



**STUDENT REGISTRATION FORM**  
**Marshfield Public Schools**  
 Marshfield, MA 02050

School
Registration Date
Entering Grade
Anticipated Start Date

<b>STUDENT INFORMATION</b>		SASID# (office use only)	
Last Name	First Name	Middle Name	
Birth Date	Gender		
City of Birth	U.S. Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student ever been enrolled in a Massachusetts School? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the student ever been enrolled in a Marshfield School? <input type="checkbox"/> Yes <input type="checkbox"/> No			
FORMER SCHOOL Name & City/State			

<b>ADDRESS INFORMATION</b>		MPSD complies with McKinney Vento Law	
Student's Physical Address			
Street	City	State	Zip
Student's Mailing Address (if different)			
Street/PO Box	City	State	Zip

<b>PARENT/GUARDIAN 1</b>		Lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name	First Name	Relationship	
Address (if different from student)			
Street	City	State	Zip
** Indicate Priority/Outreach phone number by marking with a check **			
Home Phone # <input type="checkbox"/>	Cell Phone # <input type="checkbox"/>	Work Phone # <input type="checkbox"/>	<input type="checkbox"/>
Email Address		Employer	
Does this parent/guardian have an ASPEN account? (Marshfield Public Schools online family portal account) <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>PARENT/GUARDIAN 2</b>		Lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name	First Name	Relationship	
Address (if different from student)			
Street	City	State	Zip
** Indicate Priority/Outreach number by marking with a check **			
Home Phone # <input type="checkbox"/>	Cell Phone # <input type="checkbox"/>	Work Phone # <input type="checkbox"/>	<input type="checkbox"/>
Email Address		Employer	
Does this parent/guardian have an ASPEN account? (Marshfield Public Schools online family portal account) <input type="checkbox"/> Yes <input type="checkbox"/> No			

Note: The legal address of both parents is required if the parents are living apart in order to establish co-payment reimbursement for certain school services.

<b>GUARDIAN</b>	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other (see below)
Other Guardian Name			Relationship	
Are there any legal issues or dismissal restrictions that the school should be aware of <input type="checkbox"/> Yes <input type="checkbox"/> No				
If YES, a copy of <u>current</u> legal documentation MUST be on file in the School Office				
<b>SIBLINGS</b> Full names of brother and sisters, including half-and step- siblings				Does the child attend Marshfield schools?
Name	Birth Date		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	Birth Date		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	Birth Date		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	Birth Date		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Information below is required by the Massachusetts Department of Education (please check each appropriate answer).

<b>DEMOGRAPHIC INFORMATION</b>	
<b>LANGUAGE</b> Is English the native (first) language of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student capable of performing ordinary classwork in English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, what is the child's primary language (spoken most often at home)?	
<b>ETHNICITY</b> Is the student either Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>RACE</b> (check all that apply)	<input type="checkbox"/> White
	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Pacific Islander
	<input type="checkbox"/> American Indian or Alaskan Native
	<input type="checkbox"/> Asian
<b>MILITARY FAMILY STATUS</b>	<input type="checkbox"/> Student is the child of an active duty member
	<input type="checkbox"/> Student is child of members or veterans who were medically discharged or retired in the last 12 months
	<input type="checkbox"/> Student is child of member who died on active duty in the last year
<b>ADDITIONAL INFORMATION</b>	
Is the student currently on an <i>Individual Education Plan</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student currently on a <i>504 Plan</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any court actions pending against the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student currently suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student expelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian Signature:	Date:
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# Marshfield Public Schools

DANIEL WEBSTER SCHOOL 1456 Ocean Street Marshfield, MA 02050  
PH 781-834-5045 FAX 781-834-5072 www.mpsd.org  
Daniel Sylvestre, Principal Jennifer A. Jackson, Assistant Principal

## RELEASE OF SCHOOL RECORDS

School Name: \_\_\_\_\_ Students Name(s): \_\_\_\_\_ Grade: \_\_\_\_\_  
 Principal: \_\_\_\_\_ Grade: \_\_\_\_\_  
 \_\_\_\_\_ Grade: \_\_\_\_\_

The above named student(s) have enrolled in the Marshfield Public School system and were formerly enrolled in your school.

Please forward all health and academic records, test results, attendance records and any other information concerning his/her emotional and social development that will aid in making the proper placement.

