

Narragansett Regional School District

Student Registration/Emergency Information

FOR OFFICE USE ONLY

School Choice Town (if applicable): _____ New Student: _____ Current PK Student: _____

SP _____ Date of Entry: _____ YOG: _____ Homeroom Teacher: _____

Bus Number: _____ ID: _____ SASID: _____ LASID: _____

Student: _____ **Grade:** _____
Last Name First Name Full Middle Name (**Must Include**)

Date of Birth: _____ **City, State, Country of Birth:** _____

Gender: _____ Male _____ Female _____ Non-Binary

Home Address: _____
Street City State Zip Code

Mailing Address (if different from above): _____

Temporary Address (if different from above): _____

Home Phone: (_____) _____ **Share phone number with PTO (Elem. only):** ____ Yes ____ No

Share student classwork/photo/video with the media: ____ Yes ____ No

Ethnicity

____ Hispanic or Latino
____ Not Hispanic or Latino

Race

____ American Indian or Alaska Native (origins in any of the original peoples of North, Central, or South America & maintains tribal affiliation/community attachment)
____ Asian (origins in any of the original peoples of the Far East/Southeast Asia/India)
____ Black or African American (origins in any of the black racial groups of Africa)
____ Native Hawaiian or Pacific Islander (origins in Hawaii/Guam/Samoa, or other Pacific Islands)
____ White (origins in any of the original peoples of Europe/Middle East/North Africa)

Student lives with: ____ Both Parents ____ Mother ____ Father ____ Other:

LEGAL PARENT/GUARDIAN 1

Name: _____
Relationship to Student: _____
Home Address: _____
Mailing Address: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Place of Work: _____
Email Address: _____

LEGAL PARENT/GUARDIAN 2

Name: _____
Relationship to Student: _____
Home Address: _____
Mailing Address: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Place of Work: _____
Email Address: _____

EMERGENCY CONTACTS

	NAME	RELATIONSHIP TO STUDENT	HOME PHONE	CELL PHONE
1				
2				
3				
4				
5				
6				

Legal Parent/Guardian Signature: _____ **Date:** _____

NARRAGANSETT REGIONAL SCHOOL DISTRICT
Bus Form - TES

Please Note:

The bus company will only pick up and drop off at one address,
either the home address or the daycare address.

Parents are responsible for transporting school choice students to and from school.

Student Name: _____

Parent Name: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

School: _____ Grade: _____

_____ ***My child will take the bus to and from home Monday-Friday***

_____ ***My child will take the bus to and from daycare Monday-Friday***

_____ ***My child will attend the NRSD Extended Day Program (if available)***

_____ ***I will transport my child to and from school Monday-Friday***

Daycare Provider: _____

Daycare Address: _____

Daycare Phone Number: _____

Parent Signature: _____ Date: _____



Narragansett Regional School District
Early Childhood Program
Accreditation by the National Academy of Early Childhood Programs

Parent Questionnaire

CHILD INFORMATION

Name _____ ☐ Male ☐ Female

HOME ADDRESS Street _____ Apt _____
City _____ State _____ Zip _____
Phone (_____) _____ Date of Birth _____

Who is completing this ☐ Mother ☐ Father ☐ Other _____
Parent Questionnaire? ☐ Guardian ☐ Caregiver

FAMILY

Mother

Name _____
HOME ADDRESS Street _____ Apt _____
☐ Same as Child's City _____ State _____ Zip _____
Phone (_____) _____ Date of Birth _____
EDUCATION Highest Grade Completed _____
OCCUPATION (be specific) _____

Father

Name _____
HOME ADDRESS Street _____ Apt _____
☐ Same as Child's City _____ State _____ Zip _____
Phone (_____) _____ Date of Birth _____
EDUCATION Highest Grade Completed _____
OCCUPATION (be specific) _____

Other Family Information

With whom has the child lived for most of the past year?

☐ Mother ☐ Father ☐ Both ☐ Guardian
☐ Other (specify) _____

PRESCHOOL/CHILD CARE HISTORY

Has your child attended preschool/child care before? ☐ Yes ☐ No
If yes, for how long? ☐ 6 months ☐ 1 year ☐ 2 years ☐ more than 2 years
Name of child's present most recent school _____

MEDICAL HISTORY

Birth

Were there any significant problems during pregnancy?

☐ Yes

☐ No

If yes, please explain:

Was your child more than 3 weeks premature?

☐ Yes

☐ No

If yes, how many weeks premature _____

Baby's birth weight _____

Did the baby stay in the hospital longer than the mother?

☐ Yes

☐ No

If yes, please explain:

At the time of birth, did the baby - have seizures?

