

FOXBOROUGH PUBLIC SCHOOLS  
REGISTRATION FORM  
SCHOOL YEAR: \_\_\_\_\_

**STUDENT INFORMATION**

**STUDENT INFORMATION**

TODAY'S DATE:			
ENROLLMENT STATUS:	<b>CHOOSE ONLY ONE:</b> NEW STUDENT _____ RE-ENTRY (PREVIOUSLY ATTENDED FPS) _____ EVALUATION ONLY _____		
STUDENT'S FIRST NAME:			
STUDENT'S MIDDLE NAME:			
STUDENT'S LAST NAME:			
GENDER:	MALE: _____	FEMALE: _____	
DATE OF BIRTH/AGE OF STUDENT:	/ /	AGE OF STUDENT:	
PLACE OF BIRTH:	CITY: _____	STATE: _____	COUNTRY: _____
GRADE ENTERING:			
PRIMARY ADDRESS:			
PRIMARY PHONE:	HOME PHONE: (        )        -	CELL PHONE: (        )        -	
OTHER RESIDING ADDRESS:			
OTHER PHONE INFORMATION:	HOME PHONE: (        )        -	CELL PHONE: (        )        -	
ETHNICITY:	<b>IS THE STUDENT HISPANIC OR LATINO?</b> NO _____ YES _____		
RACE:	<b>WHAT IS THE STUDENT'S RACE (CHOOSE ONE OR MORE)?</b> AMERICAN INDIAN OR ALASKA NATIVE _____ ASIAN _____ BLACK/AFRICAN AMERICAN _____ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER _____ WHITE _____		
STUDENT SERVICES RECEIVED PREVIOUSLY:	<b>CHECK ALL THAT APPLY:</b> ELL SERVICES _____ SPECIAL EDUCATION _____ TITLE 1 _____ 504 PLAN _____ OTHER _____		
LANGUAGE:	STUDENT'S MAIN LANGUAGE: _____ MAIN LANGUAGE AT HOME: _____		

**STUDENT'S PREVIOUS SCHOOL INFORMATION**

LAST SCHOOL ATTENDED:			
ADDRESS OF LAST SCHOOL ATTENDED:			
PHONE AND FAX INFORMATION:			

**VALOR ACT (MILITARY FAMILY STATUS)**

VALOR ACT (MILITARY FAMILY STATUS)	<b>BASED ON THE FOLLOWING, IS YOUR CHILD CONSIDERED TO BE PART OF A MILITARY FAMILY?</b> <input type="checkbox"/> NO, NOT A MEMBER OF A MILITARY FAMILY <input type="checkbox"/> YES, CHILD OF ACTIVE DUTY MEMBER <input type="checkbox"/> YES, CHILD OF MEMBER OR VETERAN MEDICALLY DISCHARGED OR RETIRED FOR 1 YEAR <input type="checkbox"/> YES, CHILD OF MEMBER WHO DIED ON ACTIVE DUTY		
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**FOR SCHOOL USE ONLY**

RECEIVED BY: _____	DATE/TIME: _____	SCHOOL: _____
BIRTH CERTIFICATE/PASSPORT: _____	MEDICAL RECORDS: _____	DISCIPLINE RECORDS: _____ BUS: _____
PROOF OF RESIDENCY: GROUP A _____	GROUP B _____ AND _____	GROUP C _____
MULTIPLE ADDRESSES? No <input type="checkbox"/> Yes <input type="checkbox"/> ELL SERVICES? No <input type="checkbox"/> Yes <input type="checkbox"/> TITLE 1? No <input type="checkbox"/> Yes <input type="checkbox"/> 504 PLAN? No <input type="checkbox"/> Yes <input type="checkbox"/> SPECIAL EDUCATION? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, copy of IEP? No <input type="checkbox"/> Yes <input type="checkbox"/>		

PARENT/GUARDIAN INFORMATION #1	
NAME OF PARENT/GUARDIAN:	FIRST: _____ LAST: _____
GENDER OF PARENT:	MALE: _____ FEMALE: _____
EMAIL ADDRESS:	
RELATIONSHIP TO STUDENT:	
ADDRESS:	
PHONE INFORMATION:	HOME PHONE: (        )        -        CELL PHONE: (        )        -
EMPLOYER'S NAME:	
WORK PHONE NUMBER:	(        )        -

DOES STUDENT RESIDE WITH THIS PARENT/GUARDIAN?    FULL-TIME    PART-TIME    NO

PARENT/GUARDIAN INFORMATION #2	
NAME OF PARENT/GUARDIAN:	FIRST: _____ LAST: _____
GENDER OF PARENT:	MALE: _____ FEMALE: _____
EMAIL ADDRESS:	
RELATIONSHIP TO STUDENT:	
ADDRESS(IF DIFFERENT):	
PHONE INFORMATION:	HOME PHONE: (        )        -        CELL PHONE: (        )        -
EMPLOYER'S NAME:	
WORK PHONE NUMBER:	(        )        -