Sincerely,

\_\_\_\_\_  
Daniel Sylvestre, Principal

\*\*\*\*\*  
I hereby authorize the release of the requested records to the Daniel Webster Elementary School.

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

\_\_\_\_\_  
Date



# Marshfield Public Schools

76 South River Street – Marshfield, MA 02050 ■ (781)834-5000 ■ FAX (781)834-5070

## 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			
First Name	Middle Name	Last Name	Gender
Country of Birth	Date of Birth	Date first enrolled in ANY U.S. school	
School Information			
Start Date in New School	Name of Former School & 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 - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) <input type="checkbox"/> seldom <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always <input type="checkbox"/> seldom <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> 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) <input type="checkbox"/> seldom <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> always <input type="checkbox"/> seldom <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> 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 X			Today's Date

**DANIEL WEBSTER SCHOOL  
PARENT/STUDENT SIGNATURE PAGE**

**IMPORTANT INFORMATION: PLEASE RETURN THIS FORM TO YOUR CHILD'S HOMEROOM TEACHER  
SIGNATURE REQUIRED**

The 2020-2021 Marshfield Public Schools Elementary Handbook is available online at <http://www.mpsd.org/DWS>. Copies of the handbook are also available in the front office. The Elementary Handbook has been prepared so students, parents, and guardians will be familiar with procedures, available services, rules and policies that guide our Daniel Webster Elementary School community.

Students and Parents/guardians please read the handbook carefully so you will be informed.

**Student Handbook**

We hereby acknowledge that we have read a copy of the 2020-2021 Elementary Handbook with DWS Appendix.

\_\_\_\_ Student      \_\_\_\_ Parent

**Telecommunications User Agreement**

We understand and agree to follow the rules of the Telecommunications (Internet) Use, page 34 of the handbook. We understand that the use of this electronic service is a privilege and inappropriate use will result in a loss of that privilege and/or disciplinary action.

\_\_\_\_ Student      \_\_\_\_ Parent

**Photo/Video Consent**

We hereby consent and authorize the school to use and reproduce photographs/videos taken of my child and to circulate same for advertising, recognition and/or publicity purposes:

Photo/Video Consent      \_\_\_\_ YES      \_\_\_\_ NO

**SEPAC Consent**      \_\_\_\_ YES      \_\_\_\_ NO

**PTO Consent**      \_\_\_\_ YES      \_\_\_\_ NO

**CLASS LIST CONSENT**      \_\_\_\_ YES      \_\_\_\_ NO

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Please complete this page, sign below and return to your homeroom teacher as soon as possible

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Student Signature: \_\_\_\_\_

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

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

**Thank you for your cooperation.**

# DWS TRANSPORTATION ARRANGEMENTS

## SCHOOL YEAR 2020 – 2021

Please return by Thursday, September 3rd, 2020

Child's Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

M-F M T W Th F

\_\_\_\_\_ My child will be a bus rider.       Please check all that apply

M-F M T W Th F

\_\_\_\_\_ My child will be picked up by car.       Please check all that apply

M-F M T W Th F

\_\_\_\_\_ My child will ride the B & G Club bus.       Please check all that apply  
(Student must be enrolled at B&G Club prior to start)

M-F M T W Th F

\_\_\_\_\_ My child will attend the Recreation Dept.

Please check all that apply

M-F M T W Th F

\_\_\_\_\_ My child will be a Chandler Drive easement walker.

Please check all that apply

Please note:

1. If you need to dismiss your child from school early for an appointment, please dismiss before **2:40 PM** to clear the driveway area before regular school dismissal.
2. Please do not park to wait for car pickup dismissal before **2:45 PM**.
3. From **2:45 PM** until the time all students have been dismissed from school grounds, no cars may be left unattended on school property.
4. If there is to be an **occasional** change to your dismissal plan, please write a note to your child's classroom teacher in the morning. If necessary, call the school office before **12:00 PM** that day. **No student may change busses unless it is part of a consistent weekly plan.** (See new District Wide Transportation Policy on [www.mpsd.org](http://www.mpsd.org)). **Students may only ride their assigned buses.** Requests to change a student's permanent bus assignment may be approved by the Principal, or designee, if the request is **received in writing a minimum of five days in advance.**
5. If there is a family emergency, or medical situation, parents should notify the school Principal and other transportation arrangements may be made.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

