

# High School Registration

## Parent/Guardian/Caregiver Checklist

Student's Name: \_\_\_\_\_

School registration for new high school students takes place at the Student Registration Center. If you have any questions, you may contact us by phone at 617.349.6551 or by email at [welcome@cpsd.us](mailto:welcome@cpsd.us). Further information can also be found in the School Registration section of [www.cpsd.us](http://www.cpsd.us).

### Required Forms: Please Complete & Sign

- ☐ 1. **Registration Form**
- ☐ 2. **Home Language Survey**
- ☐ 3. **Records Release Form**
- ☐ 4. **Health History Form**

### Required Documents: Please Submit When Applying

These documents must be submitted at the time of application with the above forms, 1 to 5. The Student Registration Center will make copies and return all original documents.

- ☐ 6. **Proof of Age** (birth certificate or passport)
- ☐ 7. **Proof of Address** – provide one of the following:  
Lease • Section 8 Agreement • Purchase & Sales Agreement • Mortgage Statement • Deed • Property Tax Bill • Notarized Letter from Landlord • Letter from Homeless/Transition Service Provider
- ☐ 8. **Proof of Occupancy** – provide one document dated within 30 days:  
Gas Bill • Oil Bill • Electric Bill • Cable Bill • Homeless/Transition Service Provider Letter
- ☐ 9. **Proof of Parent/Guardian/Caregiver Identity** – provide one of the following:  
Massachusetts Driver's License • Massachusetts Photo ID • Passport • Vehicle Registration • W-2 Form • Payroll Stub or Bank Statement Dated within 60 Days • Excise or Property Tax Bill
- ☐ 10. **Student Immunization Record** (Must be submitted to the SRC at the time of application) Please Note: In addition, you must provide your child's most recent physical exam record to the school nurse at the start of the school year.
- ☐ 11. **School Records** (for all prior grades, starting at grade 9)
- ☐ 12. **Discipline Record/Report**

### Additional Documentation – If Applicable

- ☐ **Guardianship Papers or Notarized Caregiver Authorization Affidavit:** Provide if the person registering the student is other than the parent listed on the student's birth certificate.
- ☐ **Doubling Up Form:** For the student and their family who are living with relatives/friends and is not named on the Proof of Address documents or Proof of Occupancy documents. Proofs of Address & Occupancy for person with whom you are staying are also required. (*This form can be requested from the Student Registration Center.*)
- ☐ **Copy of Student's Individualized Education Program (IEP)** (will be forwarded to the Office of Student Services)
- ☐ **Copy of Student's 504 Plan** (will be forwarded to the Office of Student Services)

Student Information	Has the child ever registered for Cambridge Public Schools in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No Years: _____			
	Grade Entering: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	
	Name (Last, First, Middle) _____			
	Home Address, Apt. # _____			
	City, State, Zip: _____		Phone: _____	
	Birth Date (MM/DD/YYYY): ____ / ____ / ____			
	Birth City: _____		Birth Country: _____	
	<i>If Birth Country is not the United States</i> Has the child completed 3 years of schooling in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	(Optional) In the past year, did one or both of the student's parents or guardians*: Serve as an active duty member of uniformed services? <input type="checkbox"/> Yes <input type="checkbox"/> No Become medically discharged or retired from uniformed services? <input type="checkbox"/> Yes <input type="checkbox"/> No No Die while on active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	*There are special considerations for students in military families during the CPS registration process, such as guardianship or other <b>registration</b> requirements. Family military status does not affect school assignment.			
Parent/Guardian/Caregiver Information	Parent/Guardian/Caregiver 1 Relationship to Student: _____ Name: _____ Address, Apt. #: _____ City/State/Zip: _____ Home Phone: _____ Cell phone: _____ Work Phone: _____ Email Address: _____ Occupation: _____		Parent/Guardian/Caregiver 2 Relationship to Student: _____ Name: _____ Address, Apt. #: _____ City/State/Zip: _____ Home Phone: _____ Cell phone: _____ Work Phone: _____ Email Address: _____ Occupation: _____	
	Do you want both parents/guardians to receive school mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Emergency	In case of emergency, parents/guardians/caregivers will be called. If you are unavailable, whom should we contact?		
		Name	Phone #	Relationship to Student
		_____	_____	_____
	_____	_____	_____	

