READING PUBLIC SCHOOLS

RESIDENCY REQUIREMENTS

You must be a resident of Reading in order to attend the Reading Public Schools. Before a student is registered in the Reading Public Schools and can begin school, his/her parent or legal guardian must provide proof of primary residence. Temporary residence in the Town of Reading for the sole purpose of attending the Reading Public Schools will not be considered residency. Because residency can, and does, change for students and their families during the course of the academic year and a student’s educational life, the Reading Public Schools may continue to verify residency after the commencement of classes.

What documents are required to verify residency?

One document from each column below must be submitted.

<table>
<thead>
<tr>
<th>Proof of Residency</th>
<th>Proof of Occupancy</th>
<th>Proof of Identification</th>
</tr>
</thead>
<tbody>
<tr>
<td>One of the following required:</td>
<td>One of the following required: must be dated within the past 30 days</td>
<td>One valid photo identification from the following list required:</td>
</tr>
<tr>
<td>• recent mortgage statement</td>
<td>• cable/satellite TV bill</td>
<td>• driver’s license</td>
</tr>
<tr>
<td>• property tax bill</td>
<td>• electric bill</td>
<td>• state ID card</td>
</tr>
<tr>
<td>• current lease</td>
<td>• gas bill</td>
<td>• passport</td>
</tr>
<tr>
<td>• HUD lease or other public housing lease (Section 8)</td>
<td>• water bill</td>
<td>• military ID</td>
</tr>
<tr>
<td>• HUD settlement statement (closing statement)</td>
<td>• home/renter’s insurance</td>
<td>• other government-issued photo ID</td>
</tr>
</tbody>
</table>

What if I live with a friend or relative?

The parent/guardian and owner/renter must complete the residency affidavit and both signatures must be notarized. The person with whom you are living with must submit a Proof of Residency, Proof of Occupancy and photo identification.
Residency Affidavit to Show Proof of Residency in Reading

Any applicant for the Reading Public Schools who cannot produce required residency documents in his/her own name must ask the owner or lessee of the property where the applicant lives to complete Section 1, sign and have this affidavit notarized. The following three documents are required:

1. A current mortgage, tax bill or lease and
2. A recent utility bill (cable/satellite TV, electric, gas, water, home/renter insurance) within 30 days and
3. A valid photo identification

Section I: To be completed by owner, lessee or landlord:

1. I, _____________________________________ am the home owner/lessee/landlord
   print name of property located at: _____________________________________ in the Town of Reading.
   address
2. _____________________________, who is the parent/legal guardian of
   Name of parent/guardian
   _____________________________ are living at this address as their principal residence.
   Name of student (s)
3. I understand that the information contained in this legal affidavit is subject to verification by the Reading Public Schools at any time.

   Signed under the pains and penalties of perjury this _________ day of __________ of 20___.

   _____________________________               ____________________________
   Signature of homeowner/tenant/landlord               Phone number of homeowner/tenant/landlord

   _____________________________
   Signature of Notary Public

   Sworn to before me this _______________ day of _______________, 20_____

Section II: To be completed by owner, lessee or landlord:

In order to attend the Reading Public Schools, a student must actually reside in the Town of Reading. The residence of a minor child is presumed to be the primary legal residence of the parent/guardian who has physical custody of the child. “Residence” is the place where a person dwells permanently, not temporarily, and is the place that is the center of his/her domestic, social and civic life. Temporary residence in the Town of Reading solely for the purpose of attending Reading Public Schools will not be considered residency. Any student who is found not to reside in the Town of Reading will be dismissed from the Reading Public Schools. Additional penalties – including fines and legal action – may be imposed on families found to be in violation of the residency policy. This residency policy does not apply to homeless students.

I understand that the information contained in this legal affidavit is subject to verification by the Reading Public Schools at any time.

   Signed under the pains and penalties of perjury this ___________ day of _______________ of 20___.

   _____________________________
   Signature of parent

   _____________________________
   Signature of Notary Public

   Sworn to before me this _______________ day of _______________, 20_____
READING PUBLIC SCHOOLS REGISTRATION FORM

*All fields must be completed. If something does not apply to you, please enter “NO” or “N/A”

STUDENT INFORMATION

Grade Entering: ________________

STUDENT NAME: ____________________________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

STREET: ______________________________________

CITY: ____________________________ STATE: _____ ZIP: _____ PRIMARY PHONE (Required) _____________

GENDER: ☐ Male ☐ Female ☐ Non-Binary

STUDENT BIRTHDATE ____________________________

MM-DD-YYYY

PLACE OF BIRTH (city and state): ____________________________ Mandatory

COUNTRY OF ORIGIN (where child was born): ____________________________ Mandatory

Previous School Attended (please list most recent first):