The safety of every child at Daniel Webster Elementary School is our **NUMBER ONE PRIORITY.**

# DANIEL WEBSTER SCHOOL

## SAFE TO SCHOOL PROGRAM

Daniel Webster Elementary School participates in the Safe to School Program. If your child is going to be absent from school, please call the office. If the office has not heard from a parent/guardian, the staff will call the numbers provided below. This program is **voluntary** but serves as a benefit to parents to assure them their child has arrived safely at school. Any family participating in this Safe to School Program is responsible for calling the office if their child is absent.

\_\_\_\_\_ I wish to participate in the Safe to School Program.

\_\_\_\_\_ I do not wish to participate in the Safe to School Program.

**NUMBERS TO BE CALLED:**

\_\_\_\_\_ Name Phone #

\_\_\_\_\_ Name Phone #

\_\_\_\_\_ CHILD'S NAME

\_\_\_\_\_ TEACHER'S NAME



**Marshfield Public Schools  
Marshfield, Massachusetts 02050**

**Student Health History**

Name:	DOB:	AGE:	Gender:
Parent/Guardian: (person completing this form)	Grade:	Home Phone:	Date:
	Cell Phone		

Has your child ever:	YES	NO	If Yes, please explain and include date:
Had an ongoing medical condition	<input type="checkbox"/>	<input type="checkbox"/>	
Seen a medical specialist	<input type="checkbox"/>	<input type="checkbox"/>	
Had allergies:	<input type="checkbox"/>	<input type="checkbox"/>	
Been hospitalized	<input type="checkbox"/>	<input type="checkbox"/>	
Had an operation	<input type="checkbox"/>	<input type="checkbox"/>	
Had an injury requiring an Emergency Room visit	<input type="checkbox"/>	<input type="checkbox"/>	
Missed 5 days of school in a row due to illness/injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a bone/muscle injury	<input type="checkbox"/>	<input type="checkbox"/>	
Passed out, had a concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a convulsion/seizure	<input type="checkbox"/>	<input type="checkbox"/>	
Had a vision problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts
Had a hearing problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hearing Aid <input type="checkbox"/> Cochlear Implant
Worn a dental bridge, braces or mouthpiece	<input type="checkbox"/>	<input type="checkbox"/>	
Have any family members under the age of 50 ever:	YES	NO	If Yes, please specify:
Had a heart attack	<input type="checkbox"/>	<input type="checkbox"/>	
Had other serious health problems	<input type="checkbox"/>	<input type="checkbox"/>	

**CHECK ALL THAT APPLY TO YOUR CHILD:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> ADHD                     | <input type="checkbox"/> GI Condition (ulcer, reflux, IBS) | <input type="checkbox"/> Scoliosis  |
| <input type="checkbox"/> Asthma/trouble breathing | <input type="checkbox"/> Headache/Migraines                | <input type="checkbox"/> Single Organ ( <input type="checkbox"/> Kidney, <input type="checkbox"/> Testicle) |
| <input type="checkbox"/> Autism/Asperger          | <input type="checkbox"/> Heart Conditions                  | <input type="checkbox"/> Skin Condition   |
| <input type="checkbox"/> Dental Injuries          | <input type="checkbox"/> High Blood Pressure               | <input type="checkbox"/> Speech Condition   |
| <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Mental health Condition           | <input type="checkbox"/> Urinary Condition  |
| <input type="checkbox"/> Ear infection            | (depression, eating disorder, anxiety, OCD, ODD, etc)      |   |

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s)
Given at School	<input type="checkbox"/>	<input type="checkbox"/>	
Taken at home	<input type="checkbox"/>	<input type="checkbox"/>	
ASSISTIVE EQUIPMENT	YES	NO	Please check all that apply
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Crutches <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Other:
TREATMENTS	YES	NO	
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Insulin/blood glucose monitoring <input type="checkbox"/> Inhaler/nebulizer/peak flow monitoring <input type="checkbox"/> Special diet

Is there any condition that would prevent your child from participating in physical education or sports?  
 No     Yes: \_\_\_\_\_

Please List any additional concerns: (use back of sheet if necessary) \_\_\_\_\_

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