utility bills, tax bill, or mortgage statement.

Wishing your student all success throughout the educational journey in Quincy Public Schools.

Sincerely,

Kevin W. Mulvey
Superintendent of 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.

Updated 6/2019

Student Information

_____	_____	_____	F M Non-Binary
First Name	Middle Name	Last Name	Gender (Circle One)
_____	_____ / _____ /20	_____ / _____ /20	
Country of Birth	Date of Birth (mm/dd/yyyy)	Date first enrolled in ANY U.S. school (mm/dd/yyyy)	

School Information

_____ / _____ /20	_____	_____
Start Date in New School (mm/dd/yyyy)	Name of Former School and Town	Current Grade

Questions for Parents/Guardians

<p>What is the primary language used in the home, regardless of the language spoken by the student?</p> <p>_____</p> <p>_____</p>	<p>Which language(s) are spoken with your child? (include relatives -grandparents, uncles, aunts,etc. - and caregivers)</p> <p>_____ seldom / sometimes / often / always</p> <p>_____ seldom / sometimes / often / always</p>
<p>What language did your child first understand and speak?</p> <p>_____</p>	<p>Which language do you use most with your child?</p> <p>_____</p>
<p>How many years has the student been in U.S. Schools? (not including pre-kindergarten)</p> <p>_____</p>	<p>Which languages does your child use? (circle one)</p> <p>_____ seldom / sometimes / often / always</p> <p>_____ seldom / sometimes / often / always</p>
<p>Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>If yes, what language? _____</p>	<p>Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>If yes, what language? _____</p>
<p>Parent/Guardian Signature:</p> <p>X _____</p>	<p>_____ / _____ /20</p> <p>Today's Date: (mm/dd/yyyy)</p>

**QUINCY PUBLIC SCHOOLS
STUDENT REGISTRATION**

OFFICE USE ONLY

GRADE

SCHOOL CODE

STUDENT INFORMATION

Please complete information as it appears on birth certificate.

Last Name (Legal)			First Name (Legal)			Middle Name (Legal)		
Nickname			Gender			Date of Birth		
			__Female __Male __Non-binary			Month _____ Day _____ Year _____		
Birth City / Town		Birth State		Birth Country		Date Student Entered the United States		
Student's Current Address						★ Phone Number		
Number		Street		Apt.		Zip Code		
★ Student's Primary Language		Language Spoken in Home		Ethnicity: Required by the MA Department of Education <i>(Please check one)</i>				
				_____ Hispanic _____ Not Hispanic				
Race: (Please check all that apply)								
_____ American Indian/Alaskan Native			_____ White/Caucasian			_____ Asian		
_____ Black/African-American			_____ Hawaiian/Other Pacific Islander					
With whom is the student living?								
Parents: _____ OR Mother: _____ Father: _____ Guardian: _____								
Other: _____ Name Relationship								
Are there any custody issues we should be aware of? Is either parent denied legal access to student records?								
_____ No _____ Yes (★ If yes please specify): _____								

Legal documentation MUST be provided annually to the principal before restrictions can be implemented.

STUDENT'S PREVIOUS SCHOOL INFORMATION

- Has this student ever attended a public school in Quincy: _____ Yes _____ No
- If yes, which school? _____
- Last school / preschool attended: _____
- Date they began first year of school in the United States _____
- Location: _____
- Last grade attended: _____ Date left previous school: _____
- Has this student ever been expelled from school? _____ Yes _____ No
- If yes, please state reason: _____

Check each that applies:

- | | |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Student has an Individual Education Plan (Special Education) | <input type="checkbox"/> Student is receiving Title I services |
| <input type="checkbox"/> Student is receiving English Language Learner (ELL) services | <input type="checkbox"/> Student has a 504 Plan |

Please complete the following for students born outside of the United States or have education outside of the U.S.:

Has the student completed 3 years of schooling in the United States? Yes No

If no, how many full years have they completed? _____

Years of schooling in home/other country? _____

Highest grade completed in home/other country? _____

PARENT INFORMATION

Name:	Name:
Relationship To Student:	Relationship To Student:
Phone Number:	Phone Number:
Parent(s) Marital Status: _____ Married _____ Separated _____ Single _____ Divorced _____ Widowed	
(Address if different from student)	(Address if different from student)

★ If applicable

Who has physical custody?	Who has legal custody?
Name:	Name:
Relationship:	Relationship:
Phone:	Phone:

★ If student resides with a guardian please complete this section.