DOES STUDENT RESIDE WITH THIS PARENT/GUARDIAN?    FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_ NO \_\_\_\_\_

**CUSTODY**

**\*Legal documentation MUST be provided annually to the Principal before restrictions can be implemented\***

FOR PARENTS/GUARDIAN RESIDING SEPARATELY:	CORRESPONDENCE SHOULD BE ADDRESSED TO: PARENT/GUARDIAN #1 _____ PARENT/GUARDIAN #2 _____ BOTH _____
CUSTODIAL RESTRICTIONS:	ARE THERE ANY CUSTODY ISSUES OF WHICH WE SHOULD BE AWARE? NO ____ YES ____ (IF YES, PLEASE EXPLAIN BELOW) IS EITHER PARENT DENIED LEGAL ACCESS TO STUDENT RECORDS? NO ____ YES ____ (IF YES, PLEASE EXPLAIN BELOW)
DCF CUSTODY:	IS THE CHILD IN DCF CUSTODY? NO _____ YES _____
STATE WARD:	IS THE CHILD A WARD OF THE STATE? NO _____ YES _____
CUSTODIAL RESTRICTIONS:	

**PLEASE LIST TWO RELATIVES/OTHERS WHO HAVE AGREED TO ASSUME TEMPORARY CARE OF YOUR CHILD DURING SCHOOL HOURS IF YOU CANNOT BE REACHED.**

EMERGENCY CONTACT INFORMATION	
NAME OF EMERGENCY CONTACT:	FIRST: _____ LAST: _____
DAYTIME PHONE NUMBER:	(        )        -
RELATIONSHIP TO STUDENT:	
NAME OF EMERGENCY CONTACT:	FIRST: _____ LAST: _____
DAYTIME PHONE NUMBER:	(        )        -
RELATIONSHIP TO STUDENT:	

**HEALTH INFORMATION**

NAME OF HEALTH INSURANCE PLAN:	
NAME OF DENTAL INSURANCE PLAN:	
STUDENT'S PRIMARY CARE PROVIDER:	DOCTOR'S NAME: PHONE NUMBER: (            )            -
MEDICAL CONDITIONS/CONCERNS:	
ALLERGIES:	EPI-PEN: NO _____ YES _____ ALLERGIES:
PLEASE LIST ALL MEDICATIONS THAT YOUR CHILD TAKES:	MEDICATIONS:

**PLEASE LIST ALL BROTHERS/SISTERS OF THE STUDENT AND THE GRADE/SCHOOL THEY ATTEND (PRESCHOOL, PRIVATE, OTHER).**

**SIBLING INFORMATION (BROTHERS/SISTERS OF STUDENT)**

<b>NAME OF SIBLING 1:</b>	
DATE OF BIRTH OF SIBLING:	/                  /
GRADE OF SIBLING:	
NAME OF SCHOOL SIBLING ATTENDS:	
<b>NAME OF SIBLING 2:</b>	
DATE OF BIRTH OF SIBLING:	/                  /
GRADE OF SIBLING:	
NAME OF SCHOOL SIBLING ATTENDS:	
<b>NAME OF SIBLING 3:</b>	
DATE OF BIRTH OF SIBLING:	/                  /
GRADE OF SIBLING:	
NAME OF SCHOOL SIBLING ATTENDS:	

**PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**YOUR SIGNATURE INDICATES THAT YOU HAVE RECEIVED ALL THE NECESSARY INFORMATION TO COMPLETE THIS REGISTRATION.**