1. ____________________________ School: ____________________________ Address: ____________________________ State/Zip: _____ Years: _____________

2. ____________________________ School: ____________________________ Address: ____________________________ State/Zip: _____ Years: _____________

FIRST TIME IN A MASSACHUSETTS SCHOOL: ☐ Yes ☐ No

RACE/ETHNICITY (choose one): ☐ Hispanic ☐ Not Hispanic

CHOOSE ALL THAT APPLY. MUST CHOOSE AT LEAST ONE:

☐ White/Caucasian ☐ Black/African American ☐ Asian ☐ Native American ☐ Native Hawaiian/Pacific Islander

ELL SERVICES: If your child is an immigrant and was born outside the USA:

A) Has the student completed 3 full academic years of school in the USA or a Commonwealth or a Territory of the USA? Yes or No

B) Country from which the immigrant student has emigrated? ____________________________

C) Please list the native or primary language of the student. ____________________________

D) Has your child received ELL services in the past? Yes or No

E) Are ELL services needed? Yes or No

INDIVIDUAL EDUCATION PLAN (IEP) Does the student currently receive services on an IEP? ☐ Yes ☐ No

504 ACCOMMODATION PLAN Does the student currently receive services on a 504? ☐ Yes ☐ No

DOES THE CHILD’S FAMILY HAVE A MILITARY AFFILIATION?

☐ No, not a member of a military family ☐ Yes, child of active duty member

☐ Yes, child of members or veterans who are medically discharged or retired for 1 year

☐ Yes, child of member who died on active duty

ARE BOTH PARENTS LIVING?___________ DOES CHILD LIVE WITH BOTH PARENTS?___________

STUDENT RESIDES WITH: Mother_________ Father_________ Guardian_________ Other_________
GUARDIAN STATUS: □ Yes □ No  STATE WARD STATUS: □ Yes □ No

CUSTODIAL AGREEMENT in place? □ Yes □ No  If yes, provide a copy of the custodial agreement
Non-Custodial Parent Name(s): ________________________________
Does this person have rights to: Academic records? Yes or no
Dismissal of student? Yes or No
Withdrawal of student? Yes or No

SIBLINGS – LIST ONLY THOSE THAT LIVE AT THE SAME ADDRESS & ATTEND READING PUBLIC SCHOOLS

<table>
<thead>
<tr>
<th>SIBLING FULL NAME</th>
<th>GRADE</th>
<th>SCHOOL</th>
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</tbody>
</table>

PARENT/GUARDIAN CONTACT INFORMATION

CONTACT #1

NAME: ____________________________________________________________

STREET: _________________________________________________________

CITY: ________________________________ STATE: _____ ZIP CODE: __________

PRIMARY PHONE: __________________________ PHONE 2: ___________________

EMAIL ADDRESS: RELATIONSHIP TO CHILD: ____________________________

CONTACT #2

NAME: ____________________________________________________________

STREET: _________________________________________________________

CITY: ________________________________ STATE: _____ ZIP CODE: __________

PRIMARY PHONE: __________________________ PHONE 2: ___________________

EMAIL ADDRESS: RELATIONSHIP TO CHILD: ____________________________

CONTACT #3

NAME: ____________________________________________________________

STREET: _________________________________________________________

CITY: ________________________________ STATE: _____ ZIP CODE: __________

PRIMARY PHONE: __________________________ PHONE 2: ___________________

EMAIL ADDRESS: RELATIONSHIP TO CHILD: ____________________________
EMERGENCY CONTACT INFORMATION – CONTACT MUST BE SOMEONE OTHER THAN PARENT/GUARDIAN

NAME: ___________________________                      PRIMARY PHONE: ___________________________
PHONE 2: ___________________________
NAME: ___________________________                      PRIMARY PHONE: ___________________________
PHONE 2: ___________________________
NAME: ___________________________                      PRIMARY PHONE: ___________________________
PHONE 2: ___________________________
NAME: ___________________________                      PRIMARY PHONE: ___________________________
PHONE 2: ___________________________
**STUDENT PERMISSIONS** Please read all sections and complete where applicable

