

# New and Transfer Student Registration Packet

2019 – 2020

**Enclosures:**    *Registration Requirements*  
                      *Records Release Authorization*  
                      *Student Registration Form*  
                      *Home Language Survey*  
                      *Verification of Residency*  
                      *Mandatory Health Requirements for Students*  
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                      *Student Medical Emergency and Treatment Consent Form*  
                      *Letter from Health Services*  
                      *New Student Registration Checklist*

\*Para obtener una traducción al español, llame al 413-529-1500 o visite el Departamento de la Escuela en 50 Payson Avenue.\*

\*For translation of these documents into a language other than English or Spanish, call 413-529-1500 or visit the School Department at 50 Payson Avenue.\*

**3/12/2019**



Dr. Allison LeClair  
Superintendent

# EASTHAMPTON PUBLIC SCHOOLS

EASTHAMPTON MUNICIPAL BUILDING

50 Payson Avenue – 2nd Floor

Easthampton, MA 01027

(413) 529-1500 TEL

(413) 529-1567 FAX

e-mail: [superintendent@epsd.us](mailto:superintendent@epsd.us)

website: [www.epsd.us](http://www.epsd.us)

## ENROLLMENT OF NEW AND TRANSFER STUDENTS

### REGISTRATION REQUIREMENTS

Welcome to the Easthampton Public Schools! It is our intent that your child has a successful transition to our school system. In order to enroll a student in the Easthampton Public Schools, you must complete the required enrollment forms, which are enclosed, and submit additional documents along with these forms. All enrollments are completed in person by the parent or legal guardian only. Children are welcome to attend, but are not required.

According to Massachusetts law, only those students who are living in the City of Easthampton are eligible to attend the Easthampton Public Schools (unless accepted in the School of Choice Program). The Easthampton School Committee has developed a policy on residency which requires administration to develop a procedure for the verification of residency.

#### **Please bring the following documents to your Registration Appointment:**

- A certified copy of the child's Birth Certificate with raised seal (not the hospital record)
- Documents which establish residency and occupancy:  
Residency Documents include: Record of mortgage payment or property bill; fully signed lease or rental agreement; landlord/owner of property affidavit; fully signed and executed Purchase and Sales Agreement; or Section 8 Agreement.  
Evidence of Occupancy include: gas, oil, water or electric bill, or home phone (not cell) bill dated within the past 30 days.
- Evidence of identification include: photo ID, valid Massachusetts driver's license or photo ID card, valid passport, or other government issued photo ID.
- Health Record: Immunization records and proof of a recent physical exam (within the past 12 months) as required by State law.
- Current Individual Education Plan (IEP) or 504 documents, if applicable
- Massachusetts Transfer Slip (if enrolling from another MA district)
- Proof of physical custody, if applicable

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To schedule an appointment,  
please contact:  
Lynn Moran at 413-529-1500 Ext. 123  
Or email: [lmoran@epsd.us](mailto:lmoran@epsd.us)

## RECORDS RELEASE AUTHORIZATION

Date of Request: \_\_\_\_\_

I hereby authorize:

Center/Pepin Elementary School, White Brook Middle School, Maple Elementary School,  
Easthampton High School, Central Office, and the Special Education Office

To Release To:

To Request From:

School/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Academic  
Transcripts/Attendance Health/Medical Records

Special Education Records Psychological Reports

Discipline Other:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## STUDENT REGISTRATION FORM

Student Name: \_\_\_\_\_  Male  Female  Non-Binary  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
No. Street Apt. No. Town Zip

Mailing Address: \_\_\_\_\_  
(If Different) No. Street Apt. No. Town Zip

Date of Birth: \_\_\_\_\_ City/Town of Birth: \_\_\_\_\_  
(MM/DD/YYYY) City/Town State Country

Contact Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Foster Child:  Yes  No State Ward:  Yes  No

Date of Entrance: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

First Entry to Massachusetts School:  Yes  No Birth Certificate (Required):  Yes  No

Previous School: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name Address

Preferred Language for Home/School Communication, if other than English: \_\_\_\_\_

Student Lives With:  Both parents  Parent/Guardian #1  Parent/Guardian #2  Legal Guardian  Grandparent(s)  
 Other Adult Relative of Student  Sibling of Student  Other \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street Apt. No. Town Zip

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street Apt. No. Town Zip

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street Apt. No. Town Zip

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

List any Social Service Agencies involved with student: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** (Please list contacts who will assume temporary care of your child if you cannot be reached.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**Siblings currently enrolled in Easthampton Public Schools:**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

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**First (Native) Language\*:** \_\_\_\_\_

\*Native language is the specific language or dialect first learned by or first used by the parent/guardian with the child.

