



AMHERST REGIONAL PUBLIC SCHOOL DISTRICT

170 CHESTNUT STREET AMHERST, MA 01002

TEL. (413) 362-1810 FAX (413) 549-6108

www.arps.org/district/elementary



ELEMENTARY REGISTRATION FORM

For Registrar Office Use Only:			For School Office Use Only:		
Registration Form	_____	Parent Photo ID:	_____	SE (IEP)	_____
Birth Certificate	_____	Custody Forms	_____	WIDA	_____
Proof of Res.	_____	Edu. Records	_____	DLI	_____
Immun. Records	_____	Release Rqt. Rcds.	_____		
Physical Exam	_____	Home Lang. form	_____	Nt. Lang.	_____
Last, First Name: _____			LASID: _____		School: _____
YOG	_____	Gr. Assignment	_____	Dist. Entry Date	_____
				Entry Code:	_____
School Choice _____					
Notes:					

STUDENT INFORMATION

Student's Legal name:	<small>Last</small>	<small>First</small>	<small>Middle</small>
Date of Birth:	<small>MO-DAY-YR</small>	Town & Country of Birth: <small>(City, State, Country)</small>	Gender: Male Female non-binary
Grade	PK K 1 2 3 4 5 6	Kindergarten only: Are you interested in the Dual Language Program? Yes No	Native Language:
Address:		Primary Phone*	
Has this student been enrolled in Amherst or Pelham Public Schools before?		Yes No	When:
Has the student attended schools in the USA for three consecutive school years?		Yes No	Date first enrolled in ANY USA schools
Is this student enrolling through School Choice?	Yes No		

Ethnicity & Race: Required by State & Federal regulations

Ethnicity:	Is the student Hispanic or Latino? Person of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture/origin, regardless of race.	Yes No
Race: Choose one or more from the following racial groups:	<input type="checkbox"/> Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
	<input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North, South and Central America, and who maintains tribal affiliation or community attachment)	<input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa)

Parent / Legal Guardian #1 *primary phone to be called by Parent Notification System for school cancellations/emergencies

Name of Parent/Guardian:	Father Mother Legal Guardian Other:
Address: <i>(if different than student)</i>	
Primary Phone*	<small>Cell / Home / Work Text Accepted Yes No</small>
Other Phone:	<small>Cell / Home / Work Text Accepted Yes No</small>
Email Address:	
Place of Employment:	Translation needed: <input type="checkbox"/> Written <input type="checkbox"/> Verbal

Parent / Legal Guardian #2 *primary phone to be called by Parent Notification System for school cancellations/emergencies

Name of Parent/Guardian:	Father Mother Legal Guardian Other:
Address: <i>(if different than student)</i>	
Primary Phone*	<small>Cell / Home / Work Text Accepted Yes No</small>
Other Phone:	<small>Cell / Home / Work Text Accepted Yes No</small>
Email Address:	
Place of Employment:	Translation needed: <input type="checkbox"/> Written <input type="checkbox"/> Verbal

Mass Statute provides that both parents have equal rights and access to their child and his/her school records, unless a court order states differently. Court orders should be copied and kept in the child's Cumulative Record at the school.

Are there any court documents (legal issues/custody) that name your child?	Yes	No
Please indicate which parent can pick the child up from school?	Parent 1:	Parent 2:
Which parent receives report cards/school mailings?	Parent 1:	Parent 2:

ALL Other household members (other than parents and student already named above)

Legal name:	Date of Birth	School (if Applicable)	Grade	Relationship to student:

Active Military Affiliation: Valor Act - for the purpose of providing support to ACTIVE military families.

