Ipswich Public Schools

1 Lord Square, Ipswich MA 01938 Phone: 978-356-2935 Fax: 978-356-0445

ELEMENTARY SCHOOL
Student Enrollment Checklist

Student Full Name:
Date of Birth:
Grade Enrolling: __Kindergarten __Grade 1 __Grade 2 __Grade 3 ___Grade 4 __Grade 5

Residency Validation Documentation

You must provide ONE from each list

1. **Evidence of Residency (check one)**

☐ Mortgage Payment or Property Tax ☐ Lease or Rental Payment Receipt

☐ Deed ☐ Notarized letter from homeowner (if no lease)

2. **Evidence of Occupancy (check one)**

☐ Utility Bill (Gas, oil, electric, etc.) ☐ Excise Tax Bill

☐ Cable Bill

3. **Evidence of Parent/Guardian Identification (check one)**

☐ Valid Driver's License ☐ Valid MA Photo ID Card

☐ Passport

Enrollment Forms MUST Include the Following:

☐ Birth Certificate	☐ Home Language Survey
☐ Immunization Record	☐ Ethnicity Form
☐ Most Recent Physical (within 1 year)	☐ Military Status Survey
☐ Authorization for Release of Records	☐ Health History
☐ Student Enrollment Form	☐ Health Update/ Authorization for Medical Treatment
☐ Personal Inventory Form (**Grades K-5 ONLY)**	☐ Early Childhood Education Experience Survey **(K ONLY)**
☐ Contact Information Update Form	☐ Residency Validation Documents

Ipswich Public Schools

1 Lord Square, Ipswich MA 01938 Phone: 978-356-2935 Fax: 978-356-0445

Authorization for Release of Student Records

Grades 1-12

__ Paul F. Doyon Memorial School
216 Linebrook Road
Ipswich, MA 01938 (fax) 978-356-8574

__ Winthrop School
65 Central Street
Ipswich, MA 01938 (fax) 978-356-8739

__ Ipswich Middle School
130 High Street
Ipswich, MA 01938 (fax) 978-412-8169

__ Ipswich High School
134 High Street
Ipswich, MA 01938 (fax) 978-356-3720

Student's Name:_____ Date of Birth:_____

New Address:_____ Phone:_____

Former Address:_____

*****

From Former School: _____ Phone:_____

Address:_____

To New School:_____ Phone:_____

Address_____ Fax:_____

*****

Records:

Student records are requested upon transfer, outside evaluation, admission to further education or employment. I hereby request that the records indicated below be forwarded to/from the Ipswich Public Schools (as indicated above):

__ All contents of cumulative record, including those listed below

__ Grade Record
__ Test Scores (Standardized)
__ Attendance Records
__ Discipline Records
__ Health Records
__ School Activities
__ Special Education Records, Education Plans, Evaluations
__ Other _____

*****

Authorized Signature:_____ Date: _____

Print Name:_____

Address:_____ Phone:_____

Relationship to Student: __ Parent __ Legal Guardian __ Student

Ipswich Public Schools

1 Lord Square, Ipswich MA 01938 Phone: 978-356-2935

Student Enrollment Form

1. **Student Information:**

First Name:_____ Middle Name:_____ Last Name:_____

Preferred Name:_____ Gender: _____ Grade Entering:_____)_____

Date of Birth:_____ Place of Birth: _____

Home Address:_____

Primary Phone: _____ Email Address: _____

Language(s) Spoken at Home:_____

***

Student Lives Primarily With: _____

Other Children in Household: Date of Birth:

_____

_____

***

Please specify if student has a sibling at either DOYON or WINTHROP (**Elementary Enrollment ONLY**): _____

Does the student have the following: ___ Individualized Education Plan (IEP) ___504 Accommodation Plan

2. **Parent or Guardian Information:**

Parent 1:_____	Parent 2:_____
Home Address:_____	Home Address:_____
Primary Phone:_____	Primary Phone:_____
Second Phone:_____	Second Phone:_____
Email:_____	Email:_____
Occupation:_____	Occupation:_____
Place of Employment:_____	Place of Employment:_____