GUARDIAN INFORMATION

Name:	Name:
Relationship to student:	Relationship to student:
Address (if different)	Address (if different)
Phone (if different)	Phone (if different)

Signature of Person registering student



(OFFICE USE ONLY)

STATE SASID #	LOCAL QPS ID #	HOMEROOM	COUNSELOR
QPS Entry Date: _____		PCC Code: _____	
School Employee Registering Student: _____		Date: _____	

	Yes	No	N/A		Yes	No	N/A
Birth certificate				MCAS / Other testing			
Health records received				Disciplinary records			
Proof of residency				IEP Records Received			
Academic records received				504 Records Received			
Transfer card							

NOTES:

Quincy Public Schools Contact Card

School Name: _____

Below you will find important information regarding you and your child that will be used to contact you for routine and emergency purposes. Please fill in any missing fields and correct any wrong information. This form must be signed and returned with your child to homeroom teacher.

Last Name: _____ **First:** _____ **Middle:** _____ **State ID:** _____

Date of Birth: _____ **Place of Birth:** _____ **Gender:** _____ **HR:** _____ **Grade** _____ **Local ID:** _____

Address: _____ **Access to Internet at home ? (Yes/No)** _____

Race(s): _____ **Hispanic or Latino?** _____ **Home Language:** _____

Student Phone: _____ **Student Cellphone:** _____ **Student Email:** _____

Contact 1

Name:	
Relationship:	
Address:	
City, State ZIP	
Home Phone:	
Work Phone:	
Cell Phone:	
Primary email:	

Contact lives with student Contact may pick up Receives grade mailings Receives conduct mailings Receives other mailings

Contact 2

Name:	
Relationship:	
Address:	
City, State ZIP	
Home Phone:	
Work Phone:	
Cell Phone:	
Primary email:	

Contact lives with student Contact may pick up Receives grade mailings Receives conduct mailings Receives other mailings

Member of Military Information

Quincy Public Schools is now required by law to identify students of military families and to submit this information electronically to the Department of Elementary and Secondary Education. Please select one of the choices below for your child. In case none of these categories apply, please select NOT APPLICABLE.

Children of Active Duty Member(s) of the uniformed services:

Not Applicable National Guard and Reserves on active duty orders Child of member(s) or veteran(s) who are medically discharged or retired within one year Child of member(s) who died on Active Duty

School Regulations do not permit sending a child home alone. How shall your child be transported?

Contact 1 Contact 2 Parent will arrange for taxi at parent's expense Other _____

In case of emergency

Student's Primary Care Physician: _____ Phone: _____

Name of medical insurance company: _____ Policy: _____ Phone: _____

Is there any other legal information that the school should be aware of? (Documentation is required)

Parent/Guardian _____ Date: _____

More information on back, please turn over.

Quincy Public Schools Contact Card

Contact 3

Name:	
Relationship:	
Address:	
City, State ZIP	
Home Phone:	
Work Phone:	
Cell Phone:	
Primary email:	

Contact lives with student Contact may pick up Receives grade mailings Receives conduct mailings Receives other mailings

Contact 4

Current Information

Corrections

Name:	
Relationship:	
Address:	
City, State ZIP	
Home Phone:	
Work Phone:	
Cell Phone:	
Primary email:	

Contact lives with student Contact may pick up Receives grade mailings Receives conduct mailings Receives other mailings

Contact 5

Current Information

Corrections

Name:	
Relationship:	
Address:	
City, State ZIP	
Home Phone:	
Work Phone:	
Cell Phone:	
Primary email:	

Contact lives with student Contact may pick up Receives grade mailings Receives conduct mailings Receives other mailings

Siblings Information

Please note # of Siblings: Older Brothers _____ Younger Brothers _____ Older Sisters _____ Younger Sisters _____

Sibling 1: Name _____ School: _____ Grade: _____
 Sibling 2: Name _____ School: _____ Grade: _____
 Sibling 3: Name _____ School: _____ Grade: _____
 Sibling 4: Name _____ School: _____ Grade: _____

Quincy Public Schools Health Form

Student Name _____ Date of Birth _____ Grade _____

Gender: Male _____ Female _____ Non-binary _____

Please complete the information below regarding your **child's medical history**.

