REGISTRATION INFORMATION

On the RPS website, the following registration forms will be found. The link to the website is here: Reading Public Schools On the website, families will find language options if translation services are required or preferred.

Please print the forms, which then can be completed and mailed or delivered to the Superintendent's Office, Reading Public Schools, 82 Oakland Road, Reading MA 01867.

Registration inquiries can be emailed to the Central Registration Email Address at RPSStudentRegistration@reading.k12.ma.us

FAMILY REGISTRATION PROCESS - Grades Kindergarten through Grade 12

Families will complete the following forms contained in the registration packet:

- Reading Public Schools Registration Form
- Home Language Survey
- Blackboard Connect Emergency Notification Information
- Request for School Records (Not needed for K Registration)
- Medical History Form
- Medical Requirements for Kindergarten
- Registration form for Full Day Kindergarten Program, if applicable

Families will submit the following additional documents with registration forms noted above:

- Student’s birth certificate
- Student’s Immunization Record
• Custody agreement, if applicable
• Three forms of proof of residency
• Residency Affidavit to Show Proof of Residency in Reading, if necessary
• Copy of IEP and or accommodation plan, if applicable

DISTRICT REGISTRATION PROCESS

Once completed forms are submitted to the Superintendent’s office, the following actions are taken:

• Superintendent’s Administrative Assistant reviews packet for completion;
• enters student information into database;
• notifies Director of Special Education of students who are entering with an IEP;
• arranges for EL services to complete a home language survey and/or translate forms that have not been previously translated, if necessary; and,
• **Collects fee for full day kindergarten.**

The Superintendent’s Administrative Assistant shares the status of student application with each school’s administrative secretary, and monitors school, grade and classroom placement. Class size is monitored through this process.
Reading Public Schools Registration Forms

APPLICATION FORM FOR FULL DAY KINDERGARTEN

The Reading Public Schools offers a tuition-based full day program. The cost of the full day program is TBD, which can be paid in 10 monthly payments. Students whose families complete the necessary forms and qualify for free or reduced-price lunch will have the tuition waived or reduced. The forms for free or reduced lunch for the 2022-23 school year will be available in early summer 2022.

Complete the information below and return this form and the $35 non-refundable application fee (cash or check only) to the Superintendent's Office, 82 Oakland Road, Reading, MA 01867.

Child’s Name ____________________________________________________________

Date of Birth: ____________________________________________________________

Sex: ________ Male ________ Female ________Non-Binary

Parent/ Guardian 1 Name: _____________________________________________________

Home Address: ______________________________________________________________

Phone Number(s): ____________________________________________________________

Email Address: _____________________________________________________________

Parent/ Guardian 2 Name: _____________________________________________________

Home Address: ______________________________________________________________

Phone Number(s): ____________________________________________________________

Email Address: _____________________________________________________________

Kindergarten assignments will be based on geographical location and class size.

_____ I have enclosed a check in the amount of $35 payable to the Town of Reading.

If you need further information regarding the application process, please contact the Superintendent’s Office at _______________

Office Use Only

_____ Check Received  _____ Date Received  # __________
Reading Public Schools Registration Forms
REGISTRATION FOR SCHOOL ADMISSION

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

STUDENT INFORMATION:

Grade Entering _____________

Student Name: ______________________________________________________________________________

Last Name    First Name    Middle Name

Street: ______________________________________________________________________________________

CITY: _____________  STATE: _______  ZIP: _______  PRIMARY PHONE (Required) _____________

GENDER: □ Male □ Female □ Non-Binary

STUDENT BIRTHDATE__________________

MM-DD-YYYY

City/State OF BIRTH (city): ____________________  COUNTRY of Birth : ___________________

Previous School Attended (please list most recent first):

1) ______________________________________________________________________________________
   School                             Address                                             State/Zip

2) ______________________________________________________________________________________
   School                             Address                                             State/Zip

FIRST TIME ENROLLED IN A MASSACHUSETTS SCHOOL: □ Yes □ No

RACE/ETHNICITY -CHOOSE ONE: □ Hispanic □ Not Hispanic

CHOOSE ALL THAT APPLY –

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

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

ENGLISH LEARNER SERVICES IN PAST? □ Yes □ No  HOME LANGUAGES _____________________________

STUDENT RESIDES WITH: Mother _______   Father _______   Guardian _______   Other_______

GUARDIAN STATUS: □ Yes □ No  STATE WARD STATUS: □ Yes □ No

CUSTODIAL AGREEMENT?: □ Yes □ No

If yes, provide a copy of the custodial agreement to the Main Office of your child’s school.
Reading Public Schools Registration Forms

