STONEHAM PUBLIC SCHOOLS
149 FRANKLIN STREET
STONEHAM, MASSACHUSETTS 02180
(781) 279-3800

Welcome to Stoneham Public Schools Registration

School	Grade	Telephone	Fax
Colonial Park Elementary School	PreK-4	781-279-3890	781-279-3892
Robin Hood Elementary School	PreK-4	781-279-3870	781-438-8697
South Elementary School	PreK-4	781-279-3880	781-279-2104
Stoneham Central Middle School	5 - 8	781-279-3840	781-279-3843
Stoneham High School	9 - 12	781-279-3810	781-279-2070

We look forward to your child entering Stoneham Public Schools. Please take the time to read carefully through the following information – it should answer many of your important questions. Should you have any further questions, please do not hesitate to call your school office.

REGISTRATION DOCUMENTS: It is important that all documents, especially proof of residency, birth certificate and updated immunization information, are on file in the school prior to your child's entrance in September. **IMPORTANT: Only completed registration packets will be accepted.**

IMPORTANT: What You Will Need:

1. Registration packet (attached)
2. Immunizations and physical exam form must be up to date and presented.
3. Birth Certificate
4. Two Proofs of residence must be submitted (copy of lease, copy of voter or motor vehicle registration or a utility bill).
5. Please note: Proof of custody may be required if the person registering a student is not the person whose name is on the child's birth certificate.
6. Release of School Records from prior school, if any.

GRADES 1-12 APPLICATIONS SHOULD BE RETURNED TO YOUR DISTRICT SCHOOL. DURING SUMMER MONTHS, ELEMENTARY REGISTRATIONS SHOULD BE RETURNED TO:

Office of the Superintendent
Stoneham Public Schools
149 Franklin Street
Stoneham, MA 02180
781-279-3802

The Stoneham Public Schools do not discriminate on the basis of race, color, sex, religion, national origin, sexual orientation or disability.

STONEHAM PUBLIC SCHOOLS

149 Franklin Street, Stoneham MA 02180 ◆ Tel.: 781-279-3802 ◆ Fax: 781-279-3818 www.stonehamschools.org

Registration Information

Kindergarten and Preschool:

Additional Documentation Required:

- ❑ Student Registration Information Form
- ❑ Parent/Guardian Information Form, only one required per family
- ❑ Student Medical History Form
- ❑ Home Language Survey *(available in multiple languages)*
- ❑ If there are any custody issues pertaining to your child, legal documentation needs to be provided
- ❑ Free and Reduced Lunch Application

NOTE: Students will be assigned to their designated elementary school district for kindergarten. Preschool programs run at Robin Hood and Colonial Park.

Orientation and Screening

Kindergarten and Preschool orientation will be held in May. During orientation, parents will sign up for a kindergarten screening appointment which will take place in June.

Preschool Program

Please see Page 3 for information on our Preschool Program and include the enrollment preference with your registration packet.

Stoneham High School:

Students enrolling at the High School should contact the school to set up an appointment with a guidance counselor for a consultation and school visit. Guidance counselors are not available for most of the summer, but will be available the week prior to the opening of school for new student registrations.

BEFORE & AFTER SCHOOL CHILD CARE PROGRAMS

KINDERGARTEN – GRADE 6 ONLY.

$25 PER FAMILY REGISTRATION FEE – DUE WITH APPLICATION BY JUNE 1ST – NON-REFUNDABLE
COST: $24.00 Day/After School Program; $7.00 Day/Before School Program
REGISTRATION FORMS MAY BE DOWNLOADED AT www.stonehamschools.org

The Before and After School Programs operate each day the Stoneham Public Schools are in session. The programs do not operate on holidays, snow days or during school or summer vacations. Participation is restricted to registered students; "drop-ins" are not allowed.

The After School Program does offer services during system-wide early release days. On these days, the program begins once children have been dismissed from school. Please notify the After School Program staff if your child will not attend on early release days. A non-scheduled early release drop-in program is also available.

For additional information, please contact the Stoneham Public Schools Business Office at 781-279-3802 or email rlevine@stonehamschools.org

Please make checks payable to: **The Town of Stoneham**

INCOMING KINDERGARTEN STUDENTS ONLY

Early Childhood Education Experience Survey

Please check next to the option that best describes your child's preschool experience in the school year prior to entering Kindergarten. Select one option only, and indicate hours where applicable. Thank you!

Name of child:_____ Date of Birth:_____

☐ My child did not have any formal early childhood program experience

☐ My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.

☐ My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.