<input type="checkbox"/> Student has a parent(s) who is currently on ACTIVE Duty <input type="checkbox"/> Student has a parent who is a medically discharged veteran or who has retired <u>within the past year</u>	<input type="checkbox"/> Student has a parent who died while on Active Duty <input type="checkbox"/> None of the above (Not ACTIVE duty military, includes veterans (non-active) and non-military families)
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Publication Consent:	
Dept. of Ed. Regulations 603 CMR 23.07 (4)(a): the school may release for publication certain information from officially recognized school activities/functions concerning your child, from time to time without first obtaining your consent, unless indicated otherwise below. Directory information can include: student's name, address, telephone listing, date and place of birth, major field of study, dates of attendance, weight/height of athletic members, participation in class activities and sports, degrees, honors, awards and post-high school plans.	
<input type="checkbox"/>	I agree to release this information for publication without my consent
<input type="checkbox"/>	I DO NOT agree to release this information for publication without my consent

Previous School Experience:	
Last school attended:	School District:
School address:	
Phone:	Fax:
Grades Attended:	Date left previous school:
Home address while attending previous school:	
Has the student ever repeated a grade level?	Yes No If Yes, which one(s)?

Special Programs - Please check if student has received any special services or participated in any of the following programs.			
<input type="checkbox"/> ELL/Bilingual Program	<input type="checkbox"/> IEP	<input type="checkbox"/> Title 1	<input type="checkbox"/> Resource Specialist
<input type="checkbox"/> Speech/language	<input type="checkbox"/> 504 Plan	<input type="checkbox"/> Other:	

Education Reform Act of 1993. Amended Section 37, 37L of said Chapter 71 of the General Laws states that a student transferring into a local system must provide the new school system with a complete school record of entering student. Said record shall include, but not be limited to, any incidents involving suspension or violation of criminal acts or any incident reports in which such student was charged with any suspended act.	
Has the student ever been expelled from another school?	Yes No
Has the student ever been suspended for possession of a dangerous weapon, controlled substance or staff assault?	Yes No
If yes, describe the circumstances and give the length of the suspension:	

Emergency Contacts: Please provide at least one person (NOT PARENTS) who have given their consent to assume responsibility/provide transportation if parent/guardian is unable to be reached in an emergency: (note: photo identification will be required at the time of pick-up)		
Name:	Phone:	Cell / Home / Work
Relationship to student: Grandparent neighbor family friend child care provider		
Name:	Phone:	Cell / Home / Work
Relationship to student: Grandparent neighbor family friend child care provider		

Signature of Custodial Parent or Guardian:
<i>By signing below, I affirm that all the information on this form is correct to the best of my knowledge. If this student is enrolled in the District on the basis of information knowingly falsified by me, I am liable to the District for the daily tuition rate and the student will be withdrawn. I also acknowledge that the emergency contacts listed have my permission to pick up my child in the event of an emergency if I cannot be reached.</i>

Signature of Parent or Legal Guardian: _____ Date: _____

"Every person shall have a right to attend the public school of the town where he/she 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." M.G.L. Chapter 76, Section 5.



AMHERST REGIONAL PUBLIC SCHOOL DISTRICT

170 CHESTNUT STREET AMHERST, MA 01002
TEL. (413) 362-1810 FAX (413) 549-6108



VERIFICATION OF RESIDENCY

Prior to admission, and yearly thereafter, students living within the district must provide proof of residence and occupancy (Policy JBA). M.G.L. C 76, §5 allows the School Committee to obtain the full cost of any student's education from any adult who allows a student to attend Amherst Public Schools, knowing that the student is not a resident.

Student's Name: _____

Resides at the following address: _____
Street City State Zip

I understand that a student must reside in Amherst, MA to attend the Amherst Public Schools (or be accepted into the school choice program). As the adult with whom this student is now residing at the address shown above, I hereby certify that I am the student's (check one below)

- Parent Legal Guardian* Relative*

I agree to submit proof of residency annually to the school authorities. I agree to notify school authorities of any change of address without delay. I authorize my landlord, property manager and/or administrators to submit proof of residency to the Amherst School District.

Signed under the pains and penalties of perjury on: _____
Month / day / year

Print Name: _____ Signature: _____

*Legal guardianship requires additional documentation from a court or agency.

