



Watertown Public Schools
Registrar's Office
30 Common Street
Watertown, MA 02472

Registration Checklist

Student's Name: _____

First	Middle	Last
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Date of Birth: _____

(month)	(day)	(year)
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Students can only be registered by a parent or legal guardian with a valid form of photo ID. Parent/guardian name must match what is on the birth certificate/adoption papers/court documents awarding guardianship. (Must present Valid MA Driver's License, valid MA Photo ID Card, valid Passport, other valid Government Issued photo ID.)

- _____ Official Birth Certificate (Please provide untranslated copies of foreign birth certificates)
- _____ Copy of Child's Medical Record (immunization dates), current physical and vision screening
- _____ Proof of residency (**one from each column below**)

Column A	Column B
Record of most recent mortgage payment	A utility bill in your name dated within the past 60 days, including:
Copy of current lease	Gas bill
Property tax bill	Oil bill
Residency affidavit (WPS form) affirming tenancy along with a copy of current utility bill in landlord's name OR record of most recent rent payment.	Electric bill
	Cable bill
	Telephone bill (landline only)

Do Not Fill Out Below This Line

For All New Students	
_____ Student Registration <i>Form 2A 2B 2C</i>	
_____ Home Language Survey <i>Form 3</i>	
_____ Completed Immunization (completed by child's physician/office) <i>Form 4B</i>	
_____ Watertown Public Schools Health Services <i>Form 5A 5B</i>	
_____ Student Records Release <i>Form 7</i>	
_____ Photo/Video Permission & Classroom Listing <i>Form 8</i>	
_____ Student & Family Information <i>Form 10</i>	
_____ Copy of IEP or Special Education documents (if applicable)	
_____ Copy of Last Report Card	
_____ Massachusetts Free & Reduced Lunch Application	
For Middle & High School Students Only	
_____ Transcript (translated) and school records (attendance and discipline) from previous school	
For Preschool/PreK Students Only	
_____ Preschool/PreK Confirmation Letter	
_____ Release Authorization Form	
Kindergarten Students Only	
_____ ESI Parent Questionnaire	
_____ Preschool/Childcare provider form *optional (completed by student's preschool/childcare provider only)	



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Parent/Guardian Information

Legal Parent/Guardian #1 Information (Refers to parent/guardian with whom child lives)

<i>First Name</i>	<i>Last Name</i>	<i>Relationship</i>	
<i>Address</i>	<i>Apt #</i>	<i>Home Phone</i>	
<i>City/Town</i>	<i>State</i>	<i>Zip</i>	<i>Cell/Other Phone</i>
<i>Email</i>			
<i>Place of Work</i>			
Can dismiss student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can receive student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Receive mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Custody: <input type="checkbox"/> Sole Legal <input type="checkbox"/> Sole Physical <input type="checkbox"/> Joint Legal <input type="checkbox"/> Joint Physical			

Legal Parent/Guardian #2 Information (Refers to parent/guardian with whom child lives)

<i>First Name</i>	<i>Last Name</i>	<i>Relationship</i>	
<i>Address</i>	<i>Apt #</i>	<i>Home Phone</i>	
<i>City/Town</i>	<i>State</i>	<i>Zip</i>	<i>Cell/Other Phone</i>
<i>Email</i>			
<i>Place of Work</i>			
Can dismiss student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can receive student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Receive mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Custody: <input type="checkbox"/> Sole Legal <input type="checkbox"/> Sole Physical <input type="checkbox"/> Joint Legal <input type="checkbox"/> Joint Physical			



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Emergency Contact Information

Emergency Contact Information #1		
<i>First Name</i>	<i>Last Name</i>	<i>Relationship</i>
	Can dismiss student? ___ Yes ___ No	
<i>Phone</i>	Can receive student? ___ Yes ___ No	
	Lives with student? ___ Yes ___ No	