☐ My child did not have formal early childhood program experience but participated in **BOTH** Coordinated Family and Community Engagement (CFCE) **AND** Parent Child Home Program (PCHP) services.

☐ My child attended a Licensed Family Child Care Provider **(indicate hours below)**

- ○ for less than 20 hours per week
- ○ for 20+ hours per week

☐ My child attended a Center Based Program **(indicate hours below)**

- ○ for less than 20 hours per week
- ○ for 20+ hours per week

☐ My child attended **BOTH** a Licensed Family Child Care Provider **AND** a Center Based Program **(indicate hours below)**

- ○ for less than 20 hours per week
- ○ for 20+ hours per week

DEFINITIONS

Coordinated Family and Community Engagement (CFCE) Services: locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent-child activities).

Parent Child Home Program (PCHP): home visiting model program funded through the Department of Early Education and Care.

Licensed Family Childcare**:** refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families.

Center-Based Care: refers to care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools.

STONEHAM PUBLIC SCHOOLS

Student Registration Information

(Please type or print clearly)

OFFICE USE ONLY
SCHOOL: _____

- ☐ Birth Certificate
- ☐ Immunization/PE Records
- ☐ Proof of Residency

Student Information

Legal Last Name			Gender ☐ Male ☐ Female
Legal First Name			Home Phone
Full Middle Name			
Student's Residential Address *(Street address required)*		Student's Mailing Address *(if different from residence; P.O. Box)*	
Date of Birth *(MM/DD/YYYY)*	City of Birth	State of Birth	Country of Birth
School		Entering Grade Level	Year of Graduation

Student Lives With? ☐ Both Parents ☐ Mother ☐ Father ☐ Legal Guardian ☐ State Ward ☐ Foster Home
☐ Other – Please Specify:

Parent/Guardian Information

Parent/Guardian 1 *(Must match information provided on the Parent/Guardian Information Form)*	Legal First Name	Middle Name	
	Legal Last Name	Legal Status	Relationship
Parent/Guardian 2 *(Must match information provided on the Parent/Guardian Information Form)*	Legal First Name	Middle Name	
	Legal Last Name	Legal Status	Relationship

***Legal Status** = Custodial Parent, Non-Custodial Parent or Guardian; **Relationship** = Mother, Father, Grandparent, etc.*

Emergency Contact Information

Local Emergency Contact #1 *(a neighbor, close friend, or relative)*	Name	Phone
	Address	Relationship
Local Emergency Contact #2 *(a neighbor, close friend, or relative)*	Name	Phone
	Address	Relationship

Other Information

Has the student previously attended school in Stoneham? ☐ Yes *(Check if yes)*	Grade Level(s):
Has student previously attended another school? ☐ Yes *(Check if yes)*	
Previous School and Address	☐ Public ☐ Private / Parochial
Child's Primary Language:	Primary Language Spoken at Home:
Does your child receive special services? ☐ Yes *(Check if yes)* Explain:	

Siblings

Name	Age	School Attending	Grade Level	Lives with student?
1.				☐ Yes ☐ No
2.				☐ Yes ☐ No
3.				☐ Yes ☐ No
4.				☐ Yes ☐ No
5.				☐ Yes ☐ No

Race & Ethnicity: *Every school district in Massachusetts is required to report to the Department of Elementary and Secondary Education student data by race and ethnicity categories that are set by the federal government.*

Is the student's Ethnicity Hispanic or Latino? *(Check one)*

☐ Yes A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to Hispanic or Latino

☐ No Not Hispanic or Latino

Student's Race *(Check one or more)*

☐ American Indian or Alaskan Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation of community Attachment.

☐ Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinents including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

☐ Black or African American – A person having origins in any of the black racial groups of Africa.

☐ Native Hawaiian or Other Pacific Islander – A person having origins in any of the original s of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ White – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Additional Information

Please feel free to provide any additional information you would like to share:

Signature of Parent/Guardian	Date
Print Name	Relationship

<u>Please complete the Parent/Guardian Information form.</u> Only one form is required per family. Supply with first student registered.

Stoneham Public Schools
Parent/Guardian Information

Student Name	Age	School Attending	Grade Level
1.			
2.			
3.			
4.			
5.			