*Please circle appropriate response for each permission.*

*If no circle is completed, it will be assumed permission has been granted.*

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All students are provided with access to district computer resources. In addition to accessing the district computer network, I grant permission for my son or daughter to access Internet services and student email provided by the Reading Public Schools. This includes the use of blogs, wikis, podcast, video production and other appropriate online tools and social media tools that will be used for educational purposes only and will follow the guidelines of the Reading Public Schools Acceptable Use Policy.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>I give permission for samples of my child’s work (poetry, short stories, drawings, etc.) to appear on school sponsored websites for educational purposes. Only my child’s first name will appear next to such samples.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>I give permission to have my child’s picture appear on school bulletin boards, in school publications (yearbooks, playbills &amp; class list, etc.), in video productions and in local newspapers in conjunction with school projects.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>I give permission for photographs of my child to appear on school sponsored websites. Only child’s first name will appear next to such photos.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>I give permission for my child to have a cell phone on school property provided that he/she abides by the school rules for cell phone use.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>I give permission to use my email for distribution of newsletters, school notices, general correspondences, etc. If you prefer to receive paper copies, circle No.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>I give permission for my child’s name to be released to military recruiters. (Juniors and Seniors Only)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>I give permission for the school department to release my contact information to the school PTO for school use only.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td><strong>I have reviewed the school handbook and agree to abide by the guidelines therein.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Reading Public Schools Acceptable Use Policy and Internet Safety Agreement</strong></td>
<td></td>
</tr>
<tr>
<td>Please read the policy that was distributed to all students prior to signing below. This policy is also on our district website at <a href="http://www.reading.k12.ma.us">www.reading.k12.ma.us</a></td>
<td></td>
</tr>
<tr>
<td>I have read the school district’s PreK-12 Acceptable Use Regulations for Computer and Internet Use and agree to abide by those guidelines.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Required for all statements, including student handbook and acceptable use policy)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Required for students in Grades 4-12 for School Handbook and Acceptable Use Policy)</td>
</tr>
</tbody>
</table>
Has enrolled in Grade _______ at Reading Memorial High School.

Please send us:

- A complete transcript of his/her school records
- Credits required for graduation
- Credits earned to date
- Grade Status
- Test Data*
- Date student entered and left your school
- Withdrawn grades (earned up to date leaving)
- Health records (especially immunization dates)
- Discipline Reports
- Please indicate how often each class meets during the week.

*If transferring within Massachusetts-please be sure to send MCAS results and transfer slip with SASID#

Thank you for your assistance.

Sincerely,

Hannah French
Secretary, Guidance Department

______________________________  ______________________
Student's Name                Date of Birth

Parent/Guardian’s authorization
Previous school and mailing address:

__________________________________________

I authorize the release of the requested information to the school/agency indicated above.
Please print name and address and then sign below:

__________________________________________
Signature                      Date
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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>F □ M □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country of Birth</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Date first enrolled in ANY U.S. school (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

### School Information

<table>
<thead>
<tr>
<th>Start Date in New School (mm/dd/yyyy)</th>
<th>Name of Former School and Town</th>
<th>Current Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

### Questions for Parents/Guardians

<table>
<thead>
<tr>
<th>What is the primary language used in the home, regardless of the language spoken by the student?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

| Which language(s) are spoken with your child? (include relatives - grandparents, uncles, aunts, etc. - and caregivers) |
|--------------------|--------------------------------------------------|
| seldom / sometimes / often / always                                                             |
| seldom / sometimes / often / always                                                             |

<table>
<thead>
<tr>
<th>What language did your child first understand and speak?</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Which language do you use most with your child?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>How many years has the student been in U.S. Schools? (not including pre-kindergarten)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Which languages does your child use? (circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>seldom / sometimes / often / always</td>
</tr>
<tr>
<td>seldom / sometimes / often / always</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Will you require written information from school in your native language?</th>
<th>Will you require an interpreter/translator at Parent-Teacher meetings?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y □ N □</td>
<td>Y □ N □</td>
</tr>
</tbody>
</table>

If yes, what language? ______________________________________ |
If yes, what language? ______________________________________ |

<table>
<thead>
<tr>
<th>Parent/Guardian Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Today's Date: (mm/dd/yyyy)</th>
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<tbody>
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<td></td>
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</table>

Document available in different languages can be found at [http://www.doe.mass.edu/ell/resources.html](http://www.doe.mass.edu/ell/resources.html)
Dear Parents/Guardians,

Please complete this questionnaire to the best of your ability and return it to the school nurse. This is part of the confidential school medical record kept for your child and is of great help to your school nurse in caring for your child.

HEALTH HISTORY:

A. Child's Name_________________________  Gender_________________________

Address ________________________________  Date of Birth _____________________

Father's Name ______________________________  Cell Phone #____________________

Mother's Name _____________________________  Cell Phone# ____________________

Brothers __________________________________  Sisters _________________________

Name and phone number of doctor or clinic for child __________________________________

Name and phone number of dentist _________________________________________________

MEDICAL HISTORY: Has your child ever had any of the following conditions? Please answer ‘Yes’ or ‘No’. If the answer is ‘Yes’, give a brief explanation.

