



# 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)
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Last Name	First Name	Middle Name
Birth Date	Gender	
City of Birth	U.S. Citizen?	Yes No
Has the student ever been enrolled in a Massachusetts School? Yes No		
Has the student ever been enrolled in a Marshfield School? Yes No		

FORMER SCHOOL Name & City/State

<b>ADDRESS INFORMATION</b>	MPSD complies with McKinney Vento Law
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Student's Physical Address

Street	City	State	Zip
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Student's Mailing Address (if different)

Street/PO Box	City	State	Zip
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<b>PARENT/GUARDIAN 1</b>	Lives with student?	Yes No
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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 #	Cell Phone #	Work Phone #
Email Address		Employer

Does this parent/guardian have an ASPEN account? (Marshfield Public Schools online family portal account) Yes No

<b>PARENT/GUARDIAN 2</b>	Lives with student?	Yes No
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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 #	Cell Phone #	Work Phone #
Email Address		Employer

Does this parent/guardian have an ASPEN account? (Marshfield Public Schools online family portal account) Yes No

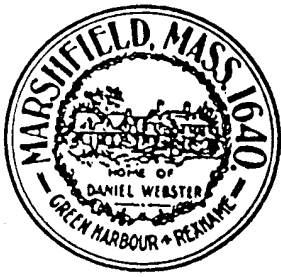
Note: The legal address of both parents is required if the parents are living apart in order to establish co-payment reimbursement for certain school services.

<b>GUARDIAN</b>	Both Parents	Mother	Father	Other (see below)
Other Guardian Name			Relationship	
Are there any legal issues or dismissal restrictions that the school should be aware of			Yes	No
<b>If YES, a copy of <u>current</u> legal documentation MUST be on file in the School Office</b>				
<b>SIBLINGS</b> Full names of brother and sisters, including half-and step- siblings			Does the child attend Marshfield schools?	
Name	Birth Date		Yes	No
Name	Birth Date		Yes	No
Name	Birth Date		Yes	No
Name	Birth Date		Yes	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?	Yes	No
Is the student capable of performing ordinary classwork in English?	Yes	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?	Yes	No
<b>RACE</b> (check all that apply)	White	
	Black or African American	
	Pacific Islander	
	American Indian or Alaskan Native	
	Asian	
<b>MILITARY FAMILY STATUS</b>	Student is the child of an active duty member	
	Student is child of members or veterans who were medically discharged or retired in the last 12 months	
	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> ?	Yes	No
Is the student currently on a <i>504 Plan</i> ?	Yes	No
Are there any court actions pending against the student?	Yes	No
Is the student currently suspended?	Yes	No
Is the student expelled?	Yes	No

Parent/Guardian Signature:	Date:
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# 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) 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? Yes No		Will you require an interpreter/translator at Parent-Teacher meetings? Yes No	
Parent/Guardian Signature X			Today's Date



# Marshfield Public Schools

## Marshfield, Massachusetts 02050

### Student Health History

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

Has your child ever:	YES	NO	If Yes, please explain and include date:
<b>Been subject to isolation or quarantine within the last 14 days</b>			Start date
Had an ongoing medical condition			
Seen a medical specialist			
Had allergies:			
Been hospitalized			
Had an operation			
Had an injury requiring an Emergency Room visit			
Missed 5 days of school in a row due to illness/injury			
Had a bone/muscle injury			
Passed out, had a concussion or serious head injury			
Had a convulsion/seizure			
Had a vision problem or condition			Glasses    Contacts
Had a hearing problem or condition			Hearing Aid    Cochlear Implant
Worn a dental bridge, braces or mouthpiece			
<b>Have any family members under the age of 50 ever:</b>	<b>YES</b>	<b>NO</b>	<b>If Yes, please specify:</b>
Had a heart attack			
Had other serious health problems			

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