Parent Current Military Status (If Applicable): **Active Duty** **Died on Active Duty** **Discharged/Retired (within one year)**

Parent/Guardian 1 (Primary Contact)

Legal First Name:	Middle Name:
Legal Last Name:	
Gender ☐ Male ☐ Female	Guardian Email
Employer	
Relationship to Student**	Legal Status**
Can Dismiss Student from School? ☐ Yes ☐ No	Can Pick-up Student from School? ☐ Yes ☐ No
Lives with student? ☐ Yes ☐ No	Receives Mail ☐ Yes ☐ No *(Default will be Guardian #1)*
Address	Same as student? ☐ Yes ☐ No
Phone – Rank 1*	Phone – Rank 2*
Phone – Rank 3*	Phone – Rank 4*

Stoneham Public Schools uses a school-to-parent communication system to send emergency, periodic and personalized messages by telephone. Please provide the numbers you want included in our system. The Rank 1 number will be used to contact the custodian parent/legal guardian for weather alerts,

Parent/Guardian 2

Legal First Name:	Middle Name:
Legal Last Name:	
Gender ☐ Male ☐ Female	Guardian Email
Employer	
Relationship to Student**	Legal Status**
Can Dismiss Student from School? ☐ Yes ☐ No	Can Pick-up Student from School? ☐ Yes ☐ No
Lives with student? ☐ Yes ☐ No	Receives Mail ☐ Yes ☐ No *(Default will be Guardian #1)*
Address	Same as student? ☐ Yes ☐ No
Phone – Rank 1*	Phone – Rank 2*
Phone – Rank 3*	Phone – Rank 4*

Reference Key*	
Relationship	Choose from: Mother, Father, Parent, Step Mother, Step Father, Step Parent, Foster Parent, Grandparent, Relative, Sibling, Neighbor, Friend, Other
Legal Status	Indicate "Custodial Parent" or "Non-Custodial Parent"; "Legal Guardian", "State Ward" or "Self" (18+ Yrs) *(Default = Custodial*

STONEHAM PUBLIC SCHOOLS

STUDENT MEDICAL HISTORY

This information will be placed on the Massachusetts School Health Record and will follow your child throughout their school years. It will be kept confidential and stored in a locked file cabinet. If any of this information changes remember to notify your child's school nurse.

If you need to speak privately with your child's school nurse, please call to schedule an appointment.

SECTION 1 - STUDENT INFORMATION

First Name: _____ Middle Name: _____

Last Name: _____ DOB: _____

Male ☐ Female ☐ Place of Birth (City/State): _____

Street Address:	_____ (street/apt #)	_____ (town & state)	_____ (zip)
Mailing Address:	_____ (P.O. Box #)	_____ (town & state)	_____ (zip)

SECTION 2 - PARENT INFORMATION

Child lives with Both Parents ☐ Mother ☐ Father ☐ Guardian ☐

Parent #1 Full Name: _____ Relationship: _____

Phone (h): _____ (w): _____ (c): _____

Parent #1 Address:	_____ (street/apt #)	_____ (town & state)	_____ (zip)

Parent #1 Employer: _____

Parent #2 Full Name: _____ Relationship: _____

Phone (h): _____ (w): _____ (c): _____

Parent #2 Address:	_____ (street/apt #)	_____ (town & state)	_____ (zip)

Parent #2 Employer: _____

Alternate Emergency Contact: _____ Phone: _____

SECTION 3 - HEALTH CARE PROVIDER INFORMATION

Does your child have medical insurance? ☐ Yes ☐ No

Does your child have dental insurance? ☐ Yes ☐ No

Doctor's Name: _____ Phone: _____

Doctor's Address: _____

Dentist's Name: _____ Phone: _____

Dentist's Address: _____

Please return form to the nurse at your child's school.

STONEHAM PUBLIC SCHOOLS

STUDENT MEDICAL HISTORY

SECTION 4 - SIBLING INFORMATION

Please provide the following information about your child's siblings (use additional paper if necessary):

Name	Grade & Building	Significant Medical History

SECTION 5 - MEDICAL INFORMATION

Please explain any medical problems your child might have (or had): _____

_____

_____

Please list any medication your child takes, the dose, and when it is taken (including prescription, over-the-counter, herbal, vitamins, etc.):_____

_____

_____

Please list any allergies your child has (please be specific and explain how each allergy is managed):

_____

_____

_____

SECTION 6 - EDUCATIONAL INFORMATION

Is your child currently on an IEP or 504 Plan? ☐ No ☐ Yes, please explain:

_____

SECTION 7 – STEP PARENT INFORMATION (☐Check if Not Applicable)

Child's step father's full name: _____

Address: _____ Phone: _____

Child's step mother's full name: _____

Address: _____ Phone: _____

If parents are separated, please list the parent your child does not live with:

_____

Address: _____ Phone: _____

SECTION 8 – PARENT/GUARDIAN SIGNATURE

Signature: _____ Date: _____

Printed Name: _____ Relationship: _____

☐ **Stoneham High School**
Attn: School Nurse
149 Franklin Street
Stoneham, MA 02180
Tel. 781-279-3810 Ext. 317

☐ **Stoneham Central Middle School**
Attn: School Nurse
101 Central Street
Stoneham, MA 02180
Tel. 781-279-3840

☐ **Colonial Park Elementary**
Attn: School Nurse
30 Avalon Road
Stoneham, MA 02180
Tel. 781-279-3890

☐ **Robin Hood Elementary**
Attn: School Nurse
70 Oak Street
Stoneham, MA 02180
Tel. 781-279-3890

☐ **South Elementary**
Attn: School Nurse
11 Summer Street
Stoneham, MA 02180
Tel. 781-279-3890

Please return form to the nurse at your child's school.

STONEHAM PUBLIC SCHOOLS

149 Franklin Street, Stoneham, MA 02180 781-279-3802 www.stonehamschools.org

CONSENT FOR RELEASE OF SCHOOL RECORDS

The "Family Education Rights and Privacy Act of 1974" requires that a student's parents or legal guardians be aware that their child's records are being released to another school district.

I hereby authorize the release of the school records for the following:

Student Name:_____ D.O.B._____ Current Grade:_____

REQUEST RECORDS FROM:

Previous School Name:_____

Address:_____

_____

Telephone:_____ Fax:_____

Include the following information:

- Subjects, marks and credits earned
- Grades to date of withdrawal
- Standardized test results
- Attendance records
- Health records
- Educational plan and Special Education records (IEP, Behavior Plan, 504 Plan, ELL)
- Discipline records
- Other:_____

RECORDS SHOULD BE SENT TO: *(Check box for appropriate receiving school)*

☐ **Stoneham High School**
149 Franklin Street
Stoneham, MA 02180

☐ **Colonial Park Elementary**
30 Avalon Road
Stoneham, MA 02180

☐ **South Elementary**
11 Summer Street
Stoneham, MA 02180

☐ **Stoneham Central Middle School**
101 Central Street
Stoneham, MA 02180

☐ **Robin Hood Elementary**
70 Oak Street
Stoneham, MA 02180

☐ **Office of the Superintendent**
Stoneham Public Schools
149 Franklin Street
Stoneham, MA 02180

_____ _____

Parent/Guardian Signature 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 _____ Middle Name _____ Last Name _____ F ☐ M ☐ Gender

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 New School (mm/dd/yyyy) ___/___/20___ Name of Former School and Town _____ Current Grade _____

Questions for Parents/Guardians

What is the primary language used in the home, regardless of the language spoken by the student? _____	**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?** _____
How many years has the student been in U.S. Schools? (not including pre-kindergarten) _____	**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? Y ☐ N ☐ **If yes, what language?** _____	**Will you require an interpreter/translator at Parent-Teacher meetings?** Y ☐ N ☐ **If yes, what language?** _____
Parent/Guardian Signature: **X**	___/___/20___ **Today's Date:** (mm/dd/yyyy)

Pesquisa de idioma doméstico

Os regulamentos do departamento de Educação Elementar e Secundária de Massachusetts exigem que *todas* as escolas determinem os idiomas falados no domicílio de cada aluno para identificar suas necessidades de idioma específicas. Essa informação é essencial para que as escolas ofereçam instrução significativa para todos os alunos. Se outro idioma que não seja inglês for falado em casa, o distrito precisará realizar uma avaliação mais detalhada do seu filho. Por gentileza, ajude-nos a atender esse requisito importante, respondendo às seguintes perguntas. Agradecemos a sua ajuda.

Informações do aluno

Nome	Nome do meio	Sobrenome	F ☐ M ☐ Sexo

País de nascimento	Data de nascimento (mm/dd/aaaa)	Data do primeiro registro em QUALQUER escola norte americana (mm/dd/aaaa)
	/ /	/ /

Informações da escola

Data de início na nova escola (mm/dd/aaaa)	Nome da escola e cidade antiga	Grau escolar atual
/ /20		