3. **Emergency Contact:**

Emergency Contact:_____ Relationship: _____

Primary Telephone: _____ Second Telephone:_____

Address:_____

Emergency Contact:_____ Relationship: _____

Primary Telephone: _____ Second Telephone:_____

Address:_____

4. **Family Educational Rights and Privacy Act (FERPA)**

The Family Educational Rights and Privacy Act (FERPA), the federal law concerning access to student records, directs that:
An educational agency or institution shall give full rights under the Act to either parent, unless the agency or institution has been provided with evidence that there is a court order, state statute or legally binding document relating to such matters as divorce, separation, or custody that specifically revokes these rights.

Similarly, the Massachusetts Student Records Regulations (603 CMR 23.00) define a "parent" as:
A student's father or mother, or guardian, or person or agency legally authorized to act on behalf of the child in place of or in conjunction with the father, mother, or guardian. The term as used in 603 CMR 23.02 shall include a divorced or separated parent, subject to any written agreement between parents or court order governing the rights of such a parent that is brought to the attention of the school principal.

As of 1998, Massachusetts law (General Laws Chapter 71, Section 34H) specified detailed procedures that govern access to student records by parents who do not have physical custody of their children.

So that we can implement student records laws appropriately and communicate with you concerning news and school events pertaining to your child, please provide the following information.

Please check one (1) of the following:

The student lives with:

☐ Both Parents Parent 1: _____ Parent 2: _____

☐ Guardian(s):_____

☐ Parents share custody of this child

Parent 1 Address:_____

Parent 2 Address:_____

☐ Parents do NOT share custody. However, the non-custodial parent may have access to school records, teacher conferences, report cards, etc. (If not, as the custodial parent you must provide the school with legal documentation that supports your position.

☐ There are issues of custody. (Please speak with the school principal)

Parent/Guardian Signature:_____ Date:_____

Ipswich Public Schools

1 Lord Square, Ipswich MA 01938 Phone: 978-356-2935 Fax: 978-356-0445

Contact Information Update

The Blackboard Connect system allows for two types of messages to be sent, an outreach message or an emergency message. An outreach message will be sent only to the Primary phone contact and the Primary email addresses. An emergency message will be sent out to all contact numbers and email addresses.

Please list below your contact information in the order of which you wish to be contacted. Please indicate all phone numbers as a home, cell, or work number.

Phone Numbers

Used for the Blackboard Connect Outreach/Emergency system

Primary Contact:

Name:_____ Phone Number:_____

Please circle one: Cell Home Work

Second Contact:

Name:_____ Phone Number:_____

Please circle one: Cell Home Work

Third Contact:

Name:_____ Phone Number:_____

Please circle one: Cell Home Work

Email Address

(Used for the Blackboard Connect Outreach/Emergency sytem)

Primary Contact:

Name:_____ Email:_____

Second Contact:

Name:_____ Email:_____

Ipswich Public Schools

1 Lord Square, Ipswich MA 01938 Phone: 978-356-2935 Fax: 978-356-0445

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 ☐ M ☐

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

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

Ipswich Public Schools

1 Lord Square, Ipswich MA 01938 Phone: 978-356-2935 Fax: 978-356-0445

Student Ethnicity Form

Student Name:_____

School:_____ Grade: _____

Please answer BOTH questions 1 and 2:

1. **Is this student Hispanic or Latino? (please choose only one)**
   - ☐ No, not Hispanic or Latino
   - ☐ Yes, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
2. **What is the student's race? (please choose one or more)**
   - ☐ American Indian or Alaska Native (a person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment)
   - ☐ Asia (a person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)
   - ☐ Black or African American (a person having origins in any of the original people of Africa)
   - ☐ Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
   - ☐ White (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

