

North Reading Public Schools

RESIDENCY STATEMENT

I/we, the parent(s), legal guardian(s) or responsible adult of \_\_\_\_\_, (Print student's full name)

hereby certify as follows:

- 1. I/we wish to enroll the above named student in the North Reading Public Schools. I/we understand that pursuant to Massachusetts law and North Reading Public School Committee Policy, students who actually reside in the Town of North Reading may attend the North Reading Public Schools and students who do not actually reside in the Town of North Reading may not attend the North Reading Public Schools.
2. I/we hereby certify that effective \_\_\_\_\_, 20\_\_\_\_, the above named student is/will be residing at the following address in North Reading, Massachusetts, with:

Printed Name(s) of Parent(s)/Guardian(s)/ Responsible Adult(s)

No. Street Apt/Unit No. North Reading, MA Zip Code

Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

- 3. I/we acknowledge that I am/we are required to notify the North Reading Public Schools or the above 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 Residency Statement will be relied upon by the North Reading Public Schools for the purpose of determining the above student's eligibility to attend the North Reading Public Schools on the basis of residency. If said student is enrolled in the North Reading Public Schools based upon the information provided and it is subsequently determined that the student does not actually reside in North Reading, I/we understand that the student's enrollment in the North Reading Public Schools will be promptly terminated and I/we will be jointly and severally liable to the North Reading Public Schools for the student's tuition for the full academic year(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 North Reading Public Schools.)
6. I/we understand that all applicants must reside in the Town of North Reading (Massachusetts General Laws, Chapter 76, sec 5 every person shall have a right to attend the public schools 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. 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, religion, national origin or sexual orientation.

*Amended by st.1971, c.622, c.1; st.1973, c.925, s.9A, st.1993, c.282; st.2004, c.352, s.33)*

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

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

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

**This form and proof of residency must accompany this form with at least one document from each of the following three columns: A, B, and C.**

| <b>Column A</b>  | <b>Column B</b>   | <b>Column C</b>                                     |
|--|---|---|
| <b><u>Evidence of Residency</u></b>                        | <b><u>Evidence of Occupancy</u></b>   | <b><u>Evidence of Identification (Photo ID)</u></b> |
| Record of recent mortgage payment and/or property tax bill | Recent bill dated within the past 60 days showing North Reading address and name    | Valid MA Driver's License<br>Valid MA Photo ID Card |
| Copy of Lease <i>and</i> record of recent rental payment   | Gas Bill, Oil Bill, Electric Bill, Home Telephone Bill, Cable Bill, Excise Tax Bill | Valid Passport                                      |
| Landlord Affidavit <i>and</i> recent rental payment        |   |   |

Reviewed April 8, 2013  
Reviewed June 4, 2018  
Reviewed October 31, 2019

North Reading Public Schools  
School Admission/Residency

Landlord/Shared Tenancies Affidavit

Those seeking to enroll in the North Reading Public Schools who do not own the property at which they reside and who cannot produce a lease or Section 8 Agreement, must ask the owner or lessee of the property where they reside to complete and sign this legal affidavit. This must be done in presence of a notary public.

It is the responsibility of those seeking enrollment (not the person who completes this affidavit) to attach a record of recent rent payments unless this affidavit affirms in #3 below that the tenancy does not require payment of rent

I, \_\_\_\_\_, hereby depose and state as follows:  
Print Lessee's/Owner's Name

(Please complete all three items and sign, date and have notarized on the reverse side)

1. I am (CHECK ONE) the \_\_\_\_\_ owner \_\_\_\_\_ lessee of property located in the Town of North Reading, Massachusetts at: \_\_\_\_\_  
Print Address

2. \_\_\_\_\_, who is the parent, legal guardian,  
Print Parent/Legal Guardian/Responsible Adult's Name  
or responsible adult of \_\_\_\_\_,  
Print Student's/Students' Name(s)

leases/subleases the aforementioned property as their principal residence from me, without a written lease, in a tenancy at-will, from month-to-month.

3. INITIAL ONE:

\_\_\_\_\_ I have received, within the last thirty (30) days, rental payment for the lease/sublease of these premises by the party named above.

OR

\_\_\_\_\_ I hereby state that the party named above resides with me at the address above with no payment of rent required.

According to Massachusetts General Law Chapter 76, 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, religions national origin sexual orientation, gender identity, and/or disability.

**This form must be signed, dated, and notarized on the reverse side.**

Signed under the pains and penalties of perjury:

\_\_\_\_\_  
(Signature of Owner or Lessee)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address of Owner or Lessee)

The form must be presented to and signed and notarized by a duly authorized Notary Public in the Commonwealth of Massachusetts, Middlesex County.

