



# **Furnace Brook Middle School**

500 Furnace Street - Marshfield, MA 02050 ■ 781-834-5020 ■ FAX 781-834-5899

**Maureen A. Kemmett**  
Principal

**Lisa A. Lynch**  
Assistant Principal

**Jeanine Smith, Ph.D.**  
Assistant Principal

**Scott Madden**  
Assistant Principal

## **REQUIRED REGISTRATION DOCUMENTS**

- Completed Registration packet
- Proof of residency (Utility bill, copy of deed, mortgage statement, tax bill, executed lease/rental agreement).
- A parent/guardian Massachusetts Drivers License or State ID
- An original birth certificate or certified copy- we will make a copy
- A physical examination ( within 1 year)
- Immunization records- Massachusetts General Law c.76, requires school children to be immunized against: Hepatitis B, Polio, Dtap/DTP, Measles, Mumps, Rubella, and Varivax (Chicken Pox).
- If applicable, copy of 504 or IEP
- If applicable, custody or guardianship document(s)

For more information/student nutrition registration: Go to the [mpsd.org](http://mpsd.org) website, on the right side under MPDS LINKS/DOCUMENTS, click on Lunch Menu/Free Reduced Lunch. This will direct you to the school nutrition page where you can apply for a MyNutriKids/MySchoolBucks account or free and reduced lunch, if applicable.

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## **AUTHORIZATION TO OBTAIN STUDENT INFORMATION**

PREVIOUS SCHOOL \_\_\_\_\_

STREET \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_

PERMISSION IS HEREBY GRANTED TO RELEASE TO THE FURNACE BROOK MIDDLE SCHOOL ANY CUMULATIVE, SPECIAL EDUCATION, TEST RESULTS, GUIDANCE, DISCIPLINE, MEDICAL RECORDS AND ANY OTHER INFORMATION THAT WOULD AID IN THE EDUCATIONAL PLANNING OF THE ABOVE NAMED STUDENT.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

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

School
Registration Date
Entering Grade
Anticipated Start Date

**STUDENT INFORMATION** 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

**ADDRESS INFORMATION** MPSD complies with McKinney Vento Law

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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**PARENT/GUARDIAN 1** Lives with student?  Yes  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"/>
---------------------------------------	---------------------------------------	---------------------------------------

Email Address  Employer

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

**PARENT/GUARDIAN 2** Lives with student?  Yes  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"/>
---------------------------------------	---------------------------------------	---------------------------------------

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>	<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  
EMERGENCY CONTACT FORM - FURNACE BROOK MIDDLE SCHOOL**

**STUDENT'S NAME:**

Date Of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Post Office Box: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Primary Language at home: \_\_\_\_\_ Race: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

**WITH WHOM DOES THE STUDENT RESIDE?**  
 MOTHER  FATHER  BOTH   
**IF CHILD DOES NOT RESIDE WITH PARENT:**

Name & Relationship: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

**ARE THERE CUSTODY RESTRICTIONS?**  YES  NO  
 (PLEASE PROVIDE THE GUIDANCE OFFICE WITH ANY NECESSARY INFORMATION  
 CONCERNING RESTRICTIONS AND UP TO DATE COURT DOCUMENTATIONS)

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

**MEDICAL INFORMATION**

Name Of Insurance Company: \_\_\_\_\_

MA Health Number: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

Doctor: \_\_\_\_\_

Dentist: \_\_\_\_\_

Hospital: \_\_\_\_\_

Is Student On Medication? At Home? At School?

YES  NO  YES  NO  YES  NO

Any Allergies? YES  NO

Special Education Needs (on an IEP) YES  NO   
**STUDENT ABSENCES**

**IF YOUR CHILD IS ABSENT YOU DO NOT NEED TO CONTACT THE SCHOOL.**  
 You will receive a message via Connected stating your child has been marked absent.  
 Upon returning to school, the student must bring an absence note to their homeroom  
 teacher following their absence. Note should include: NAME - GRADE - HOMEROOM  
 DATE OF ABSENCE REASON FOR ABSENCE \*A PHYSICIAN'S CERTIFICATE IS REQUIRED  
 IF THE ABSENCE HAS BEEN 6 OR MORE CONSECUTIVE DAYS.