Emergency Contact Information #2		
<i>First Name</i>	<i>Last Name</i>	<i>Relationship</i>
	Can dismiss student? ___ Yes ___ No	
<i>Phone</i>	Can receive student? ___ Yes ___ No	
	Lives with student? ___ Yes ___ No	

Student Medical Information
Physician: _____ Phone: _____
Does your child have health insurance? ___ Yes ___ No Provider: _____
<i>If your child does not have health insurance, please contact the school nurse for more information about Commonwealth of Massachusetts Health Insurance.</i>
Does your child have dental insurance? ___ Yes ___ No Provider: _____

For SCHOOL Use Only					
Registration Date:		SASID:			LASID:
Year of Graduation:		Grade:	School:		



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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			
			F <input type="checkbox"/> M <input type="checkbox"/>
First Name	Middle Name	Last Name	Gender
/ /		/ /	
Country of Birth	Date or Birth (mm/dd/yyyy)	Date first enrolled in ANY U.S. school (mm/dd/yyyy)	

School Information		
/ /20		
Start date in New School	Name of Former School and Town	Current Grade

Questions for Parents/Guardians	
What is the native language(s) of each parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / guardian)	Which language(s) are spoken with your child? (include relatives - grandparents, uncles, aunts, etc. - 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? _____
What other languages does your child know? (circle all that apply) _____ speak / read / write _____ speak / read / write	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? Y <input type="checkbox"/> N <input type="checkbox"/>	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>

X _____
Parent/Guardian Signature

/ /20
Today's Date: (mm/dd/yyyy)



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Physical Immunization Requirements

All students entering school must provide a copy of the following information from the pediatrician's office to the school nurse prior to starting school. Any student without the following documentation will be excluded from school due to non-compliance with Massachusetts state law.

Physicals:

All students must submit a signed physical examination performed by a health care practitioner. The physical must be conducted within the past 12 months of September for Preschool, PreKindergarten, Kindergarten, 4th grade, 7th grade, and 10th grade. Please provide a copy of a current physical to the school nurse.

Immunizations:

The following immunizations **are required** for all students for the current school year. Documentation of date, month, and year from physician must be provided.

Preschool and PreKindergarten:

- 1-4 doses of Hib
- 4 doses of DTap/DTP vaccine
- 3 doses of Polio vaccine
- 1 dose of MMR vaccine
- 3 doses of Hepatitis B vaccine
- 1 dose of Varicella vaccine or a physician-certified reliable history of chickenpox disease
- 1 Lead Screen with result

Kindergarten-6th Grade:

- 5 doses of DTap/DTP vaccine
- 4 doses of Polio vaccine
- 2 doses of MMR vaccine
- 3 doses of Hepatitis B vaccine
- 2 doses of Varicella vaccine or a physician-certified reliable history of chickenpox disease
- 1 Lead Screen with result
- 1 Vision Screen (required for Kindergarten only)

7th-12th Grade:

In addition to the required vaccinations for entering Kindergarten, the following immunizations are **required** for all students entering 7th grade:

- 1 dose of TDap vaccine
- 1 dose of Meningococcal vaccine (recommended but not required)



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Medical Update

<i>Student's Name</i>	<i>Grade</i>	<i>Teacher</i>
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To better serve your child's medical, physical, emotional, educational, and social needs, please check (✓) the following conditions that pertain to your child.

Heart Condition _____ Diabetes _____ Asthma _____
 Seizure Disorder _____ Migraines _____ Depression _____
 ADD/ADHD: _____ Other: _____

If checked, please explain: _____

Allergies (Food, Insects, Medication(s), Environmental): _____
 _____ Treatment: _____

Current Medications: _____

Does your child have a hearing problem? No _____ Yes _____ Left Ear _____ Right Ear _____

Hearing Aids? _____ Right _____ Left _____ Both _____ Preferential Seating _____

Does your child have vision problems? No _____ Yes _____ Glasses _____ Contact Lenses _____

Name of Doctor: _____ Phone: _____

Parent/Guardian Signature

Date



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Medical Update/Over-the-Counter Permission Form		

Child's Name

Grade

Teacher

If you would like your child to receive over-the-counter medications at school, written permission is required yearly. If your child has never taken these medications or if you do not want your child to receive any or all of these medications, they will not be given.