**RACE/ETHNICITY:** (Please check all that apply)

- American Indian or Alaskan Native** – A person having origins in any of the original peoples of North America and who maintains identification through tribal affiliation or community attachment.
- Asian or Pacific Islander** – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- Black** – A person having origins in any of the black racial groups of Africa.
- White** – A person having origins in any of the original peoples of Europe or North Africa or the Middle East.
- Hispanic** – A person of Mexican, Puerto Rican, Cuban, or South American or Spanish culture of origin, regardless of race.

**CHECK WHERE APPLICABLE FOR THE FOLLOWING:**

- LOW INCOME STATUS** – The family has an annual income below the federal poverty guidelines; or the family receives Transitional Aid to Families; or is eligible for food stamps.
- PERKINS LOW INCOME STATUS** – The family has an annual income below the federal poverty guidelines; or the family receives Transitional Aid to Families; or the student is a state ward (foster child) or is in an institution for the neglected or delinquent; or the student is eligible for free/reduced lunch.
- MIGRANT STATUS** – An indication of whether an individual or a parent/guardian accompanying an individual maintains primary employment in one or more agricultural or fishing activities on a seasonal or other temporary basis and establishes a temporary residence for the purpose of such employment.
- IMMIGRANT STATUS** – An indication of whether a student is eligible for the Emergency Immigration Education Program is: (1) the student must not have been born in any state (any of the 50 states, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the Virgin Islands, the Northern Mariana Islands, or the Territory of the Pacific Islands, and (2) has not completed three (3) full academic years of school in any state.
- MILITARY FAMILY MEMBER** – Student is eligible for assistance as a member of a military family as defined by the Interstate Compact on Educational Opportunity for Military Children if the student is a child of:
- Active duty members of the uniformed services, National Guard and Reserve on active duty orders.
  - Members or veterans who are medically discharged or retired for less than one (1) year.
  - Members who die on active duty.

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**APPROVED SCHOOL CHOICE:**     Yes             No

**SPECIAL EDUCATION:** (Walk-in Only)     Yes             No

**HEALTH INSURANCE:**     Yes             No            Name of Insurance: \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **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.

## Student Information

First Name	Last Name	MI	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary Gender
Parent/Guardian Name		Telephone Number	
Country of Birth	Date of Birth	Date first enrolled in ANY U. S. School	

## School Information

Start Date in New School (mm/dd/yyyy)	Name of Former School and Town	Current Grade
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## Questions for Parent(s)/Guardians

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

	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian
	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian
	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian

What language did your child first understand and speak?	
Which language do you use most with your child?	

What other language(s) does your child know? (Check all that apply)

	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write

Which language(s) does your child use?

	<input type="checkbox"/> Seldom	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
	<input type="checkbox"/> Seldom	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
	<input type="checkbox"/> Seldom	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always

Which language(s) are spoken with your child? (Include relatives – grandparents, uncles, aunts, caregivers, etc.)

	<input type="checkbox"/> Seldom	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
	<input type="checkbox"/> Seldom	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always
	<input type="checkbox"/> Seldom	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always

Will you require written information from school in your native language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you require an interpreter/translator at Parent-Teacher meetings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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website: [www.epsd.us](http://www.epsd.us)

For Office Use Only:

- Meets Residency Criteria OR
- Referred to attendance Officer
  - Residency confirmed
  - Residency not confirmed

## 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 Easthampton 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 Easthampton to attend the Easthampton 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 notify school authorities of any change of address without delay.