**FOXBOROUGH 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'S FIRST NAME: \_\_\_\_\_

STUDENT'S MIDDLE NAME: \_\_\_\_\_

STUDENT'S LAST NAME: \_\_\_\_\_

GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

AGE OF STUDENT: \_\_\_\_\_ GRADE ENTERING: \_\_\_\_\_ DATE FIRST ENROLLED IN ANY U.S. SCHOOL: \_\_\_\_\_

HOME LANGUAGE QUESTIONS	ANSWERS
1. WHAT IS THE PRIMARY LANGUAGE USED IN THE HOME, REGARDLESS OF THE LANGUAGE SPOKEN BY THE STUDENT?	
2. WHAT LANGUAGE DID YOUR CHILD FIRST UNDERSTAND OR SPEAK?	
3. WHAT LANGUAGE DO YOU USE MOST OFTEN WHEN SPEAKING TO YOUR CHILD AT HOME?	
4. WHAT LANGUAGE(S) ARE SPOKEN WITH YOUR CHILD (FAMILY, FRIENDS, CAREGIVERS)?	<p align="right">_____ SELDOM/SOMETIMES/OFTEN/ALWAYS</p> <p align="right">_____ SELDOM/SOMETIMES/OFTEN/ALWAYS</p>
5. WHICH LANGUAGE(S) DOES YOUR CHILD USE?	<p>SPEAK _____</p> <p>READ _____</p> <p>WRITE _____</p>
6. AT WHAT AGE DID YOUR CHILD START ATTENDING SCHOOL?	
7. HAS YOUR CHILD HAD ANY INTERRUPTIONS IN FORMAL SCHOOLING? IF SO, PLEASE EXPLAIN.	
8. HOW MANY YEARS HAS THE STUDENT BEEN IN U.S. SCHOOLS (NOT INCLUDING PRE-KINDERGARTEN)?	
9. WHAT LANGUAGE WOULD YOU PREFER FOR THE SCHOOL TO COMMUNICATE TO YOU ORALLY AND IN WRITING ( <i>ENGLISH, HAITIAN, CREOLE, VIETNAMESE, SPANISH, PORTUGUESE, CHINESE, FRENCH, OR OTHER, PLEASE SPECIFY</i> )?	
10. WILL YOU REQUIRE AN INTERPRETER/TRANSLATOR AT PARENT-TEACHER MEETINGS?	<p><input type="checkbox"/> YES, LANGUAGE: _____</p> <p><input type="checkbox"/> NO</p>

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RELATIONSHIP OF PERSON COMPLETING SURVEY: MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ GUARDIAN \_\_\_\_\_

**RESIDENCY REQUIREMENT**

**CHAPTER 76. SCHOOL ATTENDANCE**

**Chapter 76: Section 5. Place of attendance; violations; discrimination**

Section 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.

**Please provide original proofs of residency from each of the groups listed below as follows:**

<p><b>Group A</b> <i>Must submit 1 proof</i></p>	<p><b>Group B</b> <i>Must submit 2 proofs</i></p>	<p><b>Group C</b> <i>Must submit 1 proof</i></p>
<p><b><u>For Homeowners</u></b></p> <ul style="list-style-type: none"> <li>• Current Mortgage Statement</li> <li>• Property Deed</li> <li>• Settlement Statement</li> <li>• Current Property Tax Bill</li> <li>• Current Property Water Bill</li> </ul> <p><b><u>For Renters</u></b></p> <ul style="list-style-type: none"> <li>• Current Lease</li> <li>• Signed and Notarized Landlord Living Agreement</li> <li>• Current Lease and a signed and Notarized Landlord Living Agreement</li> </ul>	<p><b><i>A utility or insurance bill dated within the past 60 days:</i></b></p> <ul style="list-style-type: none"> <li>• Cable Bill</li> <li>• Electric Bill</li> <li>• Gas Bill</li> <li>• Oil Bill</li> <li>• Home Telephone Bill (cellular telephone is not acceptable)</li> <li>• Current Car Insurance Bill</li> <li>• Current Home/Renters Insurance Bill</li> </ul>	<p><b><i>All proofs must show the current address.</i></b></p> <ul style="list-style-type: none"> <li>• Valid government-issued photo identification</li> </ul> <p><b><i>Dated within the past year:</i></b></p> <ul style="list-style-type: none"> <li>• W-2 form</li> </ul> <p><b><i>Dated within the past 60 days:</i></b></p> <ul style="list-style-type: none"> <li>• Letter from a government agency</li> <li>• Payroll stub</li> <li>• Bank statement</li> </ul>

***If you are unable to provide all of the information listed above, please indicate this to the registrar. You will need to make an appointment with the school administrator in order to complete the registration.***

**FOXBOROUGH PUBLIC SCHOOLS  
AFFIDAVIT OF RESIDENCY**

I/we, the parent(s), legal guardian(s) or responsible adult of \_\_\_\_\_, hereby certify as follows: (Student's Full Name)

1. I/we wish to enroll the above named student in the Foxborough Public Schools. I/we understand that pursuant to Massachusetts law and Foxborough Public School Committee Policy, students who actually reside in the Town of Foxborough may attend the Foxborough Public Schools and students who do not actually reside in the Town of Foxborough may not attend the Foxborough Public Schools.

