



Peabody Public Schools

Elementary Schools

Brown School	978-536-4100
Burke School	978-536-5400
Carroll School	978-536-4200
Center School	978-536-5475
McCarthy School	978-536-5625
South School	978-536-5700
Welch School	978-536-5775
West School	978-536-5850

Secondary Schools

PVMHS	978-536-4500
Higgins Middle School	978-536-4800

Pre-Schools

ECC – Pre-School@Mc	978-536-5631
Passos Avante	978-536-5760

TO: Peabody Public School Parent/Guardian

Re: School Registration

Please complete this packet to register your child in the Peabody Public Schools.

This packet contains:

- SCHOOL REGISTRATION FORM
- EMERGENCY/CONSENT FORM
- HOME LANGUAGE SURVEY
- RELEASE OF STUDENT RECORDS
- MEDICAL PACKET
- DIRECTORY INFORMATION NOTICE

You will also need to provide the following:

- BIRTH CERTIFICATE
- MUST HAVE 2 PROOFS OF RESIDENCY:
CURRENT UTILITY BILL (Water, Gas, Cable, Telephone, Electric), **AND** a
LEASE/MORTGAGE, or DRIVER'S LICENSE **with current address.**

When a new student is registering for school and lives with anyone other than their parents, we must receive an **OFFICIAL COURT DOCUMENT** stating legal custody, and proof of residency.

Please return all these forms, including birth certificate and 2 proofs of residency, to your child's school. This will begin your registration process. Please contact your child's school if you need further information.

During the summer months only, please deliver the registration packet for elementary school at the School Administration Offices, 27 Lowell Street, Peabody MA.

Thank you for your cooperation



PEABODY PUBLIC SCHOOLS

Registration Form

Copy of Birth Certificate must be attached

FOR SCHOOL USE ONLY:

SASID _____ SPED _____ 504 _____ ELL Services _____ IEP _____ FLEP _____

Birth Certificate _____ Immunization _____ Private Physician Form _____ Proof of Residence 1 _____ 2 _____

Grade _____ Room # _____ Teacher _____ DOE _____ School _____

ALL QUESTIONS MUST BE COMPLETED-PLEASE PRINT

Name of person completing this form _____ Relationship to child _____

Does this child qualify as homeless? (circle one) YES NO

If yes, what type of dwelling is this child living in? (circle one) Shelter Doubled Up Unsheltered Hotel/Motel

If yes, is this child unaccompanied? (circle one) YES NO Foster Care? (circle one) YES NO

Is this child a member of a military family? (circle one)

00	No, not a member of a military family.
01	Yes, child of active duty member.
02	Yes, child of member or veteran who was medically discharged or retired in the last year.
03	Yes, child of member who died on active duty in the last year.

Grade child is entering _____ (circle one) Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12
Month _____ Year _____

Name of Last School or Pre-School Child Attended: _____

School Address: Street _____ City _____ State _____ Zip _____ Country _____

Has your child ever been a student in Peabody Public Schools including Passos or McCarthy Preschool? ____ Yes ____ No

If Yes, Name of School _____ Grade _____ Last year attended _____

Child's Legal Name in Full _____
(as listed on birth certificate) (First Name) (Full Middle Name) (Last Name)

Child's gender: ____ Male ____ Female ____ Non-Binary Child's Date of Birth: Month _____ Day _____ Year _____

Child's Place of Birth _____
(City) (State) (Country)

Child's Home Address _____
(Street) (Apt#) (City) (State) (Zip)

Child's Home Telephone # _____ Child's Social Security # _____

• IF BIRTH COUNTRY IS NOT THE UNITED STATES:

Has this student completed three (3) years of schooling in the U.S.? ____ Yes ____ No

First year of schooling in the U.S. _____

• IF CHILD IS ENTERING FROM ANOTHER COUNTRY: Visa Type _____

Please complete both Ethnicity and Race Choice

Ethnicity (chose one) ____ Hispanic ____ Non-Hispanic

Race (chose all that apply)

____ White ____ Black or African American ____ Native Hawaiian or Other Pacific Islander

____ Asian ____ American Indian or Alaska Native

Is your child receiving any Special Education Services (including speech, OT, or resource room)? Yes No