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 Easthampton Public Schools 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	COLUMN B	COLUMN C
<input type="checkbox"/> Copy of Deed or record of recent mortgage payment <input type="checkbox"/> Copy of 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	<input type="checkbox"/> Valid driver's license <input type="checkbox"/> Current vehicle registration <input type="checkbox"/> Valid Massachusetts Photo ID <input type="checkbox"/> Valid Passport, dated within the past year <input type="checkbox"/> W-2 Form <input type="checkbox"/> Excise (vehicle) tax bill <input type="checkbox"/> Property tax bill, dated within the past 60 days <input type="checkbox"/> Letter from government agency <input type="checkbox"/> Payroll stub <input type="checkbox"/> Bank or credit card statement
<b>For Office Use Only</b>		
Signature of Staff Person _____		Date _____



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### MANDATORY HEALTH REQUIREMENTS FOR STUDENTS

#### Physicals

The Massachusetts Department of Public Health mandates that all schools have on file a current physical exam for all students dated within one year of entrance to school and then at intervals of every 3 years (or 4<sup>th</sup>, 7<sup>th</sup> and 10<sup>th</sup> grade). A student transferred from another school system shall be examined as an entering student. Health records transferred from the student's previous school may be used to determine compliance with this requirement.

#### Immunizations

Massachusetts Law M.G.L. ch 76 sec 15 states that children must be administered immunizations in accordance with the law in order to attend school.

The following immunizations are required for your child to attend school:

- DPT – Four (4) doses for Pre-K – or – Five (5) doses for all other students
- Polio – Three (3) doses for Pre-K – or – Four (4) doses for all other students
- HIB – One to Three (1-3) doses (Pre-K only)
- Hep B – Three (3) doses
- MMR – One (1) dose for Pre-K – or – Two (2) doses for all other students
- Varicella – One (1) dose for Pre-K – and – Two (2) doses for all other students
- A Tetanus Booster (Tdap) is required for those students entering 7th grade or at least 12 years of age.

Medical or Religious exemptions are required in writing.

Please have your child's physician forward or fax a copy of the appropriate health records to the school nurse.

#### Mandatory Screenings

- Heights and Weights are done in grades 1, 4, 7 and 10
- Hearing Screenings are done in grades K-3, 7 and 9
- Vision Screenings are done in grades K-5, 7 and 9
- Postural Screenings are done in grades 5-9

Letters will be sent home prior to screenings. You may choose to opt out of these screenings for your child.





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### RELEASE OF MEDICAL INFORMATION

By signing the Release of Medical Information, you are giving us permission to share information with your child's doctor. Please include the name of any other specialist that your child may be seeing for medication or any other health need.

#### Primary Clinician:

I hereby grant permission to Dr. \_\_\_\_\_ to release to the school nurse any information which they deem to be in the best interest of my student, \_\_\_\_\_, inclusive of: immunization records, medical information, mental health diagnosis and medications, appointment dates (physicals, medication follow-ups), allergies, and other health concerns. I also grant permission to the school nurse to release to Dr. \_\_\_\_\_ all the information as listed above in addition to any information they deem to be in the best interest of my student.

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

#### Specialist/Other Clinician:

I hereby grant permission to Dr. \_\_\_\_\_ to release to the school nurse any information which they deem to be in the best interest of my student, \_\_\_\_\_, inclusive of: immunization records, medical information, mental health diagnosis and medications, appointment dates (physicals, medication follow-ups), allergies, and other health concerns. I also grant permission to the school nurse to release to Dr. \_\_\_\_\_ all the information as listed above in addition to any information they deem to be in the best interest of my student.

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

**Please Return this Form to the Health Office or with your registration packet.**

*\*\*\*This form is voluntary. You are not required to sign and return this form, although we feel that it would be in the best interest of your student if we had this release on file should an issue arise and we need to contact their doctor. Thank you.*

*A great place to learn and grow.*

**EASTHAMPTON PUBLIC SCHOOLS  
STUDENT MEDICAL EMERGENCY AND TREATMENT CONSENT**

Name	Date of Birth	Grade	Teacher
Address	City	Lives with	
Parent/Guardian #1	Contact Telephone Number	Alternate Contact Telephone Number	
Parent/Guardian #1	Contact Telephone Number	Alternate Contact Telephone Number	
Name of Sibling in District (if any)	Grade	School	Additional Name of Sibling in District
	Grade	School	

**EMERGENCY ALTERNATE CONTACT** (Responsible adults who may pick up child if parent/guardian cannot be reached)

Name	Relationship	Contact Telephone Number	
Name	Relationship	Contact Telephone Number	
Student's Primary Care Provider	Telephone	Student's Dentist	Telephone
Date of last physical	With Whom?		