The ARPS residency policy **does not apply** to homeless students eligible under the McKinney-Vento Act Student eligible for services under the McKinney-Vento Act (to be determined by school staff)

All Applicants must submit at least one document from each of the following columns:		
COLUMN A Documentation of Residency	COLUMN B Documentation of Occupancy	COLUMN C Documentation of Occupancy
<input type="checkbox"/> Copy of Deed OR record of recent mortgage payment <input type="checkbox"/> Copy of current lease <input type="checkbox"/> Legal affidavit from landlord affirming tenancy and record of most recent rent payment <input type="checkbox"/> Section 8 Agreement	A utility bill or work order dated within the past 60 days, including: <input type="checkbox"/> Gas bill <input type="checkbox"/> Oil bill <input type="checkbox"/> Electric bill <input type="checkbox"/> Home telephone bill (not cell) <input type="checkbox"/> Cable bill	Date within the past year <input type="checkbox"/> W2 form <input type="checkbox"/> Excise (vehicle tax bill) <input type="checkbox"/> Current vehicle registration Dated within the past 60 days: <input type="checkbox"/> Property tax bill <input type="checkbox"/> Letter from approved government agency <input type="checkbox"/> Payroll stub <input type="checkbox"/> Bank statement

For office use only	
Signature of staff person:	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.

Languages are an important asset and we value them. Which language(s) do you speak at home? Please help us to know your children better so we can sustain them in their home languages and support their English language development at the same time.

Student Information		
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> First Name	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Middle Name	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Last Name
Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Non-Binary		
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Country of Birth	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date of Birth (mm/dd/yyyy)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date first enrolled in ANY K-12 U.S. school (mm/dd/yyyy) (not including pre-kindergarten)
School Information		
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Start Date in New School (mm/dd/yyyy)		
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Name of Former School and Town		<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Current Grade
Questions for Parents/Guardians		
What is the native language(s) of each parent/guardian? (circle one) <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> (mother / father / guardian) <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> (mother / father / guardian)	Which language do <u>you</u> (parents/guardians) use most with your child? <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> seldom / sometimes / often / always <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> seldom / sometimes / often / always	
What is the primary language used in the home, regardless of the language(s) spoken by the student?	Which language(s) are spoken with your child by other relatives and caregivers?	
What language did your child <u>first</u> understand and speak?	Which language(s) does <u>your child use</u>? (circle one) <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> seldom / sometimes / often / always <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> seldom / sometimes / often / always <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> seldom / sometimes / often / always	
Will you require written information from school in your native language? Yes No If yes, what language?	Will you require an interpreter/translator at Parent-Teacher meetings? Yes No If yes, what language?	
Parent/Guardian Signature: X	Today's Date: (mm/dd/yyyy)	



ONLY FOR DUAL LANGUAGE PROGRAM

Amherst Bilingual Continuum Form

El Continuo Bilingüe de Amherst

Last Name / Apellido(s)

First Name / Nombre

Form filled out by / Hoja llenada por:

Date / Fecha

Directions / Instrucciones :

1. Think about how your child uses English and Spanish right now. / *Piense en cómo su hijo (a) usa el español y el inglés ahora.*
2. Read the descriptions below of developing bilingual learners. / *Lea las descripciones del desarrollo del bilingüismo en un niño.*
3. Fill the circle of the ONE box that best shows how your child uses English and Spanish. / *Rellene el círculo de la ÚNICA caja que mejor representa como su hijo (a) sus idiomas.*

Easily speaks either language.
Domina los dos idiomas.

Prefers English. Speaks Spanish when necessary.
Habla más inglés. Habla un poco de español.

Prefers Spanish. Speaks English when necessary.
Prefiere el español. Habla inglés cuando es necesario.

Speaks mostly English. Speaks some Spanish.
Habla más inglés. Habla un poco de español.

Speaks mostly Spanish. Speaks some English.
Habla más español. Habla un poco de inglés.

Speaks English. Understands some Spanish.
Habla inglés. Entiende un poco de español.

Speaks Spanish. Understands some English.
Habla español. Entiende un poco de inglés.