# CPS High School Registration

Demographics	<p><i>The provision of the following information is purely voluntary. Declining to provide this information will not affect the student's registration process.</i></p> <p><b>1. Race:</b>    <input type="checkbox"/> American Indian/Alaskan Native    <input type="checkbox"/> Asian    <input type="checkbox"/> Black/African-American  <input type="checkbox"/> Hawaiian/Other Pacific Islander    <input type="checkbox"/> White/Caucasian</p> <p><b>2. Ethnicity:</b>    <input type="checkbox"/> Hispanic/Latino    <input type="checkbox"/> Not Hispanic/Latino</p>												
Education History	<p><b>Name of Previous School Attended:</b> _____</p> <p><b>City/State/Country:</b> _____</p> <p><b>Was your child expelled from his/her previous school?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>If yes, please state the reason for the expulsion:</b> _____</p> <p>_____</p> <p>Please note that under the provisions of M.G.L.c. 71, sections 37H and 37H1/2, no school or school district is required to admit a student or provide educational services to a student who has been expelled from another school district for possession of a dangerous weapon, for possession of a controlled substance, for assault on school staff, or for having been convicted of a felony or felony delinquency complaint. Cambridge Public Schools will discharge any student it finds out has been expelled from a previous school for any of these reasons.</p> <p><b>Does your child currently receive Special Education Services?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If Yes, please provide a copy of your child's IEP.</p> <p><b>Does your child have a 504 Plan?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If Yes, please provide a copy to your child's 504 Plan.</p>												
Siblings	<p><b>Please list siblings (Brothers or Sisters)</b></p> <table border="0"> <thead> <tr> <th>Name</th><th>Birth Date</th><th>Grade School</th></tr> </thead> <tbody> <tr> <td>_____</td><td>____ / ____ / ____</td><td>_____</td></tr> <tr> <td>_____</td><td>____ / ____ / ____</td><td>_____</td></tr> <tr> <td>_____</td><td>____ / ____ / ____</td><td>_____</td></tr> </tbody> </table>	Name	Birth Date	Grade School	_____	____ / ____ / ____	_____	_____	____ / ____ / ____	_____	_____	____ / ____ / ____	_____
Name	Birth Date	Grade School											
_____	____ / ____ / ____	_____											
_____	____ / ____ / ____	_____											
_____	____ / ____ / ____	_____											
<p>I hereby certify that I can, and will upon request, substantiate all statements made on this application and that such statements are true, complete to the best of my knowledge and are made in good faith. I understand that if my child is not a resident of the City of Cambridge that he/she can not attend Cambridge Public Schools, and that Cambridge Public Schools will discharge any student it finds out is not a resident of the City of Cambridge.</p> <p>I understand that after seven (7) years of my initial date of registration, or if I withdraw my child from CPS, my registration file will be destroyed but that I may claim my file from the Student Registration Center within the first seven years of my initial date of registration or my withdrawal of my child from CPS, whichever comes first.</p> <p><b>Parent/Guardian/Caregiver Signature:</b> _____ <b>Date:</b> _____</p>													
<p><b>Office Use Only:</b> LEP Y N Score: _____ Language: Home _____ Primary _____ SEI _____ ELL _____</p>													

# 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"/>
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Gender</b>
_____	_____ / _____ / _____	_____ / _____ / _____	
<b>Country of Birth</b>	<b>Date of Birth</b>	<b>Date first enrolled in ANY U.S. School (MM/DD/YY)</b>	

## School Information

_____ / _____ / _____	_____	_____
<b>Start Date in New School (MM/DD/YY)</b>	<b>Name of Former School and Town</b>	<b>Current Grade</b>

Questions for Parents/Guardians	
<b>What is the primary language used in the home, regardless of the language spoken by the student?</b> _____	<b>Which language(s) are spoken with your child?</b> (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
<b>What language did your child first understand and speak?</b> _____	<b>Which language do you use most with your child?</b> _____
<b>How many years has the student been in U.S. Schools? (not including pre-kindergarten)</b> _____	<b>Which languages does your child use?</b> _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
<b>Will you require written information from school in your native language?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, what language?</b> _____	<b>Will you require an interpreter/translator at Parent-Teacher meetings?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, what language?</b> _____
<b>Parent/Guardian Signature</b> X _____	<b>Today's Date (MM/DD/YY)</b> _____ / _____ / _____

