

Student's Name: _____

Parent/Guardian/Caregiver Checklist

Required Forms - Complete & Sign:

- 1. Application form
- 2. Home Language Survey
- 3. Health History Form
- 4. Record Release (Required for students with IEPs, 504s, or equivalent)
- 5. Controlled Choice form

Required 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
Notarized Letter from Landlord • Letter from Homeless/Transition Service Provider • Property Tax Bill
- 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 • Vehicle Registration • W-2 Form
Passport • 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)

Submit when Registering or Provide to the School Nurse:

- Physical Exam Record:** If available, please submit your child's physical exam record (doctor's report) to the SRC at the time of registration. The exam must have been completed within 1 year prior to school entry or within thirty days after school begins. Note: The exam must include evidence of lead screening (JK/K only) and a TB risk assessment (all grades.) If your child is scheduled for a physical exam between the time of registration and starting school, please provide the report directly to the school nurse.

Additional Documents - 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:** Download this form or request from the Student Registration Center if the student and family are living with relatives/friends and are not named on the Proof of Address documents or Proof of Occupancy documents. Proof of Address & Occupancy for the person with whom you are staying are also required.
- Copy of student's Individualized Education Program (IEP) or 504 Plan**
These documents will be forwarded to the Office of Student Services.
- ★ **Previous school records:** Provide directly to student's assigned school.

Cambridge Public Schools JK-8 Registration

Has the child ever registered for Cambridge Public Schools in the past? If YES, what year(s)? _____

Last Name: _____ First: _____ Middle: _____

Grade Entering: _____ Gender: Male Female Non-binary

Home Address, Apt. # _____ City, State, Zip Code _____

Phone #: _____ Birth Date (MM/DD/YYYY): ___ / ___ / _____

Birth City: _____ Birth Country: _____

If Birth Country is not the United States Has the child completed 3 years of schooling in the US? Yes 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? Yes No

Become medically discharged or retired from uniformed services? Yes No

Die while on active duty? Yes No

Note: Military families may be provided special consideration for registration requirements such as guardianship papers. Family military status does not influence school assignment.

Parent/Guardian/Caregiver 1

Relationship to Student: _____

Name: _____

Address, Apt. #: _____

City/State/Zip: _____

Home Phone: _____

Cellphone: _____

Work Phone: _____

Email Address: _____

Occupation: _____

Parent/Guardian/Caregiver 2

Relationship to Student: _____

Name: _____

Address, Apt. #: _____

City/State/Zip: _____

Home Phone: _____

Cellphone: _____

Work Phone: _____

Email Address: _____

Occupation: _____

(if addresses are different) Do you want both parents/guardians to receive school mailings? Yes No

Emergency Contacts

In case of emergency, parents/guardians/caregivers would be called first. Please provide 2 emergency contacts in case the school is unable to reach you.

Name	Phone #	Relationship to Student
_____	_____	_____
_____	_____	_____

Entering JK/K Only:

1 Has your child ever participated in the following programs for very young children?

- Center for Families Playgroups or Programs (02)
 Home Based Early Childhood Program (visits to your home) (03)
 Baby University (Baby U) (02)
 Both (04)

2 Has your child attended any of the following types of preschool or childcare programs?

- Licensed Family Childcare (located in the provider's home)
 Part time (05)
 Full-Time (06)
 Preschool or Center-based Preschool Program
 Part time (07)
 Full-Time (08)
 Both Family Childcare and Center-based Childcare or Preschool
 Part time (09)
 Full-Time (10)

2b What is the name of your child's most recent preschool, daycare, or early childhood provider?

- Department of Human Services Programs Preschool: Haggerty Preschool, Kennedy-Longfellow Preschool, King Open Preschool, Dr. Martin Luther King Jr. Preschool, Morse Preschool, Peabody Preschool, Windsor Street Preschool
 Other Preschool (Name): _____

3 If you did not check any of the boxes in section 2, who did your child stay with during the day?

- Babysitter (01+K)
 Parent/Guardian (01)
 Relative (01+K)

I give permission for the Cambridge Public Schools to contact my child's preschool or childcare provider identified above and for my child's preschool or childcare provider to release and discuss my child's information with the Cambridge Public Schools.