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(Date)

Commission Expires: \_\_\_\_\_

First Reading June 11, 2018  
Approved June 25, 2018  
Reviewed October 31, 2019

**North Reading Public Schools North  
Reading, Massachusetts  
REGISTRATION FORM**

North Reading School: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

**Child Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 City of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Ethnicity (check one)

Non Hispanic or Latino \_\_\_\_\_

Hispanic or Latino \_\_\_\_\_

Race (check as many as apply)

White \_\_\_\_\_  
 Black or African American \_\_\_\_\_  
 Asian \_\_\_\_\_  
 American Indian or Alaskan Native \_\_\_\_\_  
 Native Hawaiian or Other Pacific Islander \_\_\_\_\_

Is your child currently on an Individualized Education Program or receiving any Special Education services? Yes No

Child lives with: Both Par/Guardians:  Par/Guar1:  Par/Guar2:

**Parent/Guardian 1**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

**Parent/Guardian 2**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

**Please list siblings attending North Reading schools**

| Name  | Date of Birth | Gender | School |
|-------|---------------|--------|--------|
| _____ | _____         | _____  | _____  |
| _____ | _____         | _____  | _____  |
| _____ | _____         | _____  | _____  |
| _____ | _____         | _____  | _____  |

Transfer student:

Last School Attended: \_\_\_\_\_ School Address: \_\_\_\_\_

**Below for Office Use Only**

Grade: \_\_\_\_\_ Entry Date: \_\_\_\_\_ YOG: \_\_\_\_\_ Birth Certificate: \_\_\_\_\_

## 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 <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 Now School (mm/dd/yyyy) _____  | Name of Former School and Town _____   |
| Current Grade _____  |  |
| Questions for Parents/Guardians  |  |
| What is the native language(s) of each parent/guardian? (circle one)<br>_____ (mother / father / guardian)<br>_____ (mother / father / guardian) | Which language(s) are spoken with your child?<br>(include relatives -grandparents, uncles, aunts, etc. - and caregivers)<br>_____ seldom / sometimes / often / always<br>_____ 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)<br>_____ speak / read / write<br>_____ speak / read / write                  | Which languages does your child use? (circle one)<br>_____ seldom / sometimes / often / always<br>_____ seldom / sometimes / often / always  |
| Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/>                  | Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>   |
| Parent/Guardian Signature:<br>X _____  | _____ / _____ /20<br>Today's Date: (mm/dd/yyyy)  |

NORTH READING PUBLIC SCHOOLS  
NORTH READING, MASSACHUSETTS 01864

HEALTH HISTORY

*Please complete this questionnaire to the best of your ability and return it promptly to the school nurse. The information is for the confidential school medical record kept for each child, and is of great help to the school nurse and doctor in understanding and helping to safeguard your child's health.*

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Length of Residence: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ State of Health: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ State of Health: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Foster Parent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Medical Doctor or Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List below all other members in the household.

| Name  | Relationship | Date of Birth | Sex   | Health |
|-------|--------------|---------------|-------|--------|
| _____ | _____        | _____         | _____ | _____  |
| _____ | _____        | _____         | _____ | _____  |
| _____ | _____        | _____         | _____ | _____  |

Please describe medical conditions of family members: \_\_\_\_\_

Was there anything unusual about this pregnancy, labor or delivery? Yes  No

If yes, please explain: \_\_\_\_\_

Did the child have any difficulty at birth or shortly after birth? Yes  No

If yes, please explain: \_\_\_\_\_

Was the child premature? Yes  No  If yes, by how many weeks? \_\_\_\_\_ Birth weight: \_\_\_\_\_

Ever been hospitalized? Yes  No  If yes, for what reason: \_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_ Duration of stay? \_\_\_\_\_

Ever had surgery? Yes  No  When? \_\_\_\_\_ For what? \_\_\_\_\_

Has the child ever had a serious accident? Yes  No

If Yes, please explain: \_\_\_\_\_

Please complete the back side of this form.