☐ Yes

☐ No

turn blue?

☐ Yes

☐ No

Child's Health Since Birth

Has your child had frequent ear infections?

☐ Yes

☐ No

Has your child ever had trouble hearing?

☐ Yes

☐ No

Have you ever suspected that your child has hearing problems?

☐ Yes

☐ No

If yes, please explain:

Has your child ever had trouble walking, climbing, reaching,
holding on to things?

☐ Yes

☐ No

If yes, please explain:

Has your child ever had any significant injuries/hospitalizations?

☐ Yes

☐ No

If yes, please explain:

Does your child have allergies?

☐ Yes

☐ No

If yes, please explain:

Is your child presently on any medications?

☐ Yes

☐ No

If yes, please explain:

Please describe any other health concerns:

☐ Yes

☐ No

CHILD'S DEVELOPMENT

Do you have concerns about your child's sleeping patterns
(going to bed with difficulty or waking often during night)?

☐ Yes

☐ No

If yes, please explain:

Is your child - highly active?
very quiet?

☐ Yes

☐ No

☐ Yes

☐ No

Is your child - toilet trained during the day?
in need of help with toileting?

☐ Yes

☐ No

☐ Yes

☐ No

Does your child - play with blocks, boxes, cups or other
construction toys without help?

☐ Yes

☐ No

use crayons and/or markers to draw?

☐ Yes

☐ No

listen to stories being read?

☐ Yes

☐ No

turn pages of a book and look at pictures?

☐ Yes

☐ No

recall stories or events?

☐ Yes

☐ No

enjoy playing alone/with imaginary friends?

☐ Yes

☐ No

talk with others who come to visit?

☐ Yes

☐ No

follow simple, age-appropriate directions?

☐ Yes

☐ No

What are your child's favorite activities?

Does your child have opportunities to play with other children?

☐ Yes

☐ No

How many hours a day does your child spend watching TV? _____

Does he/she sit very close to the TV? ☐ Yes ☐ No

☐ No

Does he/she turn up the volume very high? ☐ Yes ☐ No

☐ No

Are there other things you would like to tell us about your child?

[illegible]

NOTES:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

NARRAGANSETT REGIONAL SCHOOL DISTRICT
Special Services Form

Dear Parent/Guardian:

- Is your child currently on a **504**?
YES _____ NO _____
- Is your child currently on an **IEP**?
YES _____ NO _____
- Are there any **court orders** regarding your child(ren) that the school should be aware of?
YES _____ NO _____
- Is your child currently in **DCF/DYS** custody?
YES _____ NO _____
- Is your child currently enrolled in any **English as a Second Language (ESL)** services?
YES _____ NO _____
- Is your child currently enrolled in any **Title I** services?
YES _____ NO _____

If YES, please attach a copy of the 504/IEP/court order/ESL documentation to this form or bring the original to the school and we will copy it for you.

Child's Name: _____

NARRAGANSETT REGIONAL SCHOOL DISTRICT
Affidavit for Templeton/Phillipston Residency

This form must be completed prior to enrollment with all required documentation attached. A person is considered a resident if residence or domicile is bona fide, with the intention of continuing in residence.

This form is not required for students who are considered homeless under the McKinney-Vento Act or foster students under the Every Student Succeeds Act (ESSA).

Narragansett Regional School District reserves the right to make any additional inquiries,
including police checks, regarding the incoming student's residency status.

Date: _____ **Student Name:** _____

Parent/Legal Guardian's Name: _____

Templeton/Phillipston Address: _____

Since: _____ / _____ / _____

One or more of the following must be attached to this form:

1. Purchase and sale agreement, or rent receipt with address
2. Tax bill on residence
3. Utility receipt with address
4. Valid Massachusetts driver's license with address
5. Notarized Residency Affidavit for Landlord/Shared Tenancies

****My signature signifies that the information on this form is accurate and true under the penalty of perjury.***

Signature of Parent/Legal Guardian: _____ **Date:** _____

M.G.L. ch. 76, sec. 5: Every person shall have a right to attend the public schools of the town where he actually resides, subject to the following section. No school committee is required to enroll a person who does not actually reside in the town unless said enrollment is authorized by law or by the school committee. **Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly-attended public schools.** No person shall be excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex, gender identity, religion, national origin or sexual orientation.

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.

- Do not enter a second language because the child is taking a language class at school or through home-based learning programs.
- Do not enter a second language because relatives speak another language that are NOT living with the student.
- Only enter a second language if it is being spoken in the household on a regular basis.