**ANNUAL STUDENT HEALTH SERVICE REPORT**

Please list all chronic conditions, if any \_\_\_\_\_

Allergies \_\_\_\_\_ Is EPI-pen used?  Yes  No  
 Reaction to allergen \_\_\_\_\_

Injuries/Surgeries/Illnesses	Year	Injuries/Surgeries/Illnesses	Year	Injuries/Surgeries/Illnesses	Year

**CHECK ALL THAT APPLY:**

- |   |  |   |                                   |
|---|--|---|-----------------------------------|
| <input type="checkbox"/> Heart Condition      | <input type="checkbox"/> ADD/ADHD            | <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hearing Difficulties | <input type="checkbox"/> Vision Difficulties | <input type="checkbox"/> Glasses            | <input type="checkbox"/> Contacts |
| <input type="checkbox"/> Asthma               |  |   |                                   |

Other (Specify) \_\_\_\_\_

List all medications taken on a regular basis: \_\_\_\_\_

Special dietary restrictions: \_\_\_\_\_

Additional information for School Nurse: \_\_\_\_\_

**PERMISSION TO ADMINISTER OTC MEDICATION**

I give my permission to have the School Nurse administer the following OTC medications:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Ibuprophen (Advil)  | <input type="checkbox"/> Diphenhydramine (Benadryl) | <input type="checkbox"/> Calamine Lotion  |
| <input type="checkbox"/> Cough Drops             | <input type="checkbox"/> Antibiotic ointment | <input type="checkbox"/> Hydrocortisone Cream       | <input type="checkbox"/> Sunscreen lotion |
| <input type="checkbox"/> Antacid Tablets         | <input type="checkbox"/> All of the above    | <input type="checkbox"/> None of the above          |   |

Allergic to: \_\_\_\_\_ Reaction: \_\_\_\_\_

I give my permission to the school nurse to share information relevant to my student's health/mental health with appropriate school personnel. I hereby authorize the School Nurse to contact, share and obtain information with/from my student's prescribers/health care professionals outside of school.

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

**PLEASE RETURN WITH YOUR REGISTRATION PACKET**

Easthampton Public Schools  
Health Services  
Office of the District School Nurse

**Dear Parent/Guardian,**

Sending your child to school when they are ill may complicate their illness and puts other children and school staff at risk of also becoming ill. This information is offered so that you will have information to help you make a decision about when to keep your child home from school.

**Fever**

Students with a temperature over 100 degrees Fahrenheit.

**Diarrhea and Vomiting**

Any occurrence of vomiting and/or diarrhea within 24 hours of school.

**Cold/Cough**

Cough, sneezing, runny nose, body aches, fatigue, runny eyes that impede ability to participate in school.

**Antibiotics**

Any student on antibiotics for Strep Throat or Conjunctivitis (pink eye) for the first 24 hours.

**Rash**

Any rash that may be contagious (itchy, scaling or pustule)

Call your doctor's office for advice if you are not sure about your child's condition or have questions about whether your child should stay home from school

**Your Child May Return To School When:**

Fever below 100 degrees for 24 hours without the use of medication (acetaminophen, ibuprofen)

No episodes of vomiting for 24 hours without the use of an anti-emetic medication.

No episodes of diarrhea for 24 hours without the use of anti-diarrheal medication.

If your child presents with an illness during school hours, your child will be evaluated by the nurse and you may be notified that arrangements should be made for your child to be picked up from school.

Emergency numbers and health forms should be on file at the school for every student.

Thank you for your cooperation in keeping our students, ourselves and our community healthy.

Please feel free to call or email with any questions or concerns.

Kendra Kuhn RN, BSN  
District School Nurse  
413-529-1500 x 142  
kkuhn@epsd.us



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### NEW STUDENT REGISTRATION CHECKLIST

STUDENT NAME \_\_\_\_\_ ENTERING GRADE: \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE CONTACT: \_\_\_\_\_

#### CHECKLIST OF INFORMATION REQUIRED

- Student Registration Form
- Birth Certificate
- Home Language Survey
- Verification of Residency and Required Documents
- Health Records
  - Release of Medical Information
  - Student Medical Emergency and Treatment Consent
  - Physician Record of Immunization and latest physical exam  
(Available from your student's physician)

Does Student receive any special services at this time?

No  Yes

Copy of I.E.P. to Special Education Office

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#### FOR INCOMING KINDERGARTEN STUDENTS ONLY

- Release of Information Form
- Early Childhood Education Experience Survey

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#### FOR TRANSFER STUDENTS ONLY

- Records Release Authorization