Parent/Guardian Signature: _____ Date: _____

Ipswich Public Schools

1 Lord Square, Ipswich MA 01938 Phone: 978-356-2935 Fax: 978-356-0445

Military Status Survey

Student Name:_____ Date:_____

1. **Do your children have a family member who is or has been in the military that makes them eligible for assistance under the compact?** Yes ____ No ____

2. Please circle yes if any of the following applies:

☐ YES NO ☐ Active duty members of the uniformed services, National Guard and Reserve on active duty orders

☐ YES NO ☐ Members or veterans who are medically discharged or retired within the past year

☐ YES NO ☐ Members who have died not covered above

☐ YES NO ☐ Department of Defense personnel, federal agency civilians, and contract employees not defined as active duty.

Parent/Guardian Signature:_____ Date:_____

Ipswich Public Schools

1 Lord Square, Ipswich MA 01938 Phone: 978-356-2935 Fax: 978-356-0445

HIGH SCHOOL ONLY

Ipswich High School Athletic Department

Student Eligibility/ Transfer Form

Student Name:_____ Primary Phone:_____

Address:_____

Email:_____

Student's Current Age:_____ Date of Birth:_____

Date of Enrollment in Ipswich High School:_____

Name of Previous School:_____

Address of Previous School:_____

Are you interested in participating in our athletic program? YES___ NO___

If you answered "YES", please complete the following questions.

1. Which sports do you wish to play?
   _____
2. Name the sports/levels played at your previous schools?
   _____
   _____
3. Reason to transfer to Ipswich High School?
   _____
4. Have you ever repeated a grade?
   _____
5. Have you ever not attended school on a regular basis?
   _____

For office only: This form should be forwarded to the Athletic Director

Ipswich Public Schools

1 Lord Square, Ipswich MA 01938 Phone: 978-356-2935 Fax: 978-356-0445

HIGH SCHOOL ONLY

Release of Student Information to Military Recruiter and/or College/University Recruiters

Under the federal "No Child Left Behind" Act, public high schools must give the names, addresses and telephone numbers of students to the U.S. military and college/university recruiters if the recruiters request the information. Students or their parents have the right to instruct the school in writing that their personal information is NOT to be released.

If you do not consent to the release of this information to military and/or college recruiters, please check the appropriate box below.

Student Name:_____

_____ DO NOT release student contact information to MILITARY RECRUITERS

_____ DO NOT release student contact information to COLLEGE/UNIVERSITY RECRUITERS

Signature of Student of Parent**:_____ Date:_____

***** Students have the right to request that their contact information not be released to recruiters. Parents can override a child's decision by notifying the school in writing ONLY if the student is under 18.***

§7908. Armed Forces recruiter access to student recruiting information:

(a) Policy.

(1) Access to student recruiting information. Notwithstanding section 444(a)(5)(B) of the General Education Provisions Act [20 USCS §§ 1232g(a)(5)(B)] and except as provided in paragraph (2), each local educational agency receiving assistance under this Act [20 USCS §§6301 et seq.]shall provide, on a request made by military recruiters or an institution of higher education, access to secondary school students names, addresses, and telephone listings.

(2) Consent. A secondary school student or the parent of the student may request that the student's name, address, and telephone listing described in paragraph (1) not be released without prior written parental consent, and the local educational agency or private school shall notify parents of the option to make a request and shall comply with any request.

(3) Same access to students. Each local educational agency receiving assistance under this Act [20 USCS §§ 6301 et seq.] shall provide military recruiters the same access to secondary school students as is provided generally to post secondary educational institutions or to prospective employers of those students.

(b) Notification. The Secretary, in consultation with the Secretary of Defense, shall, not later than 120 days after the date of enactment of the No Child Left Behind Act of 2001 [enacted Jan. 8, 2002], notify principals, school administrators, and other educators about the requirements of this section.

(c) Exception. The requirements of this section do not apply to a private secondary school that maintains a religious objection to service in the Armed Forces if the objection is verifiable through the corporate or other organizational documents or materials of that school.

