

What Documents Do I Need to Bring to Kindergarten Registration/Screening?

Completed Bourne Public Schools Registration Form	
Completed Kindergarten Questionnaire	
<u>Copy</u> for school to keep of Child's Birth Certificate (children must be 5 years of age prior to 9/1/19 to register for Kindergarten)	
<u>Copy</u> for school to keep of Health/Immunization Records dated within the last year	
Is there a parent/guardian who is a member of the U.S. Military? ***If active duty, please provide a copy of the orders.	
<u>Copy</u> for school to keep of Proof of Residency (necessary for registration)	
<u>Acceptable Proof of Residency*</u> Real Estate Tax Bill Current Signed Lease with Dates and Address Mortgage Statement Utility Bill (Electric, Gas, Cable, Oil) We will verify residency with JBCC families *Must include your name and physical address (no PO Boxes) and be the most recent of the documents listed	<u>Not Acceptable as Proof of Residency</u> Excise Tax Bill Cell Phone Bill W-2 Paystub Credit Card Statement Driver's License Medical Bill



Bourne Public Schools

Student Registration Packet

Student Information

First Name

Middle Name

Last Name

Nickname

Gender: F M Non-Binary

City/State/Country of Birth

____/____/____

Date of Birth (mm/dd/yyyy)

____/____/____

Date first enrolled in ANY

US school (mm/dd/yyyy)

Has student ever

attended a school in MA

20____-20____

School Year

____/____/____

Start Date in New School (mm/dd/yyyy)

Current Grade

Enrollment Grade

Does the student have a Mass Health Card? Yes No

Is the student in custody of the Department of Children and Family (DCF)? Yes No

Does the student receive benefits through the office of Transitional Assistance? Yes No

Is the student eligible for free or reduced lunch? Yes No Need more information

Federal and state regulations require BPS to gather information on ethnicity and race for statistical reports. Contact school for parent advisory. (Note: both Ethnicity and Race must be selected)

ETHNICITY: Hispanic or Latino? Yes No

RACE: Select at least one:

American Indian or Alaskan Native Asian Black Native Hawaiian or Other Pacific Islander White

Military Family: Is the student a member of a military family? Please check the box if:

One or more parents/guardians are active members of the military. [A copy of orders is required at the time of registration.]

One or more parents/guardians were medically discharged or retired from the military within the past year.

One or more parents/guardians were members of the military who died on active duty.

McKinney-Vento Program – guarantees that students, no matter their living situation, have access to public education, including transportation to and from school. Checking the boxes below will help our school staff determine if your student is eligible for additional support through this program. Please check the box if:

You are staying in a motel, car or campsite until you can find affordable housing.

You lost housing due to economic hardship

Your child is living with a relative/friend/or anyone other than his/her biological parent(s)

You are living in a shelter, temporary housing or moving from place to place without permanent housing

You are experiencing housing difficulties related to finances and would like to be contacted about services At Home Through School

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.

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) (circle one)

_____ (seldom / sometimes / often / always)

_____ (seldom / sometimes / often / always)

What language did your child first understand and speak?

Which language do you use most often with your child?

How many years has your student been in U.S. schools? (not including pre-kindergarten)

Which language 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you require an interpreter/translator at Parent-Teacher meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Signature: _____	_____/_____/20_____ Today's Date (mm/dd/yyyy)

Parent/Guardian Information* – Contact phone numbers and email addresses will be used to distribute important school and district information.

Child Lives With: Both Parents Mother Father Grandparent Guardian Foster Parent
 Other: _____

Family Home Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Family Primary Phone _____ *Note: Family Primary Phone will be used for attendance and emergency notifications*

Parent/Guardian of Residence (a parent/guardian living with the student who has permission to pick up the student):

Relationship to student: Mother Father Guardian Other: _____

Legal First Name _____ Legal Last Name _____

Work Phone _____ Cell Phone _____ Primary Email _____

Interested in Volunteering? Yes No Live on federal property Yes No
Work on federal property Yes No

Second Parent/Guardian of Residence (second parent/guardian living with the student who has permission to pick up the student):