Perguntas para os pais/tutores

Qual é o idioma principal usado em casa, independentemente da língua falada pelo aluno?	**Quais idiomas são falados com seu filho?** (inclua parentes -*avós, tios, tias, etc.* - e babás) _____ pouca frequência / algumas vezes / com frequência / sempre _____ pouca frequência / algumas vezes / com frequência / sempre
Qual foi o primeiro idioma que seu filho compreendeu e falou?	**Qual idioma você usa com mais frequência com seu filho?**
Quantos anos esteve o aluno na escola nos EUA (sem incluir o jardim de infância)?	**Quais são os idiomas que seu filho usa? (circule uma)** _____ pouca frequência / algumas vezes / com frequência / sempre _____ pouca frequência / algumas vezes / com frequência / sempre
Você deseja receber informações por escrito da escola em seu idioma nativo? S ☐ N ☐ **Se sim, em que língua?** _____	**Você deseja um intérprete/tradutor presente nas reuniões entre pais-professores?** S ☐ N ☐ **Se sim, em que língua?** _____
Assinatura dos pais/tutores: **X**	/ /20 **Data de hoje:** (mm/dd/aaaa)

Portuguese

Encuesta del idioma hablado en el hogar

Los reglamentos del Departamento de Educación Primaria y Secundaria de Massachusetts exigen que *todas* las escuelas determinen los idiomas que se hablan en los hogares de los estudiantes para así identificar sus necesidades específicas relacionadas con el idioma. Esta información es esencial para que las escuelas puedan proveer instrucción que todos los estudiantes puedan aprovechar. Si en su hogar se habla otro idioma que no sea inglés, se requiere que el Distrito evalúe a su hijo más a fondo. Ayúdenos a cumplir con este importante requisito respondiendo a las siguientes preguntas. Gracias por su ayuda.

Información del estudiante

Nombre	Segundo nombre	Apellido	F ☐ M ☐ Sexo

País de nacimiento	Fecha de nacimiento (mm/dd/aaaa)	Fecha de matriculación inicial en CUALQUIER escuela de EE.UU. (mm/dd/aaaa)
	/ /	/ /

Información de la escuela

Fecha de comienzo en la escuela nueva (mm/dd/aaaa)	Nombre de la escuela y ciudad anterior	Grado actual
/ /20		

Preguntas para los padres/encargados

¿Cuál es el idioma principal que se habla en el hogar, independientemente del idioma que hable el estudiante?	**¿Qué idioma(s) se habla(n) con su hijo?** (incluya parientes -*abuelos, tíos, tías, etc.* - y encargados del cuidado) _____ infrecuentemente / algunas veces / frecuentemente / siempre _____ infrecuentemente / algunas veces / frecuentemente / siempre
¿Cuál fue el primer idioma que entendió y habló su hijo?	**¿Qué idioma usa usted principalmente con su hijo?**
¿Cuántos años ha asistido el estudiante a escuelas en los Estados Unidos (sin incluir el pre-kínder)?	**¿Qué idiomas usa su hijo? (encierre uno en un círculo)** _____ infrecuentemente / algunas veces / frecuentemente / siempre _____ infrecuentemente / algunas veces / frecuentemente / siempre
¿Requerirá usted la información impresa de la escuela en su idioma natal? Sí ☐ No ☐ **Si contesto que sí, ¿qué idioma?** _____	**¿Requerirá usted un intérprete/traductor en reuniones de padres y maestros?** Sí ☐ No ☐ **Si contesto que sí, ¿qué idioma?** _____
Firma del padre/la madre/encargado: **X**	/ /20 **Fecha de hoy:** (mm/dd/aaaa)

Spanish

STONEHAM REGISTRATION AND RESIDENCY POLICY

Registration

In order to register and attend the Stoneham Public Schools, a student must actually reside in the Town of Stoneham with a parent/legal guardian. "Residency" is defined as the place where a person has his/her permanent home, i.e., "the place where a person dwells and which is the center of his domestic, social and civil life."[1]For minor children, the legal residency is presumed to be the legal residence of the parent(s) or legal guardian(s) who has physical custody of the minor child.

Students who are visiting Stoneham are not eligible to attend the Stoneham Public Schools.

Please read below and provide documents as indicated:

1. Proof of Age (Original Birth Certificate or Passport)
2. Proof of Immunization (Medical/Health Record)
3. SPS Registration Form(s)
4. Proof of Residency/Occupancy (see Proof of Residency/Occupancy Documents Required for Registration – page 2)
5. **Joint Physical Custody**
   In cases of separation or divorce, physical custody agreements must be presented to the district school. Documentation must establish the student's residence is in Stoneham.

Residency Requirements

The Stoneham Public Schools reserves the right to request proof of residency/occupancy when students are initially enrolled. The types of documents requested as proof of residency/occupancy are listed on page 2. Stoneham Public Schools also reserves the right to verify residency at the time of enrollment and during the academic school year. Since family situations can change, the Stoneham Public Schools reserves the right to request additional, updated information when warranted.