Parent/Guardian/Caregiver Name

Parent/Guardian/Caregiver Name

Date

Entering Grades 1 - 8 Only:

Name of Previous School: _____

Special Education / Students with Disabilities:

Does your child currently have an IEP or receive special education services? Yes No

Does your child currently have a 504 Plan or receive disability accommodations? Yes No

Please provide a copy of your child's IEP or 504 Plan during the registration process.

Please list Siblings (brothers or sisters)

Name	Birth Date	Grade	School
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____

Note: We will do our best to accommodate siblings, but cannot guarantee openings will be available at the same school.

Race/Ethnicity

The provision of the following information is purely voluntary. Declining to provide this information will not affect the student's registration process.

- 1. Race:**
 American Indian/Alaskan Native
 Asian
 Black/African-American

 Hawaiian/Other Pacific Islander
 White/Caucasian

- 2. Ethnicity:**
 Hispanic/Latino
 Not Hispanic/Latino

School Choice

Please note: School assignments must follow the Controlled Choice policy. Parent preference is just one factor used to determine school assignment. Limited seats may be available within SES categories (See Form 4).

GRADES JK-5

List 3 of the following:

- Amigos
- Fletcher Maynard
- Morse
- Baldwin
- Graham & Parks
- Olá Portuguese Immersion (at King Open)
- Cambridgeport
- Haggerty
- Peabody
- Dr. Martin Luther King, Jr.
- Kennedy-Longfellow
- Tobin Montessori
- Chinese Immersion (at Dr. Martin Luther King, Jr.)
- King Open

Check here if a sibling will be at the school next year.

1 School Choice: _____

2 School Choice: _____

3 School Choice: _____

Office Use Only

Does your child speak the language of an Immersion Program to which you are applying? *Check which language(s)*

- Mandarin (Martin Luther King-Chinese Immersion) Portuguese (Olá at King Open) Spanish (Amigos)

GRADES 6-8

Please rank order

- ___ Amigos School (K-8 Spanish-English dual immersion school. Spanish language test required for admission)
- ___ Cambridge Street Upper School (sending schools: Cambridgeport, Fletcher Maynard & King Open)
- ___ Putnam Avenue Upper School (sending schools: Dr. Martin Luther King, Jr., Kennedy-Longfellow, Morse)
- ___ Rindge Avenue Upper School (sending schools: Baldwin, Peabody)
- ___ Vassal Lane Upper School (sending schools: Graham & Parks, Haggerty, Tobin Montessori)

I understand that pursuant to Massachusetts law and Cambridge School Committee policy, students who actually reside in the City of Cambridge may attend the Cambridge Public Schools and students who do not actually reside in the City of Cambridge may not attend the Cambridge Public Schools, unless a policy exception applies. I hereby acknowledge that no such policy exception applies to the child named on this registration form. I also acknowledge that I am required to notify the school Principal, in writing, of any changes in said student's address within five (5) calendar days of such change of address.

I understand that this certification will be relied upon by the Cambridge Public Schools for the purpose of determining the eligibility to attend the Cambridge Public Schools on the basis of residency. If it is subsequently determined that the student does not actually reside in Cambridge, I understand that the student's enrollment in the Cambridge Public Schools will be promptly terminated and that I will be liable to the Cambridge Public Schools for the student's tuition for the duration of the student's attendance in the Cambridge Public Schools.

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.

I hereby certify that I can, and will upon request, substantiate all statements made on this application and that such statements are true, accurate, and complete and are made in good faith.