If you would like your child to receive the following medications in school, please check:

	Tylenol for fever, muscle pain, headache or menstrual cramps
	Advil for fever, muscle pain, headache, or menstrual cramps
	Tums for stomach ache
	Bactine spray for cuts and burns
	Caladryl lotion for itchiness

I WOULD NOT LIKE my child to receive any medications at school.

My child has taken the following medications without any problems:

Tylenol ____ Advil ____ Tums ____

To better help your child, please check any of the following conditions that pertain to your child.

Heart Condition ____ Diabetes ____ Asthma ____
 Seizure Disorder ____ Migraines ____ Depression ____
 ADD/ADHD ____ Other: _____

If checked, please explain: _____

Allergies (Food, Insects, Medication(s), Environmental): _____

Treatment: _____

Current Medications: _____

Name of Doctor: _____ Phone: _____

Signature of Parent/Guardian : _____ Date: _____

*I understand that this information is confidential. However, federal law permits information in the school health record to be shared with school officials on a "need to know" basis and with a very limited number of persons, including those who could help in an emergency. In other circumstances, my consent will be required. I give permission to exchange information with my child's healthcare provider. I understand that I c



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Student Records Release Authorization

Student's Name

Grade/Year of Graduation

Previous School:

Address

City or Town

State

Zip

This is to authorize and request that you release all educational, health and/or social information regarding the student name above to:

Watertown Public Schools
Attn: Registrar's Office
30 Common Street
Watertown, MA 02472
Telephone: 617-926-7700
Fax: 617-923-1234

Parent/Guardian Signature

Date

I am aware that, in accordance with student records regulations, all temporary records maintained by the school system will be destroyed no later than seven years after the student leaves the school system. Transcript information, which includes only the name, address, course titles, grades and grade level completed will be kept by the school system for at least sixty years. I understand that parents and/or students over age 14 have a right to examine and receive copies of any or all records prior to their destruction.



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Photo/Video Permission Form & Classroom Listing

Dear Parent/Guardian,

From time to time during the course of the school year, photographs/interviews/video and/or audio tapes produced and/or authorized by the Watertown Public Schools may be taken. The video/audio tapes/interviews may be used for public communications, teacher-training purposes, or teacher recruitment. Students may be photographed in groups or individually and may be identified by name.

This will remain in effect as long as your child attends the Watertown Public Schools. Should you wish to revoke this and give permission, you will need to inform us in writing.

Photo/Video Permission

I do _____ I do not _____ give permission for my child, _____, to be included included in photographs, audio/video tapes, and/or interviews, produced and/or authorized by the Watertown Public Schools.

.....

Classroom Listing

Classroom listings are made available to homeroom parents and other school volunteers. Please sign below your preference on whether you would like your address and telephone number available on a class list/directory.

I do _____ I do not _____ give permission to have my child's name on a published class list/directory.

I do give permission to have my child's _____ **telephone number only** on a list.

I do give permission to have my child's _____ **address only on a list.**

Parent/Guardian Signature

Date

Address



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Student & Family Information

Student Information:

Student's Legal Name

Student's Preferred Name

Student's Birthday (mm/dd/yyyy)

F M
 Gender

Sibling Information:

Sibling Name, Age

Sibling Name, Age

Sibling Name, Age

Sibling Name, Age

Household Information:

Please list any other members of your child's household.

Name

Relationship

Name

Relationship

Please describe any custody agreements and/or restraining order that pertain to your child.

Describe any developmental evaluations or screenings your child had received. (Hearing, speech, specialized medical, physical or occupational therapy, neurological, etc.) This would include Early Intervention.

List any former schools that your child had attended including preschool.