REGISTRATION FOR SCHOOL ADMISSION

(Collect information on Non-custodial parent - address for MCAS reports)

SIBLINGS: LIST ALL WHO LIVE AT THE SAME ADDRESS AS THE STUDENT

SIBLING FULL NAME _______________________________ GRADE _____ SCHOOL _______________________

SIBLING FULL NAME _______________________________ GRADE _____ SCHOOL _______________________

SIBLING FULL NAME _______________________________ GRADE _____ SCHOOL _______________________

PARENT/GUARDIAN CONTACT INFORMATION:

PRIMARY CONTACT:

NAME: ______________________________________________________________________________________

STREET: ______________________________________________________________________________________

CITY: ___________________________ STATE: _______ ZIP CODE: ____________

PRIMARY PHONE: ___________________________ PHONE 2: ___________________________

EMAIL ADDRESS: ___________________________ RELATIONSHIP TO CHILD: _________________

SECONDARY CONTACT:

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: __________________________
RELATIONSHIP TO STUDENT: ______________________________________

NAME: ____________________________________________ PRIMARY PHONE: ____________________________

RELATIONSHIP TO STUDENT: ______________________________________

NAME: ____________________________________________ PRIMARY PHONE: ____________________________

RELATIONSHIP TO STUDENT: ______________________________________
RESIDENCE REQUIREMENTS

To attend the Reading Public Schools, a student must reside in the Town of Reading. Before a student is registered in the Reading Public Schools and can begin school, proof of primary residence must be provided. Temporary residence in the Town of Reading for the sole purpose of attending the Reading Public Schools is not considered residency. Because residency can change for students and their families during the academic year and a student’s educational life, Reading Public Schools can 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>● HUD lease or other public housing lease (Section 8)</td>
<td>● Gas bill</td>
<td>● Passport</td>
</tr>
<tr>
<td>● HUD settlement statement (closing statement)</td>
<td>● Water bill</td>
<td>● Military ID</td>
</tr>
<tr>
<td></td>
<td>● Home/renter insurance</td>
<td>● Other government issued photo ID</td>
</tr>
</tbody>
</table>

What if the student lives with a friend or relative who resides in Reading?

The parent/guardian and owner/renter must complete the residency affidavit and both signatures must be notarized. The person with whom the student is living with must submit 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 I, 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 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 Forms

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.

<table>
<thead>
<tr>
<th>Student Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Name</strong></td>
<td><strong>Middle Name</strong></td>
</tr>
<tr>
<td></td>
<td>/ / /</td>
</tr>
<tr>
<td><strong>Country of Birth</strong></td>
<td><strong>Date of Birth</strong> (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Questions for Parents/Guardians</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is the primary language used in the home, regardless of the language spoken by the student?</strong></td>
<td><strong>Which language(s) are spoken with your child?</strong> (include relatives -grandparents, uncles, aunts, etc. - and caregivers)</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>---</td>
</tr>
<tr>
<td>_______________________________</td>
<td>_______________________________</td>
</tr>
<tr>
<td>seldom / sometimes / often / always</td>
<td>seldom / sometimes / often / always</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What language did your child first understand and speak?</strong></td>
<td><strong>Which language do you use most with your child?</strong></td>
</tr>
<tr>
<td>______________________________</td>
<td>______________________________</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How many years has the student been in U.S. Schools?</strong> (not including pre-kindergarten)</td>
<td><strong>Which languages does your child use? (circle one)</strong></td>
</tr>
<tr>
<td>______________________________</td>
<td>______________________________</td>
</tr>
<tr>
<td>seldom / sometimes / often / always</td>
<td>seldom / sometimes / often / always</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Will you require written information from school in your native language?</strong></td>
<td><strong>Will you require an interpreter/translator at Parent-Teacher meetings?</strong></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>If yes, what language?</td>
<td>If yes, what language?</td>
</tr>
<tr>
<td>------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>______________________</td>
<td>______________________</td>
</tr>
</tbody>
</table>

**Parent/Guardian Signature:**

X

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

Document available in different languages can be found at [ELE Program Resources: District-Family Communications - English Language Learners (mass.edu)](ELE Program Resources: District-Family Communications - English Language Learners (mass.edu))
This is the medical packet which we are mailing in advance of the kindergarten registration so that you will have ample time to meet these requirements and to bring the completed forms with you when you register your child for school.