If YES, do you have a copy of the IEP? (Individual Education Program) Yes No

Is your child receiving any ELL Services? Yes No If YES, # of years in ELL Program _____

What was the child's first (native) language? _____

Does your child speak any language at your home other than English? Yes No If Yes, what language _____

Do you require counseling services in any language other than English? Yes No If Yes, what language _____

Child resides with: Father & Mother Mother only Father only Guardian

Other Relative (please specify) _____ Other (Please specify) _____

Who is child's legal guardian? Father & Mother Mother only Father only Guardian

Other Relative (please specify) _____ Other (Please specify) _____

Parent/Guardian (1) _____ Relationship _____
(First Name) (Last Name)

Home Address _____
(Street) (Apt #) (City) (State) (Zip code)

Home Phone # _____ Business Phone # _____

Cell Phone # _____ Email _____

Parent/Guardian (2) _____ Relationship _____
(First Name) (Last Name)

Home Address _____
(Street) (Apt #) (City) (State) (Zip code)

Home Phone # _____ Business Phone # _____

Cell Phone # _____ Email _____

List other children residing at the same address

Name _____ Age _____ M _____ F _____ Relationship _____ School _____ Grade _____

Name _____ Age _____ M _____ F _____ Relationship _____ School _____ Grade _____

Name _____ Age _____ M _____ F _____ Relationship _____ School _____ Grade _____

Others who reside in the same address: _____

In case of emergency, the school can contact or release your child to:

Name _____ Relationship (Aunt, Neighbor, etc.) _____

Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Name _____ Relationship (Aunt, Neighbor, etc.) _____

Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Is any person legally prevented from having contact with the student? Yes _____ No _____

IF YES, MUST ATTACH A COURT DOCUMENT

Signature _____ Date _____



PEABODY PUBLIC SCHOOLS

SCHOOL EMERGENCY / CONSENT FORM

FOR OFFICE USE ONLY

School: _____ SASID # _____
 Date Completed _____ Teacher _____
 Grade _____ Homeroom # _____ Guidance _____

IF CHANGE OF ADDRESS OR PHONE, PLEASE CHECK

Student Name _____ Sex: M / F / Non Binary
Last First Full Middle Name

Date of Birth / / Birthplace _____
M D Year City State Country

Student Address _____ Home Phone _____

Parent/Guardian (1) _____ Home Phone _____
(first name) (last name)
 Address _____ Cell Phone _____
 _____ email: _____

Parent/Guardian (2) _____ Home Phone _____
(first name) (last name)
 Address _____ Cell Phone _____
 _____ email: _____

Do Parents/Guardians Speak English? (circle one) Yes No If not, what language spoken? _____

Does student speak a second language? (Specify) _____

Transportation: Walk _____ Car _____ Bus _____ (please check one)

Other students living at same address: List Name, Relationship & School _____

Persons to contact in emergency, or release your child to, if parent / guardian cannot be reached

Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____

 Person(s) having legal custody of student _____

Is any person legally prevented from having contact with student? Yes _____ No _____
 IF YES, MUST ATTACH A COURT DOCUMENT

Does this child qualify as homeless? (circle one) YES NO
 If yes, what type of dwelling is this child living in? (circle one) Shelter Double Up Unsheltered Hotel/Motel
 If yes, is this child unaccompanied? (circle one) YES NO Foster Care? (circle one) YES NO

Is this child a member of a military family? (circle one)

00	No, not a member of a military family.
01	Yes, child of active duty member.
02	Yes, child of member or veteran who was medically discharged or retired in the last year.
03	Yes, child of member who died on active duty in the last year.

Please list any known medical conditions: _____

Please list any known allergies: _____

Please list any medications student is taking: _____

Physician: _____

Address: _____ Phone: _____

Dentist: _____

Address: _____ Phone: _____

Hospital preferred in an emergency: _____

Medical directives you wish to make known: _____

As a precautionary measure, we would like to ensure that all students have access to medical treatment, if needed. In case of injury or illness requiring medical intervention, every effort will be made to notify parent / guardian. In the event that this is not possible, treatment will be initiated promptly by the school nurse, E.M.T. and / or local hospital facility.