Allergies (Specify type and Medications) _____

Asthma or respiratory concerns (Specify Medications) _____

Attention Deficit Disorder ADD/ADHD (Specify Medications) _____

Diabetes (Specify type and medications) _____

Ear or Hearing Problems _____ Date of last exam _____

Eye Problems or Glasses _____ Date of last exam _____

Seizures (Type and Medications) _____

Heart Disease _____

Urinary Problems or Kidney Disease _____

Orthopedic Conditions or Physical Impairments _____

Any Significant Birth History _____

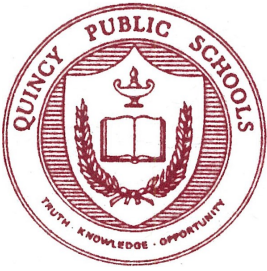
Other Medical/Surgical Conditions _____

Prescribed medication (Specify) _____

Date of last physical exam _____ Doctor's Name _____ Tele# _____

Date of last dental exam _____ Dentist's Name _____ Tele# _____

Parent's Signature: _____ **Date:** _____



QUINCY PUBLIC SCHOOLS

Kevin W. Mulvey, J.D.
Superintendent of Schools
34 Coddington Street, Quincy, MA 02169
617.984.8701
kevinmulvey@quincypublicschools.com

MASSACHUSETTS MANDATED HEALTH REQUIREMENTS

Dear Parent or Guardian,

Regulations for school children in Massachusetts require that no child be admitted to public school without evidence of a physical examination and immunization against communicable diseases specified by the Department of Public Health (Mass. General Laws Chapter 76, Section 15 and Chapter 71, Section 57). Please submit your child’s physical examination and vaccination records as soon as possible. These records are due to your child’s school nurse no later than the first day of school.

Failure to complete the physical exam and vaccination process will subject the student to exclusion from school until proof of the physical and vaccinations or a waiver is presented. Exclusion will occur for all those not meeting this requirement.

If you have any questions regarding these requirements, please contact your school nurse as soon as possible. Thank you.

Sincerely,

Kevin W. Mulvey, J.D.
Superintendent of Schools

Maura Papile, Senior Director
Senior Director
Student Support Services

Andrea Huwar, M.Ed., BSN, RN
Coordinator of Health Services

I acknowledge receipt of the information about Massachusetts Mandated Health Requirements.

Parent Signature _____

Student Name/School _____

QUINCY PUBLIC SCHOOLS
VERIFICATION OF RESIDENCY

This certification form is required as part of the registration process for all students.



NAME OF SCHOOL _____

STUDENT'S NAME _____

Last/First/Middle Initial

RESIDENCE _____

House #/Street/Apartment/Zip Code

DATE OF BIRTH _____

Month/Day/Year

I understand that a student must reside in Quincy to attend the Quincy Public Schools. As the adult with whom this student is now residing at the address shown above, I hereby certify that I am the student's

Please check relationship below:

- PARENT
- LEGAL GUARDIAN
- SIBLING*
- UNCLE OR AUNT*
- COUSIN*
- OTHER RELATION*: _____
Please Specify

I agree to notify school authorities of any change of address without delay.

Signed under the pains and penalties of perjury this _____ day of _____, 20____.

Month

Year

Print Name – Sign at right _____>

Signature _____

*If you checked this category, please complete a "Certification of Student Residency" form. (RV 2)

Under Massachusetts General Laws, Chapter 76, Section 5, it states that "Every person shall have the right to attend the public school 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 school."

BELOW FOR OFFICIAL SCHOOL USE ONLY

Type of residency proof accepted: Mass. Driver's License# _____
 Utility Receipt
 Real Estate Tax Bill

Documentation _____ Please attach a copy of documentation

_____ Date School staff person accepting proof of residency

Disposition: Referred to Attendance Office



QUINCY PUBLIC SCHOOLS

Records Release

STUDENT INFORMATION RELEASE OF STUDENT RECORDS

First Name: _____ Middle: _____ Last: _____
D.O.B. ___/___/___ Age ___ Grade ___ SASID # _____
Current Address: _____ City _____
State _____ Zip _____ Phone: _____
Parents/Guardian (PRINT) Name _____ Relationship _____
Parents/Guardian Signature: _____ Date: ___/___/___

SENDING RECORDS TO _____ REQUESTING RECORDS FROM _____

SCHOOL/ORGANIZATION: _____

SCHOOLADDRESS: _____

CONTACT PERSON: _____

TELEPHONE: _____ FAX: _____

Massachusetts Ch 37:1 regulations require that the school system comply with subpoenas and D.O.E. requests and give parent/guardian notification upon release of the students records.

Student Records to be released: Please check "All" that apply :

- _____ Cumulative Records (Official Transcript, Attendance, Disciplinary Information).
- _____ Medical Records; include Immunizations and last Physical and current Medications.
- _____ Special Education including Individual Educational Plan - I.E.P or 504 Services.
- _____ Psychological Reports with current Assessments, Behavior Management Plans.
- _____ ELL English as a Second Language Assessments, Testing and recommendations.
- _____ MCAS, PARCC, AP Testing results.

Other: _____

Authorized Office Personnel _____ Date: _____