Relationship to student: Mother Father Guardian Other: _____

Legal First Name _____ Legal Last Name _____

Work Phone _____ Cell Phone _____ Primary Email _____

Interested in Volunteering? Yes No Live on federal property Yes No
Work on federal property Yes No

Additional Non-Resident Parent (an additional parent not currently living with the student, who has permission to pick up the student):

Relationship to student: Mother Father Guardian Other: _____

Legal First Name _____ Legal Last Name _____

Address _____ City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____

Requesting Additional Mailing to this parent (i.e. Report Cards): Yes No

***If any restraining order is in effect, a copy must be on file in the school office. If there is any other information of which the school should be aware, contact the main office of your child's school immediately.**

Additional Emergency Contacts – In an emergency, parent/guardian(s) listed above will be called first. By listing a person below as an emergency contact, you are authorizing him/her to pick up your child at school if you cannot be reached.

First Name _____ Last Name _____

Relationship to Student _____

Primary Phone _____ Secondary Phone _____

First Name _____ Last Name _____

Relationship to Student _____

Primary Phone _____ Secondary Phone _____

First Name _____ Last Name _____

Relationship to Student _____

Primary Phone _____ Secondary Phone _____

Program and Previous School Information

Does the student have an Individualized Education Plan? Yes No

Does the student have a current Section 504 Plan? Yes No

Previous School Information

Previous School Attended: _____

Previous School Address (if outside BPS) _____

Previous School Phone No. (if outside BPS) _____

Dates Attended _____

Siblings-Please list student's sibling(s) currently attending or enrolling a Bourne Public School

Sibling First Name _____ Sibling Last Name _____

Relationship to Student _____ School _____ Grade _____

Sibling First Name _____ Sibling Last Name _____

Relationship to Student _____ School _____ Grade _____

Sibling First Name _____ Sibling Last Name _____

Relationship to Student _____ School _____ Grade _____

By signing this form, I agree that all the information is true. If it is determined that the address I have provided is false, I acknowledge that my student could be removed from the school immediately. All parents/guardians and emergency contacts listed on this form have permission to pick up my child.

Signature of Parent/Guardian (required) _____ Date _____

Signature of Parent/Guardian _____ Date _____

Bourne Public Schools

Proof of Residence in Order to Enroll a Child

I am the Parent/Guardian of: _____ and wish to enroll my child in the _____. I understand that Massachusetts Law and Bourne Public Schools provide, with few exceptions, that each child must attend a public school in the school district and school attendance area where the parent or legal guardian resides. I reside full time at the following street address, and the child listed also lives there at least half of each week (3 ½ - 4 nights at a minimum).

Street: _____

City/State/Zip Code: _____

I understand that officials of the Bourne Public Schools may require additional proof that I am the parent or legal guardian of the child identified by me on this form.

I also understand that officials of the Bourne Public Schools require additional proof that I reside at the address given on this form, such as lease/rental agreement, telephone or other bill, that document current residency.

Declaration

I declare under penalty of perjury that I have read the above statements and information provided by me, that such statements and information are true and complete to the best of my knowledge, and that this declaration was executed on _____
Date

Print Name

Parent/Guardian Signature

For Office Use Only

Verification of Residency: _____
Date

By: _____
Name of School Official

Bourne Public Schools

Request for Records

Name of School: _____

Street: _____

City/State/Zip Code: _____

The following student: _____ has enrolled in grade _____ in
_____ School. Please forward the records indicated below.

- All contents of cumulative record or specifically those checked below.
- Scholastic Records
- Health Records
- Special Education Records
- Test Scores
- Attendance Records
- Discipline Records

I hereby authorize _____ to release the information requested above.

Parent/Guardian Signature

Date

- Bourne High School**- 75 Waterhouse Road Bourne, MA 02532 * **Fax** 508-759-0677
- Bourne Middle School** - 77 Waterhouse Road Bourne, MA 02532 * **Fax** 508-759-0695
- Pebbles Elementary**- 70 Trowbridge Road Bourne, MA 02532 * **Fax** 508-759-0619
- Bournedale Elementary**- 41 Ernest Valeri Road Bournedale, MA 02532 * **Fax** 508-743-3801