English only. No Spanish.
Solo inglés. No español.

Spanish only. No English.
Solo español. No inglés.

My child speaks another language at home.
Mi hijo(a) habla otro idioma en casa.

Language / Idioma:

I believe my child is in the following lottery group / *Creo que mi hijo(a) está en el siguiente grupo de lotería:*

- Grp 1/2: This group includes students who primarily speak Spanish and bilingual students who have a level of listening or speaking proficiency in both Spanish and English. This group is for students who regularly hear Spanish outside of an educational setting.
Este grupo incluye estudiantes que hablan principalmente español y estudiantes bilingües que tienen un nivel de comprensión oral o oral tanto en español como en inglés. Este grupo es para estudiantes que regularmente escuchan español fuera de un entorno educativo.
- Grp 3/4: This group is for English speakers (and speakers of languages other than English). These students may have been taught some Spanish in educational settings.
Este grupo es para hablantes de inglés (y hablantes de idiomas distintos del inglés). Estos estudiantes pueden haber enseñado algo de español en entornos educativos.



AMHERST REGIONAL PUBLIC SCHOOL DISTRICT



170 CHESTNUT STREET AMHERST, MA 01002
TEL. (413) 362-1810 FAX (413) 549-6108

AUTHORIZATION FOR RELEASE OF INFORMATION AUTORIZACIÓN PARA LA DIVULGACIÓN DE INFORMACIÓN

I hereby authorize / Por la presente autorizo: _____ :
(Name of Former School or Agency / Nombre de la Antigua Escuela o Agencia)

(Address, City, State / Dirección, Ciudad, Estado)

(School Telephone / Teléfono de la Escuela)

To release and forward the following information checked below from the official school record of / A liberar y enviar la información indicada a continuación del expediente de la escuela oficial de:

(Student's Name & Last Name / Nombre y Apellido del Estudiante)

(Date of Birth / Fecha de Nacimiento)

Parent or Guardian / Padre o Encargado: _____ Tel: _____

Address / Dirección: _____

This specific information should be released to the Amherst-Pelham Regional School District in writing, Attention of **Yahdira Torres, Elementary Registrar, 170 Chestnut St. Amherst, MA 01002, or Fax. (413) 549-6108 and / or to the School that is indicated below.** / Esta información específica debe ser liberada al Distrito Escolar Regional de Amherst-Pelham por escrito a Yahdira Torres, Registradora Nivel Elemental, 170 Chestnut St. Amherst, MA 01002, o Fax. (413) 549-6108 y / o a la escuela que se indica abajo.

____ School reports (regular education) / Informes escolares (educación regular)

____ School reports (special education) / Informes escolares (educación especial)

____ ELL/ESL Reports / Reportes de ELL/ESL

____ Medical Information / Información Médica

____ Attendance Records / Registros de Asistencia

____ Birth Certificate / Certificado de Nacimiento

____ Health Records / Registros de Salud

____ Progress reports / Informes de progreso

____ Discharge / treatment summary / Resumen de la descarga / tratamiento

____ Special Education Evaluation Reports / Reportes de Evaluaciones Educación Especial

____ 504 Evaluation Reports / Reportes de 504

____ Current 504 plan / Actual Plan 504

____ Current Individualized Education Plan / Plan Educativo Individualizado Actual

____ Other /Specify / Otros/ especificar:

I understand that I may revoke this consent at any time, except where information has already been released. Information can be continually updated until this authorization expires one year from the date below. / Entiendo que puedo revocar este consentimiento en cualquier momento, excepto cuando ya se haya dado información. La información puede ser actualizada continuamente hasta que esta autorización expire en un año a partir de la fecha de abajo.