I hereby authorize the _____ School through its medical staff and / or local ambulance service and hospital facility to act in the best interest of my son / daughter in the event of injury or medical problem requiring immediate attention. Exceptions, if any: _____

Please indicate your approval with your signature _____
Parent / Legal Guardian *Date*

I DO NOT AUTHORIZE THIS ACTION

Signature _____
Parent / Legal Guardian *Date*

I give my permission for the school nurse to share with the student's physician any information pertaining to the Student's Health Record.

Signature _____
Parent / Legal Guardian *Date*

I DO NOT AUTHORIZE THIS ACTION

Signature _____
Parent / Legal Guardian *Date*

I give my permission to the school nurse to share pertinent health information regarding the student with appropriate school personnel.

Signature _____
Parent / Legal Guardian *Date*

I DO NOT AUTHORIZE THIS ACTION

Signature _____
Parent / Legal Guardian *Date*

PEABODY PUBLIC SCHOOLS

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

_____ Gender: F / M / Non Binary
First Name Middle Name Last Name

_____ Date of Birth (mm/dd/yyyy) Date first enrolled in any U.S. school (mm/dd/yyyy)
Country of Birth

School information

_____ Name of Former School and Town Current Grade
Start Date in New School (mm/dd/yyyy)

Questions for Parents/Guardians

What is the native language(s) of each parent/guardian? (circle one)

_____ (mother / father / guardian)

_____ (mother / father / guardian)

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? _____

Which other languages does your child know? (circle all that apply)

_____ speak / read / write

_____ speak / read / write

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 No

Will you require an interpreter / translator at Parent-Teacher meetings? Yes No

Parent/Guardian Signature

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



Peabody Public Schools

RELEASE OF STUDENT RECORDS

In accordance with the Massachusetts Department of Education, Student Record Regulations (603 CMR 23 00-23 12 dated 6/8/90), please include as soon as possible all academic records, achievement test scores, MCAS scores, Special Education records, attendance, health records, behavior and related information that may be helpful for the proper educational placement of this student, Massachusetts' law requires that a transfer form must accompany these records.

Name of Student _____ Grade _____
(Last) (First) (Full Middle Name)

SASID #: _____

Current School:

Name of School

Street Address

City State Zip Code Country

Telephone # Fax #

New School:

Name of School

Street Address

City State Zip Code Country

Telephone # Fax #

Parent/Legal Guardian Signature

Date

Access to Records by Authorized School Personnel, Parents, and Eligible Students

Student records can be accessed by authorized school personnel, parents, eligible students, and clerical personnel for clerical purposes, (23.02) Effective November 1998, Massachusetts law has changed and now requires that non-custodial parents provide written verification in the form of a probate court order or judgment relative to custody of the child, specifying, in detail, that they have not been denied custody based on a threat to the safety of the child or the custodial parent.

FOR INDIVIDUAL SCHOOL USE ONLY

Records Included:

- _____ Academic Records
- _____ Achievement Test Scores
- _____ MCAS Scores
- _____ Special Education Records
- _____ Attendance Records
- _____ Health Records
- _____ Behavior Records

Date of Authorization

Date Records Mailed

By



CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES
24 Lowell Street
Peabody, Massachusetts 01960
(978) 538-5926
Fax: (978) 538-5990

BOARD OF HEALTH
BERNARD H. HOROWITZ, CHAIRMAN
THOMAS J. DURKIN III
LEIGH ANN MANSBERGER, MD, MPH

SHARON CAMERON
DIRECTOR

Dear Parent/Guardian:

We would like to inform you of the policies that have been put in place to ensure the health and safety of children requiring medication during the school day. It is the policy of the Peabody Health Department to administer medication during the school day only when necessary.

The following forms are required to be on file in your child's health record before we begin to give any prescribed medicine at school during the school day.

1. Signed medication order by a licensed prescriber (your child's physician, nurse practitioner, etc.). This order must be renewed as needed for any change of medication during the school year and at the beginning of each academic year.
2. Signed parental/guardian consent form to administer the medication.

Please see the school nurse for these required forms.