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) _____ / ____ / 20____	Name of Former School and Town _____	Current Grade _____
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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 -grandparents, uncles, aunts, etc. - 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 ☐ N ☐

If yes, what language? _____

Will you require an interpreter/translator at Parent-Teacher meetings? Y ☐ N ☐

If yes, what language? _____

Parent/Guardian Signature: _____

X

_____ / ____ / 20____
Today's Date: (mm/dd/yyyy)

NARRAGANSETT REGIONAL SCHOOL DISTRICT

Military Form

Dear Parent/Guardian:

In accordance with Massachusetts Department of Elementary and Secondary Education reporting requirements, the District is required to report the Military Family Status of our students annually. Please select the option that applies to the student's household.

Student Name: _____

_____ No, there is **NOT** a parent/guardian currently serving in the U.S. Military

_____ Yes, there is a parent/guardian currently serving active duty in the U.S. Military

_____ Yes, there is a parent/guardian that has been medically discharged OR retired in the last school year

_____ Yes, there is a parent/guardian who died on active duty

PARENT/GUARDIAN CURRENTLY SERVING IN THE U.S. MILITARY

1. Name: _____

Relationship to student: _____

2. Name: _____

Relationship to student: _____

PARENT/GUARDIAN WHO **DISCHARGED/RETIRED** FROM THE U.S. MILITARY IN THE **LAST SCHOOL YEAR**

1. Name: _____

Relationship to student: _____

2. Name: _____

Relationship to student: _____

Early Childhood Education Experience Survey

Please check next to the option that best describes your child's preschool experience in the school year prior to entering Kindergarten. Select one option only, and indicate hours where applicable. Thank you!

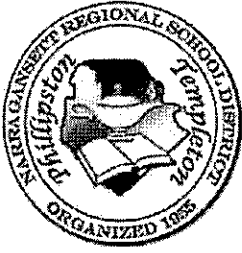
Name of child: _____

Date of Birth: _____

- ☐ My child did not have any formal early childhood program experience
- ☐ My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services- locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent-child activities).
- ☐ My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services- home visiting model program funded through the Department of Early Education and Care.
- ☐ My child did not have formal early childhood program experience but participated in **BOTH** Coordinated Family and Community Engagement (CFCE) **AND** Parent Child Home Program (PCHP) services.
- ☐ My child attended a Licensed Family Child Care Provider- EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families. **(indicate hours below)**
- ___ for less than 20 hours per week
- ___ for 20+ hours per week
- ☐ My child attended a Center Based Program- care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools. **(indicate hours below)**
- ___ for less than 20 hours per week
- ___ for 20+ hours per week
- ☐ My child attended **BOTH** a Licensed Family Child Care Provider **AND** a Center Based Program **(indicate hours below)**
- ___ for less than 20 hours per week
- ___ for 20+ hours per week

NARRAGANSETT REGIONAL SCHOOL DISTRICT

462 Baldwinville Road, Baldwinville, MA 01436 978-939-5661



Christopher D. Casavant, Ed.D.
SUPERINTENDENT OF SCHOOLS

AUTHORIZATION FOR THE EXCHANGE OF INFORMATION BETWEEN THE NARRAGANSETT REGIONAL SCHOOL DISTRICT AND STUDENT'S HEALTH CARE PROVIDER

NAME OF STUDENT: _____

ADDRESS: _____

TOWN: _____

GRADE: _____ DATE OF BIRTH _____

I, the legal parent/guardian of the above named student, hereby permit all health records and other medical information on this student to be exchanged between school health personnel in the Narragansett Regional School district and the student's health care provider.

DATE: _____

Signature of Parent/Guardian _____

**NARRAGANSETT REGIONAL
SCHOOL DISTRICT**

**ANNUAL STUDENT HEALTH
INFORMATION**

For the health and safety of your child, please help us update our medical information. List and date any and all recent and past medical issues, (e.g. injuries, illnesses, surgeries, allergies, and/or chronic medical issues) on the back of this sheet. Your child's welfare and privacy are important to us. Please feel free to call the school nurse if you have any concerns regarding this request.

Student's Name: _____

Last Name

First Name

Middle Name

Grade: _____ Date of Birth: _____

Address: _____

Parent/Guardian 1: _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Address: _____

Employer: _____

Parent/Guardian 2: _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Address: _____

Employer: _____

Who does the child live with: _____

Does your child have Health Insurance ☐ Yes ☐ No Company: _____

Does your child have Dental Insurance ☐ Yes ☐ No Company: _____

Physician Name: _____ Phone _____

Dentist Name: _____ Phone _____

Name(s) of designated adult(s) who will assume responsibility and/or transportation if parent unavailable:

Name: _____ Relationship: _____ Phone _____

Name: _____ Relationship: _____ Phone _____

Please list all medications your child is presently taking at home and/or school:

Please check all that applies to your child:

☐ Allergies (food, insects, medications, environmental) _____

☐ Heart Condition ☐ Diabetes ☐ Asthma ☐ Seizure Disorder ☐ Stomach Issues

☐ ADD/ADHD ☐ Frequent Headaches ☐ Migraines ☐ Depression ☐ Anxiety

☐ Hearing Problems ☐ Left Ear ☐ Right Ear ☐ Hearing Aids ☐ Frequent Earaches ☐ Tubes

☐ Vision Problems (specify) _____ ☐ Wears Glasses ☐ Contact Lenses

☐ Needs Preferential Seating ☐ Other (specify) _____

I ☐ DO ☐ DO NOT give permission for the School Nurse to exchange information with my child's primary care physician for the purpose of referral, diagnosis, and treatment. *I understand that I can withdraw my consent at any time.

Parent/Guardian Signature

Date

**Please list and date any past/recent illness, injury, surgery, and/or chronic medical issues
(use the back of this sheet)**

Massachusetts Parental Notice for One Time Consent to Allow the School District To Access MassHealth (Medicaid) Benefits

School District Name and Code: Narragansett Regional School District 07200000

School/District Contact: Cheryl Mousseau: 978-939-2000, cmousseau@nrds.org

Dear Parent/Guardian:

The purpose of this letter is to ask for your permission (also known as consent) to share information about your child with MassHealth. Local communities in Massachusetts have been approved to receive partial reimbursement from MassHealth for the costs of certain health-related services provided by the district to your child (or children). In order for your community to get back some of the money spent on services, the school district needs to share with MassHealth the following types of information about your child: name; date of birth; gender; type of services provided, when, and by whom; and MassHealth ID.

With your permission, the school district will be able to seek partial reimbursement for services provided by MassHealth, including, among others, a hearing test or eye exam; a school physical; occupational or speech or physical therapy; some school nurse visits; and counseling services with the school social worker or psychologist. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

The school district cannot share with MassHealth information about your child without your permission. As you consider giving permission, please be advised of the following:

1. The school district cannot require you to sign up for MassHealth in order for your child to receive the health-related and/or special education services to which your child is entitled.
2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can charge MassHealth for services provided. The school district can agree to pay the co-pay or deductible if any such cost is expected.
3. If you give the school district permission to share information with and request reimbursement from MassHealth:
 - a. This will not affect your child's available lifetime coverage or other MassHealth benefit; nor will it in any way limit your own family's use of MassHealth benefits outside of school.
 - b. Your permission will not affect your child's special education services or IEP rights in any way, if your child is eligible to receive them.
 - c. Your permission will not lead to any changes in your child's MassHealth rights; and
 - d. Your permission will not lead to any risk of losing eligibility for other Medicaid or MassHealth funded programs.
4. If you give permission, you have the right to change your mind and withdraw your permission at any time.
5. If you withdraw your permission or refuse to allow the school district to share your child's records and information with MassHealth for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you.

I have read the notice and understand it. Any questions I had were answered. I give permission to the school district to share with MassHealth records and information concerning my child(ren) and their health-related services, as necessary. I understand that this will help our community seek partial reimbursement of MassHealth covered services.

Parent/Guardian Signature: _____ Date: _____

Child's Name:	Date of Birth:	SASID # (for district to add):
Child's Name:	Date of Birth:	SASID # (for district to add):
Child's Name:	Date of Birth:	SASID # (for district to add):

Add more children

NARRAGANSETT REGIONAL SCHOOL DISTRICT
Request for Official Transcript

Date: _____ **Student Name:** _____

Grade (Circle One): PK K 1 2 3 4 5 6 7 8 9 10 11 12 SP

School entering: _____ Templeton Elementary School (PK-4)
 _____ Narragansett Middle School (5-7)
 _____ Narragansett Regional High School (8-12)

Last School Attended: _____

School Address: _____

Fax Number: _____ **Phone Number:** _____

The above-named student is enrolling in the Narragansett Regional School District in Baldwinville/Templeton, Massachusetts.

PLEASE FAX this year/last year attendance, discipline, recent report card/transcript, and current IEP/504 so we can expedite the enrollment process.

FAX: 978-939-5179

FAX for IEP: 978-939-4407 (Special Education Office)

Please mail the student record, health record, and special education record (if applicable) as soon as possible to:

Narragansett Regional School District
Attention: Felicia Kuehl
462 Baldwinville Road
Baldwinville, MA 01436
Fkuehl@nrds.org

I hereby give my permission for Narragansett Regional School District to request all records pertaining to the above-named student.

Parent/Guardian Signature: _____ Date: _____