1. Asthma ___________________________________ Age____

2. Allergies:
   - food ___________________________________ Age____
   - latex ___________________________________ Age____
   - bee stings_____________________________ Age____
   - medication ___________________________ Age____

3. Frequent headaches_______________________ Age____

4. Enlarged or Infected tonsils ________________ Age____

5. Heart condition __________________________ Age____

6. Bowel problems __________________________ Age____

7. Frequent urination _________________________ Age____

8. Ear infections ______________________________ Age____

9. Hearing problem __________________________ Age____

10. Vision problem___________________________ Age____

   Wears glasses?____________________________ Age____

11. Concussion ______________________________ Age____

12. Seizures _________________________________ Age____

13. Diabetes _________________________________ Age____

14. Other illnesses or conditions________________ Age____

15. Hospitalizations _________________________ Age____

16. Surgeries _________________________________ Age____
17. Does your child take any medication? ________________
   
   ● Name of medication ________________________________
   
   ● Reason __________________________________________

DEVELOPMENTAL HISTORY:

   ● Any complications before, during, or after pregnancy?
     _____________________________________________________
   
   ● Language Development (please check one) Normal _____ Late _____
   
   ● Does your child have any abnormalities with speech or language (such as stuttering or difficult to understand)? ________________________________
   
   ● Has your child ever lived apart from the family? ____________________________
     How long? _______________ Reason ____________________________________________
   
   ● Do you think your child is: small _____ large _____ or average ______ for his/her age?
   
   ● Do you think your child is: underactive _____ overactive _______ or average ________?
   
   ● Were you ever concerned about any phase of your child's physical, social or behavioral development? Age _____ Please explain __________________________________________

Please list other experiences which might influence your child's social or physical development, such as frequent change of residence, separation or divorce of parents, death in the family or other traumatic events. ____________________________________________________________
   
   ____________________________________________________________
   
   ____________________________________________________________

IN CASE OF EMERGENCY - IF YOU CANNOT BE REACHED -
YOUR CHILD WILL BE TAKEN TO THE NEAREST HOSPITAL

PARENT'S SIGNATURE __________________________ DATE ___________
Dear Parents/Guardians:

As part of our emergency safety plans we will continue to provide Blackboard Connect as our telephone, email, and text messaging service throughout the Reading Public Schools. This service will enable us to personally communicate with parents about emergency situations, school cancellations, school events and important issues impacting your child and our schools. It will allow us to send personalized voice messages to your family’s home, work and/or cell phones. Essentially, a school principal or district administrator can make one phone call and reach all of his or her students’ families within minutes. Furthermore, this allows us the ability to make one phone call to reach everyone in the entire district within minutes. For more information on this system, go to http://www.blackboard.com/Platforms/Connect/Overview.aspx.

As you may recall, we used the system several times last year and had a very successful connection rate with our families. Based on the system’s proven track record, we know this message service will improve school and district-wide communications with parents and school system employees.

To ensure success of the system for both emergency and community messages, it is important that your school has all of your current telephone numbers, email addresses, and text message numbers so that you will not miss out on any important communications.

If you have any questions, please do not hesitate to contact our office.

Sincerely,

John F. Doherty

John F. Doherty, Ed.D.
Superintendent of Schools
Blackboard Connect Emergency Notification Contact Information

The Reading Public Schools will be using the Blackboard Connect automated telephone, email, and text message system in one of two ways:

- When used for routine informational purposes such as snow cancellations and community messages, one call will be made to “Telephone Number 1” and to the Non-Custodial Parent Phone (if applicable) and/or up to two email addresses.

- When used for more critical purposes such as a school lockdown or evacuation, calls will be made to all the listed telephone numbers below. In addition, messages will also be sent to the email addresses and text numbers listed below.

Please do not submit telephone numbers with extensions. This information is for school department use only. Please include area codes with all telephone numbers.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>School</th>
<th>Grade</th>
</tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Preferred Telephone Number 1</th>
<th>Telephone Number 2</th>
<th>Telephone Number 3</th>
<th>Telephone Number 4</th>
<th>Telephone Number 5</th>
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<table>
<thead>
<tr>
<th>Preferred Email Address 1</th>
<th>Email Address 2</th>
<th>Text Message Number 1</th>
<th>Text Message Number 2</th>
<th>Non-Custodial Parent Phone</th>
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Please return this completed form to your registration materials.