Please describe any medical conditions your child has or has had in complete detail:

Skin (ex. eczema, psoriasis, persistent rash):

Yes  No  If yes, please describe: \_\_\_\_\_

Vision (ex. vision difficulties, turning in of the eyes, wearing glasses, color vision problem, visiting an eye doctor):

Yes  No  If yes, please describe: \_\_\_\_\_

Hearing (ex. hearing difficulties, ear infections, visiting an ear doctor):

Yes  No  If yes, please describe: \_\_\_\_\_

Nose, Mouth and Throat (nosebleeds, frequent colds, strep throat, tooth/gum problems):

Yes  No  If yes, please describe: \_\_\_\_\_

Respiratory (ex. asthma, persistent cough or wheeze, bronchitis, pneumonia, shortness of breath, tuberculosis):

Yes  No  If yes, please describe: \_\_\_\_\_

Cardiac (ex. heart murmur, congenital heart defect, rheumatic fever, palpitations, high blood pressure, high cholesterol):

Yes  No  If yes, please describe: \_\_\_\_\_

Gastrointestinal (ex. food intolerance, difficulty swallowing, reflux, vomiting, constipation, diarrhea, hernia):

Yes  No  If yes, please describe: \_\_\_\_\_

Urinary (ex. difficulty urinating, pain on urination, wetting problems, urinary tract infections, kidney problems):

Yes  No  If yes, please describe: \_\_\_\_\_

Orthopedic (ex. walking problems, decreased strength/movement, joint pain, fracture, dislocation, scoliosis, orthotic devices):

Yes  No  If yes, please describe: \_\_\_\_\_

Neurological (ex. headache, dizziness, fainting, seizures, tics, tremors, head injury, meningitis, hypotonia, cerebral palsy):

Yes  No  If yes, please describe: \_\_\_\_\_

Endocrine (ex. diabetes, thyroid, hormone disorder):

Yes  No  If yes, please describe: \_\_\_\_\_

Blood (ex. bleeding disorder, anemia, treatment for elevated lead level, excessive bruising, blood transfusion):

Yes  No  If yes, please describe: \_\_\_\_\_

Developmental (ex. trouble reaching milestones, learning problems, language, social skills, gross/fine motor):

Yes  No  If yes, please describe: \_\_\_\_\_

Social (ex. Attention Deficit, Persistent Developmental Disorder, autism, anxiety, depression, behavioral, in therapy):

Yes  No  If yes, please describe: \_\_\_\_\_

Does your child have any other medical conditions? Yes  No

If yes, please describe: \_\_\_\_\_

Does your child have any activity limitations or restrictions? Yes  No

If yes, please describe: \_\_\_\_\_

Has your child experienced a traumatic life event? Yes  No

If yes, please describe: \_\_\_\_\_

Allergies Does your child have any allergies or sensitivities (medication, food, environment, latex)? Yes  No

If yes, please describe all allergies: \_\_\_\_\_

Any food your child should not eat? \_\_\_\_\_

Medications Please list all medications your child takes and the reasons for the medications: \_\_\_\_\_

Is there any other information about your child that you would like to share with the school nurse?

*I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel and emergency care providers when needed to meet my child's health and safety needs.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





# NORTH READING PUBLIC SCHOOLS

*"Pursuit of Excellence"*

Patrick C. Daly, Ed.D.  
Superintendent of Schools

Michael A. Connelly, M.Ed.  
Assistant Superintendent of Finance and Operations

Sean T. Killeen, M.Ed.  
Assistant Superintendent of Teaching and Learning

Cynthia M. Conant, M.Ed.  
Director of Student Services

## TRANSFER STUDENT REQUEST FOR RECORDS

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sending School (Name and Address): \_\_\_\_\_  
\_\_\_\_\_

Student's Current Grade Level: \_\_\_\_\_ Sending School's Phone Number: \_\_\_\_\_

The above-named student is seeking to enroll, or has enrolled, in the North Reading Public Schools. Please send all educational records including, but not necessarily limited to, the following: (1) scholastic records, (2) discipline records, (3) standardized testing (including MCAS, if applicable), (4) special education/Section 504 records (if applicable), and (5) medical records (including Massachusetts School Health Record, if applicable).

This request is pursuant to Massachusetts G.L. Chapter 71, Section 37L which states, "A student transferring into a local system must provide the new school system with a complete school record of the 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."

Please send the requested records to:

|   |   |
|---|---|
| <input type="checkbox"/> Main Office<br>E. Ethel Little Elementary School<br>7 Barberry Road<br>North Reading, MA 01864 | <input type="checkbox"/> Main Office<br>J. Turner Hood Elementary School<br>298 Haverhill Street<br>North Reading, MA 01864 |
| <input type="checkbox"/> Main Office<br>L.D. Batchelder Elementary School<br>175 Park Street<br>North Reading, MA 01864 | <input type="checkbox"/> Main Office<br>North Reading Middle School<br>189 Park Street<br>North Reading, MA 01864           |
| <input type="checkbox"/> Guidance Office<br>North Reading High School<br>189 Park Street<br>North Reading, MA 01864     |   |

Special education or 504 records exist \_\_\_\_\_ Yes \_\_\_\_\_ No

As the parent/guardian of the above-named student, I hereby consent to the release of his/her educational records to the North Reading Public Schools.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (printed)