Parent/Guardian/Caregiver Signature: _____ Date: _____

Office Use Only: LEP Y N Score: _____ Language: Home _____ Primary _____ SEI ELL

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 F M
 Country of Birth _____ Date of Birth (mm/dd/yyyy) _____ Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____

School Information

Start Date in New School (mm/dd/yyyy) _____ / _____ /20 _____ Name of Former School and Town _____ Current Grade _____

Questions for Parents/Guardians

<p>What is the primary language used in the home, regardless of the language spoken by the student?</p> <p>_____</p>	<p>Which language(s) are spoken with your child? (include relatives -<i>grandparents, uncles, aunts, etc.</i> - and caregivers)</p> <p>_____ seldom / sometimes / often / always</p> <p>_____ seldom / sometimes / often / always</p>
<p>What language did your child first understand and speak?</p> <p>_____</p>	<p>Which language do you use most with your child?</p> <p>_____</p>
<p>How many years has the student been in U.S. Schools? (not including pre-kindergarten)</p> <p>_____</p>	<p>Which languages does your child use? (circle one)</p> <p>_____ seldom / sometimes / often / always</p> <p>_____ seldom / sometimes / often / always</p>
<p>Will you require written information from school in your native language? Y N</p> <p>If yes, what language? _____</p>	<p>Will you require an interpreter/translator at Parent-Teacher meetings? Y N</p> <p>If yes, what language? _____</p>
<p>Parent/Guardian Signature: _____</p> <p>X</p>	<p>_____ / _____ /20</p> <p>Today's Date: (mm/dd/yyyy)</p>



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)? _____

Has Your Child Received the COVID-19 Vaccine? Yes No If YES, dates _____ Type _____

Past Medical History: Date of last doctor's visit _____

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

- Asthma
- Diabetes
- Kidney Disease
- Orthopedic
- Other
- Concussion/Head Injury
- Heart Disease
- Mental Health
- 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: _____

School health services are provided to CPS through a collaborative agreement with the Cambridge Public Health Department.



Student Registration Center
Cambridge Rindge & Latin School
459 Broadway • Cambridge, MA • 02138
Tel. 617.349.6551 • Fax. 617.349.6552
SRC@CPSD.US • <http://www.cpsd.us>

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

Does your household qualify for the Federal School Meals Program?

Please refer to the chart titled, “Who Can Get Free or Reduced Price Meals?” at the bottom of this page and indicate yes, no, or that you decline to answer. Your eligibility for this program is used to facilitate socioeconomic integration component of the Cambridge Public Schools Controlled Choice Plan and Policy.

- Yes** – I am eligible for free or reduced price meal benefits.
- No** – I am not eligible for free or reduced price meals benefits.
- I decline** to disclose this information.

I acknowledge and agree to release to the Cambridge Public Schools’ Student Registration Center information concerning my child’s eligibility or non-eligibility for price meal benefits. I acknowledge and agree that the Cambridge Public Schools’ Student Registration Center may use this information to help determine the placement of my child.

I understand that I am not required to release this information and that my declining to sign this form will not affect my child’s eligibility and participation for price meal benefits or non-eligibility for price meal benefits. I understand that if I elect not to release this information, the Cambridge Public Schools’ Student Registration Center will consider my child non-eligible for free and reduced price meals when using this information to help determine placement for my child.

I have read this release and understand its terms and sign it voluntarily.

Parent Name: _____ Student Name: _____

Signature: _____ Date: _____

WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from MA SNAP or MA TANF are eligible for free meals.
- Foster children that are under legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household’s income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2022-23

Household Size	Yearly	Monthly	Weekly
1	\$25,142	\$2,096	\$484
2	\$33,874	\$2,823	\$652
3	\$42,606	\$3,551	\$820
4	\$51,338	\$4,279	\$988
5	\$60,070	\$5,006	\$1,156
6	\$68,802	\$5,734	\$1,324
7	\$77,534	\$6,462	\$1,492
8	\$86,266	\$7,189	\$1,659
Each additional family member	\$8,732	\$728	\$168

Please Note:

This voluntary disclosure is used in the registration process only. When your child begins school, you must submit your formal application for the federal free and reduced price lunch program and be determined to be eligible to receive free or reduced price meals.