2a. I/we hereby certify that effective \_\_\_\_\_, 20\_\_\_\_\_, the above student (Enter the date **your student** was first at the Foxborough address)

Is/will be residing at the following address in Foxborough, Massachusetts, \_\_\_\_\_% of his/her time with:

Parent(s)/Legal Guardian(s)/Responsible Adult \_\_\_\_\_

Street No. Street Name Apt. /Unit No. Town, State Zip Code

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

2b. For students residing at more than one resident:

I/we hereby certify that effective \_\_\_\_\_, 20\_\_\_\_\_, the above student

Is/will also be residing at the following address, \_\_\_\_\_% of his/her time with:

Parent(s)/Legal Guardian(s)/Responsible Adult \_\_\_\_\_

Street No. Street Name Apt. /Unit No. Town, State Zip Code

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

3. I/we acknowledge that I am/we are required to notify the Office of the Superintendent and the student's school, in writing, of any change in said student's address within five (5) calendar days of such change of address.

4. I/we understand that this affidavit will be relied upon by the Foxborough Public Schools for the purpose of determining the above student's eligibility to attend the Foxborough Public Schools on the basis of residency. If said student is enrolled in the Foxborough Public Schools based upon the information contained in this affidavit and it is subsequently determined that the student does not actually reside in Foxborough, I/we will be jointly and severally liable to the Foxborough Public Schools for the student's tuition for the full academic years(s).

5. I/we further certify that I am/we are the parent(s), legal guardian(s) or responsible adult of the above student. (If signing as a responsible adult, you will be required to complete the Responsible Adult's Affidavit provided by the Foxborough Public Schools).

6. I/We understand that all applicants must reside in our town (Massachusetts General Laws, Chapter 76: Section 5).

**I understand that failure to provide requested information or providing false information may jeopardize my child's ability to attend Foxborough Public Schools and may result in tuition restitution to the Foxborough Public Schools. In addition to providing proof of residency, the school administration may investigate or request additional proof of residency at any later time if residence is questioned.**

Your signature below indicates that you have received and understand the Foxborough Public Schools Residency Policy.

Signed under the pain and penalties of perjury on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Parent/Legal Guardian/Responsible Adult

\_\_\_\_\_  
Parent/Legal Guardian/Responsible Adult

\_\_\_\_\_  
Witness (School Staff)

FOXBOROUGH PUBLIC SCHOOLS  
60 South Street  
Foxborough, MA 02035  
P. 508-543-1655

**RELEASE FORM/RELEASE OF INFORMATION**

STUDENT'S FIRST NAME: \_\_\_\_\_

STUDENT'S MIDDLE NAME: \_\_\_\_\_

STUDENT'S LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ GRADE ENTERING: \_\_\_\_\_ DATE ENROLLING: \_\_\_\_\_  
Month/Year

**PREVIOUS SCHOOL INFORMATION**

LAST SCHOOL ATTENDED: \_\_\_\_\_  
Name of School

SCHOOL'S ADDRESS: \_\_\_\_\_  
Street No. Street Name City/Town State Zip

SCHOOL'S PHONE NO.: (\_\_\_\_\_) \_\_\_\_\_ SCHOOL'S FAX NO.: (\_\_\_\_\_) \_\_\_\_\_

I authorize the Foxborough Public Schools as the system in which I am registering my child to receive all pertinent school records including but not limited to:

- Official Permanent Record/Transcript (including a recent report card, academic level of achievement and explanation of the grading system used)
- Exit Grades
- Achievement, Aptitude Test Scores, and other Assessment Information (including all scores from state assessments)
- Attendance and Discipline Records
- Medical Records (immunizations and physical exam information)
- Evaluation(s)/Special Education Records (I.E.P., etc.)/504 Plan if applicable

I also authorize the Foxborough Public Schools to contact other sources to obtain information relative to my child's application.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE FAX OR MAIL ALL PERTINENT RECORDS TO:  
Foxborough Public Schools**

**FOXBOROUGH  
HIGH SCHOOL**  
OFFICE OF THE PRINCIPAL  
120 SOUTH STREET  
FOXBOROUGH, MA 02035  
(508) 543-1616  
FAX (508) 543-1670

**JOHN J AHERN  
MIDDLE SCHOOL**  
OFFICE OF THE PRINCIPAL  
111 MECHANIC STREET  
FOXBOROUGH, MA 02035  
(508) 543-1610  
FAX (508) 543-1613

**BURRELL  
ELEMENTARY SCHOOL**  
OFFICE OF THE PRINCIPAL  
16 MORSE STREET  
FOXBOROUGH, MA 02035  
(508) 543-1605  
FAX (508) 698-2196

**IGO  
ELEMENTARY SCHOOL**  
OFFICE OF THE PRINCIPAL  
70 CARPENTER STREET  
FOXBOROUGH, MA 02035  
(508)543-1680  
FAX (508) 543-1699

**TAYLOR  
ELEMENTARY SCHOOL**  
OFFICE OF THE PRINCIPAL  
196 SOUTH STREET  
FOXBOROUGH, MA 02035  
(508) 543-1607  
FAX (508) 543-3261