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

I hereby authorize the officials of the \_\_\_\_\_

Name of Student's Former School

\_\_\_\_\_  
Former School Address

\_\_\_\_\_  
Former School Telephone Number

\_\_\_\_\_  
Former School Fax Number

\_\_\_\_\_  
Former School Email Address

To release the following information on my child:

\_\_\_\_\_  
Full Name of Student

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Grade

\_\_\_ Cumulative Academic Record (Including Standardized Test Results)

\_\_\_ Health Records

\_\_\_ Special Education/IEP Information/504 Plan

\_\_\_ Discipline Records

\_\_\_ All ELL testing records & ACCESS reports

Please scan & email or fax the above requested information to the following:

Student Registration Center  
Cambridge Public Schools  
459 Broadway  
Cambridge, MA 02138

Email to: SRC@CPSD.US  
FAX to: 617-349-6552

Student's New Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



# Health History Form

## School Health Program



This form should be filled out by the child's PARENT/GUARDIAN/CAREGIVER. Return the completed form to your child's school nurse.

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_ Grade \_\_\_\_ Rm # \_\_\_\_

Address \_\_\_\_\_

### ..... PARENT/GUARDIAN/CAREGIVER INFORMATION .....

Parent/Guardian/Caregiver #1: Name \_\_\_\_\_

Email \_\_\_\_\_ Tel # (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Parent/Guardian/Caregiver #2: Name \_\_\_\_\_

Email \_\_\_\_\_ Tel # (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Emergency Contacts: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel # \_\_\_\_\_

### ..... MEDICAL HISTORY .....

**Health Concerns:** Does your child have any health concerns the nurse needs to be aware of? ☐ Yes ☐ No

If YES, please describe: \_\_\_\_\_

Can your child participate in all school activities? ☐ Yes ☐ No

**Allergies:** Does your child have any allergies? ☐ Yes ☐ No If YES, what is child allergic to? \_\_\_\_\_

Does your child carry an Epi Pen? ☐ Yes ☐ No

**Medication:** Does your child currently take medications? ☐ Yes ☐ No

If YES, what medicine(s)? \_\_\_\_\_

**Past Medical History:** Date of last doctor's visit \_\_\_\_\_

Does or has your child received medical care for any of the following:

- |  |                                     |                                      |                                  |                             |
|--|-------------------------------------|--------------------------------------|----------------------------------|-----------------------------|
| <input type="radio"/> Asthma                 | <input type="radio"/> Diabetes      | <input type="radio"/> Kidney Disease | <input type="radio"/> Orthopedic | <input type="radio"/> Other |
| <input type="radio"/> Concussion/Head Injury | <input type="radio"/> Heart Disease | <input type="radio"/> Mental Health  | <input type="radio"/> Seizure    |                             |

### ..... MEDICAL PROVIDER INFORMATION .....

**Primary Care Provider:** Name \_\_\_\_\_ Clinic/Practice Name \_\_\_\_\_

**Dentist:** Name \_\_\_\_\_ Clinic/Practice Name \_\_\_\_\_

**Other Provider:** Name \_\_\_\_\_ Clinic/Practice Name \_\_\_\_\_

**Health Insurance Type:** ☐ Mass Health ☐ Private Insurance ☐ Other \_\_\_\_\_

**If you do not have a doctor or health insurance:**

Would you like assistance finding a health care provider? ☐ Yes ☐ No

Would you like assistance obtaining health care insurance? ☐ Yes ☐ No

### ..... PARENT/GUARDIAN/CAREGIVER CONSENT .....

The school nurse has permission to share information with school staff as s/he determines appropriate for my child's health and safety. ☐ Yes ☐ No

The school nurse has permission to share and receive the following information about my child with my child's healthcare provider:

Prescribed medications: ☐ Yes ☐ No

My child's medical conditions: ☐ Yes ☐ No

Mental health/counseling concerns: ☐ Yes ☐ No

Other: \_\_\_\_\_



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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_