Parent/Guardian Signature / Firma del Padre o Encargado

Relationship / Relación

Date / Fecha

Crocker Farm Elem.
280 West Street
Amherst, MA 01002
Tel. (413) 362-1600
Fax (413) 256-0835

Fort River Elem.
70 South East Street
Amherst, MA 01002
Tel. (413) 362-1200
Fax (413) 256-0731

Wildwood Elem.
71 Strong Street
Amherst, MA 01002
Tel. (413) 362-1400
Fax (413) 259-9519

Pelham Elem.
45 Amherst Rd.
Pelham, MA 01002
Tel. (413) 362-1100
Fax. (413) 253-4108

Please send information to school that is CHECKED



AMHERST REGIONAL PUBLIC SCHOOL DISTRICT

170 CHESTNUT STREET AMHERST, MA 01002
TEL. (413) 362-1810 FAX (413) 549-6108



KINDERGARTEN REGISTRATION ONLY **SOLAMENTE PARA MATRICULA DE KINDER**

Release of Information Form in Spanish **Divulgación de Información Programa Pre-escolar Actual**

As children enter kindergarten it is very often helpful to gain information and insights from their current preschool program or daycare provider. If your child currently attends a preschool or daycare facility, we would appreciate the opportunity to contact them for information. / *Quando los niños comienzan kindergarten, es muy útil para obtener información y tener la percepción de su programa preescolar o proveedor de cuidado de niños. Si su hijo asiste actualmente a preescolar o guardería infantil, apreciaríamos la oportunidad de ponerse en contacto con ellos para obtener información.*

I authorize the Amherst-Pelham Schools to contact my child's current preschool or daycare program for information helpful in making a smooth transition to the kindergarten program. This contact will include sending a teacher information form and follow-up telephone conversations, when necessary for clarification. / *Autorizo a las Escuelas de Amherst-Pelham ponerse en contacto con la preescolar de mi hijo o el programa de cuidado de niños para obtener información útil en la toma de una transición sin problemas a nuestro programa de kindergarten. Este contacto incluirá el envío de un formulario de información docente y conversaciones telefónicas de seguimiento cuando sea necesario para la aclaración*

Name of Child: <i>Nombre de Niño(a):</i>		
Current Preschool Program or Daycare: <i>Nombre del programa de preescolar o guardería:</i>		
Address (City, State, Zip): <i>Dirección (Ciudad, Estado y Código Postal):</i>		
Telephone Number of Preschool or Daycare: <i>Número de teléfono de preescolar o guardería:</i>		
Parent/Guardian Signature: <i>Firma de Padre/Guardián:</i>		<i>Date / Fecha:</i>
Parent/Guardian Telephone Number: <i>Número de teléfono de Padre/Guardián:</i>		

Please send information to school that is CHECKED

- | | | | |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Crocker Farm Elem.
280 West Street
Amherst, MA 01002
Tel. (413) 362-1600
Fax (413) 256-0835 | <input type="checkbox"/> Fort River Elem.
70 South East Street
Amherst, MA 01002
Tel. (413) 362-1200
Fax (413) 256-0731 | <input type="checkbox"/> Wildwood Elem.
71 Strong Street
Amherst, MA 01002
Tel. (413) 362-1400
Fax (413) 259-9519 | <input type="checkbox"/> Pelham Elem.
45 Amherst Rd.
Pelham, MA 01002
Tel. (413) 362-1100
Fax. (413) 253-4108 |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|



**(TO BE COMPLETED BY PRESCHOOL TEACHERS ONLY PAGE / PAGINA
PARA SER COMPLETADA SOLO POR MAESTROS PRE-ESCOLAR)**

Preschool Teacher Information Form

Child's Name: _____ Gender: _____

WE ARE COMMITTED TO BALANCING GROUPS BY AGE, GENDER AND INTEREST, AND PROMOTING DIVERSITY IN OUR CLASSES. Please use this form to provide us with information about this child, which will assist the staff in reaching this goal. Please describe this child with regard to his/her:

Areas of strength and success in school:

Areas of need, concern, next steps:

Describe the environment of type of classroom in which you think this child could be most successful:

What further information do we need in order to place this child appropriately?

I would like the school to contact me to receive additional information in placing this child.

Yes No

Teacher Name: _____ Phone: _____

Preschool Name: _____ Date: _____