**EMERGENCY INFORMATION**

Should an emergency occur (sickness, transportation, school closing) and neither parent can be  
 contacted, we will notify a responsible adult, relative, friend, or neighbor. Please indicate parties we  
 could contact should a situation occur. \* A valid driver's license will be required for identification.

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

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Call Phone #: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**SCHOOL - HOME COMMUNICATIONS**

In order to conserve resources, most communications will be sent electronically. The FBMS

homepage will be updated regularly at [www.mpsd.org/furnacebrook](http://www.mpsd.org/furnacebrook)

Primary email \_\_\_\_\_

Secondary email (optional) \_\_\_\_\_

PLEASE RETURN TO YOUR HOMEROOM TEACHER AS SOON AS POSSIBLE



# Marshfield Public Schools

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

Dear Parent(s)/Guardian(s):

This letter is to inform you that the Department of Elementary and Secondary Education now requires all school districts to survey each student to identify English Language Learners and assess their level of English proficiency. Each student, even those who are English speaking, must have a completed survey in their student school record. **Please complete the survey and return it to your child's school as soon as possible.**

The Massachusetts Department of Elementary and Secondary Education regulation that requires school districts to survey each student is:

## 603 CMR 14.00: Education of English Learners Regulations

### 14.02: Identification and Assessment of Students

- (1) Each school district shall establish procedures, in accordance with Department of Elementary and Secondary Education guidelines, to identify those students who may be English learners and assess their level of English proficiency upon their enrollment in the school district.
- (2) The parent or guardian of any student enrolled in the school district may request that the school district assess the child's level of English proficiency.
- (3) The school district shall notify the parent or guardian and place in the student's school record the following information:
  - (a) The school district's determination as to whether the student is an English learner; and,
  - (b) The student's program placement.

Thank you for your time and continued support for a quality education for the students in the Marshfield Public School District.

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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) <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	



## Marshfield Public Schools Marshfield, Massachusetts 02050 Student Health History

Name:	DOB:	AGE:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian: (person completing this form)	Home Phone:	Date:	
	Cell Phone:		

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>	<input type="checkbox"/>	<input type="checkbox"/>	Start 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"/>	
<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	<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            | <input type="checkbox"/> (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: \_\_\_\_\_





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Assistant Principal

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Assistant Principal

Please complete the sections below:

Type of Insurance	Public / Private / Unknown		
Insurance Company		Doctor	
Policy Number		Dentist	
Is Student on an IEP?	Yes / No	Hospital	
Is Student on Medication?	Yes / No	At Home? Yes / No	At School? Yes / No
Does Student have Allergies?	Yes / No		
Marshfield Public Schools has Standing Orders from our School Physician Consultant, Dr. Michael McManus, for limited over-the-counter medications. I give permission for my child to be given the following medications per standing order guidelines. (Check all that apply.)			
Acetaminophen (Tylenol) <input type="checkbox"/> Ibuprofen (Advil) <input type="checkbox"/> Diphenhydramine <input type="checkbox"/> Tums <input type="checkbox"/>			
Custody Restrictions?	Yes / No	if Yes, legal documentation must be on file in the school office.	
<b>Military Families:</b> Please indicate if this student is a child or step-child of: <input type="checkbox"/> Active duty members of the uniformed services, National Guard and Reserve on active duty <input type="checkbox"/> Members or veterans who were medically discharged or retired within the last year <input type="checkbox"/> Members who died on active duty			
If your child is absent, there is no need to call the school. You will receive an automated message at the outreach number for the primary contact stating your child has been marked absent. Absence documentation must be provided on the student's return to school.			

Please complete both sides of this form, sign and return to your student's homeroom teacher. Thank you!

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

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