**Immunizations:** The Department of Public Health in collaboration with the Department of Education has updated the required immunizations for entry into school:

**Requirement Checklist:** Please make sure the following immunization dates are documented by the student’s physician.

1. Two (2) doses of **MMR (Measles, Mumps, Rubella)** vaccine, are required for entry into kindergarten. MMR combination is required.
2. Five (5) doses of **DPT (Diphtheria, Pertussis, Tetanus)** vaccine are required for kindergarten entry, unless the fourth dose was given after the fourth birthday.
3. Four (4) doses of **Polio** vaccine are required for kindergarten entry, unless the third dose was given after the fourth birthday.
4. Three (3) doses of **Hepatitis B** vaccine are required for entry into kindergarten.
5. **Varicella Vaccine** - Effective Sept. 2011, 2 doses of Varicella vaccine or physician certified reliable history of chickenpox disease will be required for all students entering kindergarten.
6. **Lead Screening:** Required for all students entering Kindergarten.

**SCREENING REGULATION**

Department of Public Health regulations, effective March 1, 1990, require children to present evidence of having been previously screened for lead poisoning as a condition for entry into kindergarten. This means that parents of children who were screened for lead at age 1, 2, 3, 4, or 5 years of age should request verification from their child’s health care provider. If children entering kindergarten have never been screened for lead poisoning, they can receive a simple screening test from their health care provider. For more information, call the Childhood Lead Poisoning Prevention Program at 1-800-532-9571.

**Medical Examination:** It is also required that all children have a complete physical examination with vision and hearing screening by their health care provider prior to school admission, on or after January 1, 2015.

**Medical Exemption:** A statement is required from the physician indicating the reason why one or more of the immunizations should not be given.

**Religious Exemption:** A certificate must be completed by an official of your church or religious denomination and should be renewed at the beginning of each school year if your child is not immunized for religious reasons. These requirements will be strictly enforced and any child not complying with them by the first day of school will be sent home until we receive certification of the physical examination and the required immunizations. This need never happen if an appointment is made with your child’s physician immediately upon receipt of this packet.

The Reading Public Schools does not discriminate on the basis of race, color, sex, religion, national origin, sexual orientation, age or disability.
Dear Parent/Guardian,

Please complete this questionnaire to the best of your ability and return it to the school nurse. This information is for the confidential school medical record kept for each child and is of great help to the school nurse in understanding and helping to safeguard your child’s health.

---

**HEALTH HISTORY:**

A. Child’s Name _____________________________________ Gender __________________________

Address ____________________________________________ Place of Birth _______________________

Date of Birth _________________________________________

Father’s Name ______________________________________

Email: ____________________________________________

cell phone # ______________________________

Mother’s Name _____________________________________

Email: ____________________________________________

cell phone# ____________________________

Sibling ________________________________________________________________________________

Sibling ________________________________________________________________________________

Sibling ________________________________________________________________________________

Sibling ________________________________________________________________________________

Name of student’s doctor (or clinic) ____________________________

Name of student’s dentist _________________________________

---

**MEDICAL HISTORY:** Has your child ever had any of the following conditions?

(Answer Yes or No. If the answer is Yes, give a brief explanation wherever indicated.)

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. Gastrointestinal Issue _______________________________________________________________ Age______

7. Frequent urination __________________________________________________________________ Age______

8. Ear infections ______________________________________________________________________ Age______

9. Hearing concern _____________________________________________________________________ Age______

10. Vision concern _____________________________________________________________________ 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______
Does your child take any medication? Yes_______ No ______
Name of Medication _________________________ Reason __________________________

DEVELOPMENTAL HISTORY

1. Is there a history of medical concerns during pregnancy, birth or newborn period?
____________________________________________________________________________________

Has your child ever lived apart from parents? _________ Age __________________________
How long? _______________ Reason __________________________

Were you ever concerned about any phase of your child's physical, social or behavioral
development? Yes_______ No______ Age ______
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 any traumatic events.
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

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

PARENT'S SIGNATURE________________________________________
DATE_____________________________________________________

Revised 11/15/21
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 number listed below.

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

<table>
<thead>
<tr>
<th>Student Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
</tr>
<tr>
<td>Grade</td>
</tr>
<tr>
<td>Preferred Telephone Number 1</td>
</tr>
<tr>
<td>Telephone Number 2</td>
</tr>
<tr>
<td>Telephone Number 3</td>
</tr>
<tr>
<td>Telephone Number 4</td>
</tr>
<tr>
<td>Telephone Number 5</td>
</tr>
<tr>
<td>Preferred Email Address 1</td>
</tr>
<tr>
<td>Email Address 2</td>
</tr>
<tr>
<td>Text Message Number 1</td>
</tr>
<tr>
<td>Text Message Number 2</td>
</tr>
<tr>
<td>Non-Custodial Parent Phone</td>
</tr>
</tbody>
</table>

Please return this completed form with your registration materials.