

READING MEMORIAL HIGH SCHOOL
Guidance Department

Principal
Kathleen Boynton

Director of Guidance
Lynna Williams



Counselors
Maura Keefe
Steven Kennedy
Lauren Meader
Katherine Miele
Ryan Sacco

NEW STUDENT REGISTRATION CHECKLIST

To be eligible to attend Reading Memorial High School, the following information is required before registering your child. Your application is not complete until ALL documents have been submitted.

_____ **3 Proofs of Residency in Reading (one from each category)**

Proof of Residency

- _____ Record of recent mortgage payment and/or property tax bill
- _____ Fully signed and executed lease and or rental agreement
- _____ HUD lease or other public housing lease (Section 8)
- _____ Landlord/Owner of Property Affidavit
- _____ Fully Signed/executed Purchase and Sale Agreement (occupancy date w/in 30 days)

Proof of Occupancy

- _____ Gas/Oil Bill
- _____ Electric Bill
- _____ Cable Bill
- _____ Water Bill
- _____ Occupancy Statement/Affidavit must be notarized if a bill cannot be provided prior to a student's enrollment

Proof of Identification

- _____ Driver's license
- _____ state ID card
- _____ passport
- _____ military ID
- _____ other government-issued photo ID

_____ Proof of Birth (Birth Certificate, Passport, Proof of Guardianship)

_____ Health and Immunization Records

_____ Complete Registration Form

_____ Transcript from previous school

_____ MCAS scores if attended public Massachusetts High School

_____ If applicable, copy of recent IEP or 504 plan

_____ MIAA Form (Complete Sections: A2, A3, A4, A5, B1, and B2)

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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.

Proof of Residency	Proof of Occupancy	Proof of Identification
<p><u>One</u> of the following required:</p> <ul style="list-style-type: none"> • recent mortgage statement • property tax bill • current lease • HUD lease or other public housing lease (Section 8) • HUD settlement statement (closing statement) 	<p><u>One</u> of the following required: must be dated within the past 30 days</p> <ul style="list-style-type: none"> • cable/satellite TV bill • electric bill • gas bill • water bill • home/renter’s insurance 	<p><u>One</u> valid photo identification from the following list required:</p> <ul style="list-style-type: none"> • driver’s license • state ID card • passport • military ID • other government-issued photo ID

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.

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Student's Name

Date of Birth

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

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

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: _____

Last Name

First Name

Middle Initial

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

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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: (1) Academic records? Yes or No (2) Dismissal of student? Yes or No
(3). Withdrawal of student? Yes or No

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

SIBLING FULL NAME _____ GRADE _____ SCHOOL _____

SIBLING FULL NAME _____ GRADE _____ SCHOOL _____

SIBLING FULL NAME _____ GRADE _____ SCHOOL _____

PARENT/GUARDIAN CONTACT INFORMATION

CONTACT #1

Name: _____ RELATIONSHIP TO CHILD: _____

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PRIMARY PHONE: _____ PHONE 2: _____

EMAIL ADDRESS: _____

CONTACT #2

Name: _____ RELATIONSHIP TO CHILD: _____

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PRIMARY PHONE: _____ PHONE 2: _____

EMAIL ADDRESS: _____

CONTACT #3

Name: _____ RELATIONSHIP TO CHILD: _____

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PRIMARY PHONE: _____ PHONE 2: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION – CONTACT MUST BE SOMEONE OTHER THAN PARENT/GUARDIAN

NAME: _____

PRIMARY PHONE: _____

PHONE 2: _____

RELATIONSHIP TO STUDENT: _____

NAME: _____

PRIMARY PHONE: _____

PHONE 2: _____

RELATIONSHIP TO STUDENT: _____

NAME: _____

PRIMARY PHONE: _____

PHONE 2: _____

RELATIONSHIP TO STUDENT: _____

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.

Yes	No	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.
Yes	No	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.
Yes	No	I give permission to have my child's picture appear on school bulletin boards, in school publications (yearbooks, playbills & class list, etc.), in video productions and in local newspapers in conjunction with school projects.
Yes	No	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.
Yes	No	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.
Yes	No	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.
Yes	No	I give permission for my child's name to be released to military recruiters. (Juniors and Seniors Only)
Yes	No	I give permission for the school department to release my contact information to the school PTO for school use only.
Yes	No	<u>School Handbook</u> I have reviewed the school handbook and agree to abide by the guidelines therein.
Yes	No	<u>Reading Public Schools Acceptable Use Policy and Internet Safety Agreement</u> Please read the policy that was distributed to all students prior to signing below. This policy is also on our district website at www.reading.k12.ma.us I have read the school district's PreK-12 Acceptable Use Regulations for Computer and Internet Use and agree to abide by those guidelines.

Parent Signature (Required for all statements, including student handbook and acceptable use policy)	
Student Signature (Required for students in Grades 4-12 for School Handbook and Acceptable Use Policy)	

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READING PUBLIC SCHOOLS
MEDICAL HISTORY

Dear Parents,

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:

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 _____

Hospital Preference: _____

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 _____

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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: _____

Home Language Survey

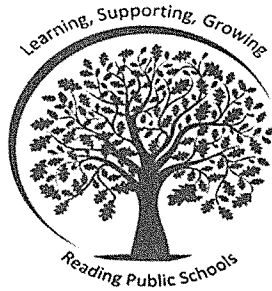
Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all 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 <input type="checkbox"/> M <input type="checkbox"/>
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? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	
Parent/Guardian Signature: X _____	_____ / _____ /20 Today's Date: (mm/dd/yyyy)	

Document available in different languages can be found at <http://www.doe.mass.edu/ell/resources.html>

John F. Doherty, Ed. D.
Superintendent of Schools

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Reading, MA 01867
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Fax: 781-942-9149



Christine M. Kelley
Assistant Superintendent

Jennifer A. Stys, Ed.D.
Director of Student Services

Gail S. Dowd, CPA
Chief Financial Officer

Reading Public Schools

Instilling a joy of learning and inspiring the innovative leaders of tomorrow

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

John F. Doherty, Ed. D.
Superintendent of Schools

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Assistant Superintendent

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Director of Student Services

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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.

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 to your registration materials.