The Superintendent or his/her designee may initiate an investigation in conjunction with the School Resource Officer, including, but not limited to, a home visit to verify residency. If a student is found not to be actually residing in the Town of Stoneham, the student will need to enroll in the school district of the city/town where he/she actually resides. Factors that may trigger an investigation include, but are not limited to, the following: changes in residency not reported immediately to the school where the student is enrolled; mail returned to the school; incomplete or contradictory proofs of residency; or anonymous calls reporting suspected residency violations.

Families found to be in violation of these requirements will face strict penalties, including, but not limited to, immediate unenrollment from school; per diem charges for the education and related services accessed as a non-resident which are based on the per pupil cost to the district; and possible legal action.

The following documents will be required as a proof of a physical address in Stoneham when new students are registered. P. O. Boxes will not be accepted with the exception of documented court related reasons.

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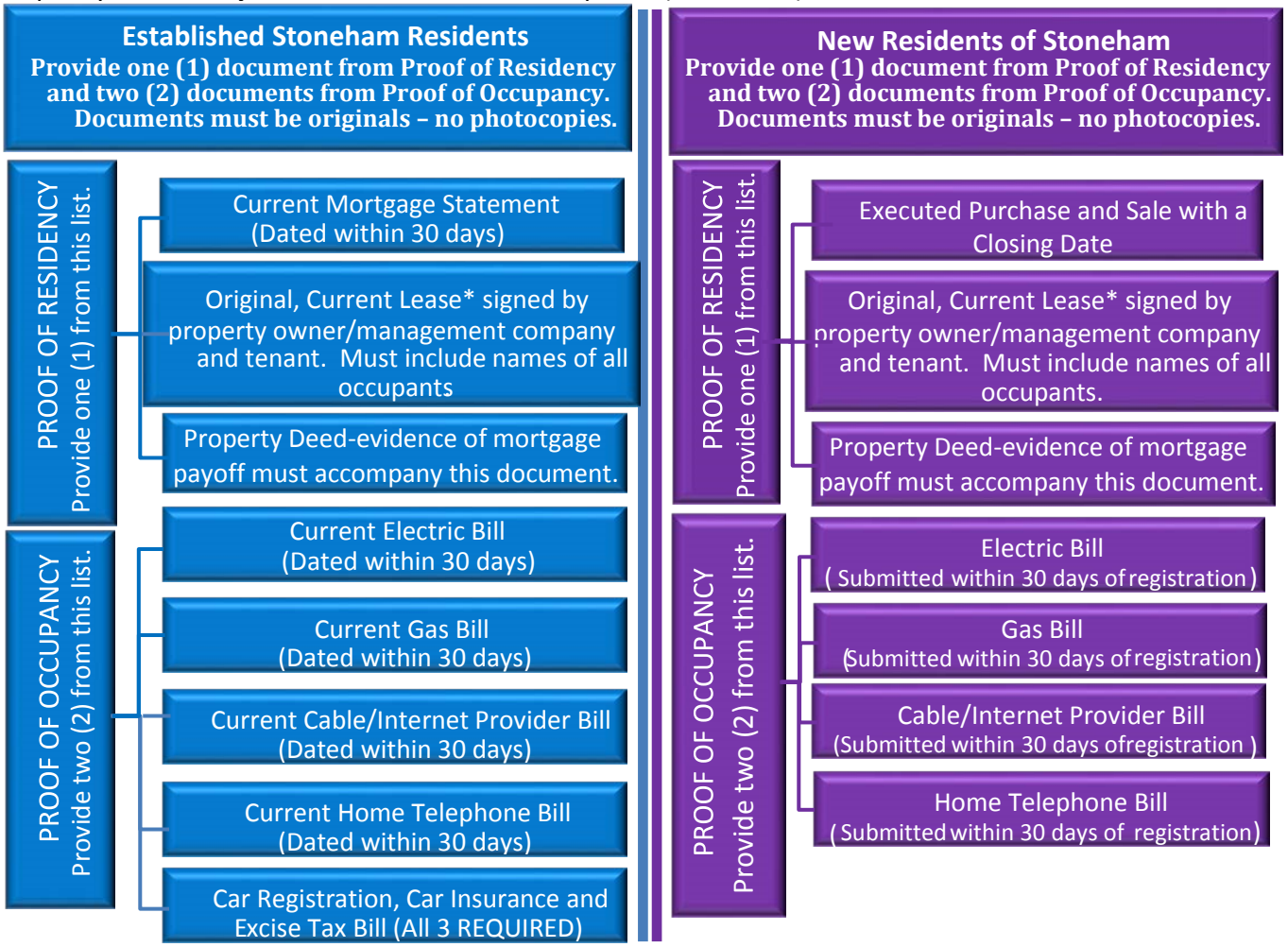
[1] [1] See Teel v. Hamilton-Wenham Regional School District, 13 Mass. App. Ct. 345, 348 (1982)