(d) Special rule. A local educational agency prohibited by Connecticut State law (either explicitly by statute or through statutory interpretation by the State Supreme Court or State Attorney General) from providing military recruiters with information or access as required by this section shall have until May 31, 2002, to comply with that requirement.

Ipswich Public Schools

Welcome to Ipswich Middle/High School Health Services

Please complete the Student Health forms included in this packet. In addition, please include the following:

- ☐ Current (dated within one year of enrollment date) proof of physical exam from your child's primary care provider.
- ☐ Current Immunization record (see below for requirements). For vaccine exemption, proper documentation must be on file prior to enrollment and must be renewed annually.
- ☐ Additional forms are required for students who require prescription medications during the school day. Please contact the school nurse for these forms.

Vaccine Requirements	
Tdap	**1 dose** with history of DTaP primary series
Polio	**4 doses** (4th must be after the age of 4)
Hepatitis B	**3 doses**
MMR	**2 doses;** must be given on or after the 1st birthday; laboratory evidence of immunity acceptable
Varicella	**2 doses;** must be given on or after the 1st birthday; a reliable history of chickenpox* or laboratory evidence of immunity acceptable
Meningococcal	**1 dose** on/after 10th birthday; **second dose** given on/after 16th birthday

For questions or concerns, please contact your child's school specific nurse

Middle School: (978) 356-3535, ext 2257

High School: (978) 356-3137, ext 2157

Ipswich Public Schools

Student Health History

Student Name: _____ DOB: _____ Grade: _____

Allergies: If your child requires emergency medication for anaphylaxis, please contact school nurse.		
Allergy	Reaction	Treatment

Health Conditions: Check all that apply and describe			
☐	ADD/ADHD	☐	Heart Condition
☐	Asthma or Respiratory Condition	☐	Mental Health Condition
☐	Autism	☐	Neurologic Condition
☐	Blood Disorder	☐	Surgical History
☐	Bowel/Bladder Condition	☐	Scoliosis
☐	Diabetes	☐	Seizure Disorder
☐	Hearing or Vision Impairment	☐	Skin Condition
☐	Other:		
Additional comments:			

Is there any condition that would prevent your child from participating in physical education or sports?
If yes, please describe and provide medical documentation: _____

_____

_____ _____
(Signature of Parent/Guardian) (Date)

_____
Printed Name

Ipswich Public Schools
Annual Health Update/ Authorization for Treatment

Student Name:_____ **Date of Birth:**_____ **Grade:**_____

Home Address: _____

Parent/Guardian 1:_____ **Relationship:**_____

Primary Contact Number:_____ **Secondary Contact Number :**_____

Parent/Guardian 2: _____ **Relationship:**_____

Primary Contact Number : _____ **Secondary Contact Number :**_____

Local person to contact in case parent/guardian cannot be reached:_____

Relationship: _____ **Phone Number:**_____

Permission to Receive Over the Counter (OTC) Medications

The School Nurse has my permission to administer the following medications (check all that apply):

_____ Ibuprofen (Advil, Motrin)	_____ Tums
_____ Tylenol (acetaminophen)	_____ Cough drops/Lozenges
_____ Sudafed (Phenylephrine)	_____ Midol (females only)
_____ Cough syrup (Robitussin)	_____ NO OTC medications to be given
_____ Other:_____	

Consent for Medical Professional Collaboration

There may be occasions on which the school nurse may need to contact your physician or dentist for health information. If you agree to this communication, please sign below.

I give permission for the school nurse to contact my child's provider(s) when necessary: **___ YES ___ NO**
Signature:_____ **Date:**_____

Insurance Carrier:_____ **Physician:**_____

Other Instructions/Concerns:_____

I HEREBY AUTHORIZE EMERGENCY TREATMENT FOR THE ABOVE NAMED STUDENT.

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

If your contact information has changed from last year, please indication by checking here:_____

Middle___ High___