You may also go to the Peabody Public Schools website at www.peabody.k12.ma.us. Once there you click on "Departments" and in the drop down list, you will find Health and Safety. Click on Health and Safety and this will bring you to a page that has Nurses listed. Click on Nurses and you will find an information page as well as links to download the required medication consent forms.

Please be aware that medication must be delivered to the school in a pharmacy or manufacturer-labeled container by you or a designated responsible adult. Also, we advise that no more than a 30 day supply of medicine be delivered to the school.

When your child needs a medicine to be given during the school day, please act quickly to follow these policies so we may begin to administer the medicine as soon as possible. Again, we will be unable to give the medicine without the medication order and parental consent forms in place. Thank you.

Sincerely,

Brenda Wolff, BSN, RN
School Nurse Leader
City of Peabody
brenda.wolff@peabody-ma.gov
978-538-5930

**Massachusetts Department of Public Health
CERTIFICATE OF IMMUNIZATION**

Name _____

Date of Birth: _____ Sex: Female Male Non-Binary

If combination vaccine is administered, please indicate vaccine type (e.g. Dtap-Hib, etc.)

Vaccine		Date/Vaccine Type	Vaccine		Date/Vaccine Type
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV)	1		Haemophilus influenzae type b (e.g., Hib, HepB-Hib, DTaP-Hib)	1	
	2			2	
	3			3	
		4			
Diphtheria, Tetanus, Pertussis (e.g., DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td)	1		Measles, Mumps, Rubella (MMR)	1	
	2			2	
	3		Varicella (Var)	1	
	4			2	
	5				
	6		Hepatitis A (HepA)	1	
	7			2	
Polio (e.g., IPV, DTaP-HepB-IPV)	1		Pneumococcal Polysaccharide (PPV23)	1	
	2			2	
	3		Influenza Inactivated (Intramuscular) or Live (Intranasal)	1	
	4			2	
Pneumococcal Conjugate (PCV7)	1		Other:	3	
	2				
	3				
	4				

Serologic Proof of Immunity		Check One	
Test (if done)	Date of test	Positive	Negative
Measles	/ /		
Mumps	/ /		
Rubella	/ /		
Varicella*	/ /		
Hepatitis B	/ /		

* Must also check Chickenpox History box.

Chickenpox History
<input type="checkbox"/> Check the box if this person has a physician-certified reliable history of chickenpox.
Reliable history may be based on: physician interpretation of parent/guardian description of chickenpox physical diagnosis of chickenpox, or serologic proof of immunity

I certify that this immunization information was transferred from the above-named individual's medical records.

Doctor or nurse's name (please print) _____ Date: _____

Signature: _____

Facility name: _____

Peabody Public Schools

Directory Information Notice

The Peabody Public Schools has designated certain information contained in the education records of its students as directory information for purposes of the Family Educational Rights and Privacy Act (FERPA) and the Student Record Regulations at 603 CMR 23.00 et seq.

The following information regarding students is considered directory information: (1) name, (2) address, (3) telephone number, (4) date and place of birth, (5) major field of study, (6) participation in officially recognized activities and sports, (7) weight and height of members of athletic teams, (8) dates of attendance, (9) degrees, honors and awards received, (10) post high school plans of the student.

Directory information may be disclosed in accordance with School Committee Policy for purposes INCLUDING BUT NOT LIMITED TO Homeroom Lists, Class Lists, and Honor Rolls, in the discretion of the school system, without the consent of a parent of a student or an eligible student, Parents of students and eligible students have the right, however, to refuse to permit the designation of any or all of the above information as directory information. In that case, this information will not be disclosed except with the consent of a parent or student, or as otherwise allowed by FERPA and 603 CMR 23.00 et seq. You are hereby notified that pursuant to this notification, the school system will provide requested directory information to military recruiters unless the parent or eligible student specifically directs otherwise, as required by the No Child Left Behind Act.

Any parent or student refusing to have any or all of the designated directory information disclosed must file written notification to this effect with the Principal on or before the 15th day of each September.

In the event that a refusal is not filed it is assumed that neither a parent of a student or eligible student objects to the release of the directory information designated.