



Reading Public Schools

Student Registration Process

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: _____

Reading Public Schools Registration Forms

REGISTRATION FOR SCHOOL ADMISSION

RELATIONSHIP TO STUDENT: _____

NAME: _____ PRIMARY PHONE: _____

RELATIONSHIP TO STUDENT: _____

NAME: _____ PRIMARY PHONE: _____

RELATIONSHIP TO STUDENT: _____



Reading Public Schools Registration Forms

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.

Proof of Residency	Proof of Occupancy	Proof of Identification
<u>One of the following required:</u> <ul style="list-style-type: none"> ● Recent mortgage statement ● Property tax bill ● HUD lease or other public housing lease (Section 8) ● HUD settlement statement (closing statement) 	<u>One of the following required:</u> must be dated within the past 30 days <ul style="list-style-type: none"> ● cable/satellite TV bill ● Electric bill ● Gas bill ● Water bill ● Home/renter insurance 	<u>One valid photo identification from the following list required:</u> <ul style="list-style-type: none"> ● Driver's license ● State ID card ● Passport ● Military ID ● Other government issued photo ID

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.

READING PUBLIC SCHOOLS – OFFICE OF THE SUPERINTENDENT

82 OAKLAND ROAD, READING, MA 01867

781 944-5800

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 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.

Student Information			
_____ First Name	_____ Middle Name	_____ Last Name	F <input type="checkbox"/> M <input type="checkbox"/> Gender
_____ 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)			
_____ Name of Former School and Town		_____ Current Grade	
Questions for Parents/Guardians			
What is the primary language used in the home, regardless of the language spoken by the student? _____ _____	Which language(s) are spoken with your child? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - 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? _____ _____		
How many years has the student been in U.S. Schools? (not including pre-kindergarten) _____ _____	Which languages 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? YES <input type="checkbox"/> NO <input type="checkbox"/>	Will you require an interpreter/translator at Parent-Teacher meetings? YES <input type="checkbox"/> NO <input type="checkbox"/>		

If yes, what language? _____	If yes, what language? _____
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 \(mass.edu\)](#)

Reading Public Schools Registration Forms

MEDICAL REQUIREMENTS FOR SCHOOL ADMISSION

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. school. Thank you for your cooperation.

Reading Public Schools Registration Forms

MEDICAL HISTORY

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 _____ cell phone # _____
Email: _____

Mother's Name _____ cell phone# _____
Email: _____

Sibling _____
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 _____

Reading Public Schools Registration Forms

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 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.

Student Name	
School	
Grade	
Preferred Telephone Number 1	
Telephone Number 2	
Telephone Number 3	
Telephone Number 4	
Telephone Number 5	
Preferred Email Address 1	
Email Address 2	
Text Message Number 1	
Text Message Number 2	
Non-Custodial Parent Phone	

Please return this completed form with your registration materials.