PROOF OF RESIDENCY/OCCUPANCY DOCUMENTS REQUIRED FOR REGISTRATION IN THE STONEHAM PUBLIC SCHOOLS

Below please find the required proof of residency and occupancy documents necessary for registration of all students. For families who do not have acceptable proof of residency and proof of occupancy, **Residency Certification Forms** are required (see below).



RESIDENCY CERTIFICATION FORMS	Required for established/new residents who do not have acceptable documentation of both Proof of Residency and Proof of Occupancy as detailed above & also for the following residency categories: • Tenant-At-Will • Rental of Rooms in a Stoneham Residence • Living with Family/Friends • Live-in Employment e.g., Nanny, Caretaker, etc. • Student Over Age 18 Living with Family/Friends **A HOME VISIT WILL BE CONDUCTED AT AN UNSCHEDULED DATE/TIME.**

*Original, current lease must accompany all addendums for extending lease Terms.
*Notarized letters from property owners will not be accepted in lieu of a lease.

Source	M.G.L. Chapter 76
First Reading	February 7, 2019
Second Reading	March 7, 2019
Adopted	March 7, 2019
Policy Cross Reference	9-16 9-17
Related Resources	SPS Registration Packet

Parent(s)/Guardian(s) Residency Certification Requirements and Forms

These forms are required for established/new residents who do not have acceptable documentation of both Proof of Residency and Proof of Occupancy and for the following residency categories:

- Tenant-At-Will
- Living with Family/Friends
- Rental of a Room in a Stoneham Residence
- Live-in Employment e.g., Nanny, Caretaker, etc.

A HOME VISIT WILL BE CONDUCTED AT AN UNSCHEDULED DATE/TIME.

In order to attend the Stoneham Public Schools, a student must actually reside in the Town of Stoneham. The residence of a minor child is presumed to be the legal, primary residence of the parent(s) or guardian(s) who have physical custody of the child.

In determining residency, Stoneham Public Schools reserves the right to request a variety of documentation and to conduct an investigation into where a student actually resides. Those families who cannot provide requested proof of residency will be referred for a residency check by the Stoneham Police Department, School Resource Officer. Because residency can, and does, change for students and their families during the course of the academic year, we may continue to verify residency after the commencement of classes and we may act upon anonymous tips received to conduct a residency verification investigation. It is also the responsibility of parent(s)/guardian(s) to notify school personnel immediately if a change in residency occurs. In addition to parent/guardian information, we also require information from the owner of the property and the resident(s) in shared tenancy where a family currently resides.

Families found to be in violation of the residency guidelines will face strict penalties, including, but not limited to, immediate unenrollment from school; per diem fines for the education and related services accessed as a non-resident which are based on the per pupil cost to the district; and possible legal action.

Directions:

1. **Parent/Guardian Form** – the Parent(s)/Guardian(s) must complete all information and have the form notarized.
2. **Shared Tenancy Form** – If the family is residing with a tenant and not the property owner, the person whose name appears on the lease agreement must complete all information and have the form notarized.
3. **Property Owner Pre-registration Certification Form** – The owner of the property must complete all information and have the form notarized.
4. **Bring the <u>original</u> documents, completed and notarized,** to the school office where student(s) is/are to be registered <u>or</u> to the Stoneham Public Schools Superintendent's Office, 149 Franklin St. Stoneham, MA (office inside SHS).

Parent(s)/Guardian(s) Residency Certification Form

Parent(s)/Guardian(s) Information

Name	Relationship to Student
Current Address	
Expected Dates of Residency at Current Address	Home Phone
Cell Phone	Email Address
Do you pay utility bills (gas, electric, cable/internet) at this address? ☐ Yes ☐ No If **yes**, please provide two current utility bills dated within thirty (30) days.	
Previous Address	Country
Employer	Work Phone
Do you own a motor vehicle? ☐ Yes ☐ No	
If yes, is the motor vehicle registered in the Town of Stoneham? ☐ Yes ☐ No If no, please explain _____	

I have legal custody of the following children who will reside with me at the above address:

Name	Date of Birth
Previous School	
Grade Level Completed	Date of Withdrawal

Name	Date of Birth
Previous School	
Grade Level Completed	Date of Withdrawal

Name	Date of Birth
Previous School	
Grade Level Completed	Date of Withdrawal

Name	Date of Birth
Previous School	
Grade Level Completed	Date of Withdrawal

1. **The parent(s)/guardian(s) and student(s) keep(s) their personal possessions at the address listed in this certification.**

   ☐ Yes ☐ No If No, please explain

2. **The parent(s)/guardian(s) and student(s) return(s) to the address listed in this certification at the end of each school day and spend(s) the evening/night.**

   ☐ Yes ☐ No If No, please explain

3. The parent(s)/guardian(s) and student(s) receive(s) his/her mail at the address listed in this certification.

☐ Yes ☐ No If No, please explain _____

_____

4. The parent(s)/guardian(s) and student(s) stay(s) at the address listed in this certification over weekends, holidays, and vacation periods.

☐ Yes ☐ No If No, please explain

_____

For Students in Grades 9 - 12

5. Does the student own a motor vehicle?

☐ Yes ☐ No

6. If Yes, is the motor vehicle registered in the City of Stoneham?

☐ Yes ☐ No If no, please explain

_____

☐ I have read and understand the registration and residency requirements for school entrance and the submission of Registration Certification Forms. I am aware that a home visit will be conducted at an unscheduled time. It is my obligation to inform my child's school if there is a change in the residency of my family or guardianship of my child.

I swear under pains and penalties of perjury that the answers above are true and accurate.

_____ _____

Signature of Parent/Guardian **Date**

COMMONWEALTH OF MASSACHUSETTS, MIDDLESEX, SS.

Commonwealth of Massachusetts County of _____

On this _____ day of _____ ,20_____

(_____), personally appeared before me, the undersigned notary public, and proved through satisfactory evidence of identification, which were _____,

_____

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

_____

Notary Public My Commission Expires

_____

(Please print or stamp name) Notary Seal

Shared Tenancy Residency Certification Form

***In addition to the information below, please provide a copy of your lease signed by yourself and property owner/management company and two current utility bills dated within 30 days.**

Tenant Information

Name	Relationship to Family	
Address		
Home Phone	Cell Phone	Email Address

I am the tenant living at _____ ,Stoneham, MA and acknowledge that the following persons will be residing with me at the above address and the minor children will be registering for school in Stoneham:

Name of Parent(s)/Guardian(s)_____

Home Phone	Cell Phone	Email Address

Please list all minor children living with the Parent(s)/Guardian(s) listed above.

Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth

Expected dates of residency for this family at the address listed above:

From:	**To:**

I swear under pains and penalties of perjury that the answers above are true and accurate. I understand that it is my obligation to inform the Stoneham Public Schools if there is a change in the residency of this family.

_____ _____

Signature of Tenant **Date**

COMMONWEALTH OF MASSACHUSETTS, MIDDLESEX, SS.

Commonwealth of Massachusetts County of _____

On this _____ day of _____,20___,_____

Personally appeared before me, the undersigned notary public, and proved through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

_____

Notary Public My Commission Expires

_____

(Please print or stamp name) Notary Seal

SPS Rev. 2019

Parent(s)/Guardian(s) Residency Certification

Property Owner Residency Certification Form

Property Owner Information

Name	Relationship to Family
Address	
Home Phone	Cell Phone / Email Address

I am the owner of the property at _____, Stoneham, MA and

acknowledge that the following persons will be residing at the above address and the minor children will be registering for school in Stoneham:

Name of Parent(s)/Guardian(s)		
Home Phone	Cell Phone	Email Address

Please list all minor children living with the Parent(s)/Guardian(s) listed above.

Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth

Expected dates of residency for this family at the address listed above:

From:	**To:**

I swear under pains and penalties of perjury that the answers above are true and accurate. I understand that it is my obligation to inform the Stoneham Public Schools if there is a change in the residency of this family.

_____ _____

Signature of Property Owner **Date**

COMMONWEALTH OF MASSACHUSETTS, MIDDLESEX, SS.

Commonwealth of Massachusetts County of _____

On this _____day of _____,20_____, _____

Personally appeared before me, the undersigned notary public, and proved through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

_____

Notary Public My Commission Expires

_____

(Please print or stamp name) Notary Seal

SPS Rev. 2019

Parent(s)/Guardian(s) Residency Certification