



## **REGISTRATION WILL TAKE PLACE AT THE SCHOOL WHERE STUDENT IS ENROLLING**

### **Winthrop Public Schools Registration Information**

**W.P. Gorman Fort Banks Elementary – (617)846-5509 - Ms. Sacco ext. 3503**

**Arthur T. Cummings Elementary – (617)846-5543 – Ms. Davis ext. 4502**

**Winthrop Middle School – (617)846-5507 – Ms. Spinale ext. 7201**

**Winthrop High School – (617)856-5505 – Ms. Indrisano ext. 7140**

All families registering a new student with the Winthrop Public Schools must bring the following required documents to the school that the student is enrolling in as part of their registration process. Applications **cannot** be processed without these documents.

#### **ALL of these:**

1. Child's original **birth certificate, or 1-94 form**
2. Child's up to date immunization record (must include date of last physical) and TB status.
3. Parent/Guardian's valid photo identification\*
4. A utility bill dated within the last 60 days.
5. A current mortgage statement dated within 60 days of registration for school or current lease /rental agreement that is signed and dated.

**\*US passport, US passport Card, US Military ID, Permanent Resident Card, Border Crossing Card, Driver's License, or other state photo identity card issued by the Dept. of Motor Vehicles, Foreign Government issued Passport, Employment Authorization Card, or identification Consular Card.**

#### **Any ID not listed must be reviewed and approved.**

Residency documents must be pre-printed with the name and current address of the student's parent/guardian.

The following may be used as **additional** proofs of residency:

1. Property tax bill dated within the last quarter.
2. Government Section 8 agreement or notarized residency affidavit
3. W-2 form dated within the year or a payroll stub dated with the past 60 days.
4. A bank or major credit card statement dated within the past 60 days.
5. A letter from an approved government agency\*\* dated within the past 60 days.

**\*\*APPROVED GOVERNMENT AGENCIES:** Department of Revenue (DOR), Children and Family Services (DCF), Transitional Assistance (DTA), Youth Services (DYS), Social Security or any communication on a Commonwealth of Massachusetts Letterhead.

Official Transcripts from previous schools will be requested to include school attendance and discipline. These are also required before incoming students can be registered. If the student has an Individual Education Plan (I.E.P.) it will also be requested if not brought in by the parent/guardian.

Before any student may register for a Winthrop Public School, the student's parent/guardian must prove legal, primary residence in the Town of Winthrop via the residency documents outlined above. These documents together with a photo ID are also required for any change of address.

Legal guardianship requires additional documentation from a court or agency. Residency fraud is a violation of Massachusetts state law and is subject to per diem fines for every day that a student attends school outside the district in which they legally reside.



## 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 New School (mm/dd/yyyy) _____ / _____ /20 _____	Name of Former School and Town _____		Current Grade _____
Questions for Parents/Guardians			
What is the native language(s) of each parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / guardian)	Which language(s) are spoken with your child? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - 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?		
Which other languages does your child know? (circle all that apply) _____ speak / read / write _____ speak / read / write	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 <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: <b>X</b>	Today's Date: _____ / _____ /20 _____ (mm/dd/yyyy)		

## ***Winthrop Public Schools Internet*** **Acceptable Use Policy**

The Winthrop Public Schools technology program recognizes the use of the Internet as a valuable research tool. Before using this tool, students need to understand how to use it in an acceptable manner.

- The primary use of the Internet is for educational purposes.
- Being able to use the Internet is a privilege, and your teachers and principal are the decision makers when it comes to whether you use it. If your behavior on the Internet is not appropriate, you may be suspended from its use.
- All Winthrop Public Schools have a filter installed on the server to prevent students from entering inappropriate sites (obscene, child pornography, harmful to minors) however, this software is not foolproof. Take responsibility for your own actions. If you find yourself at an inappropriate web site, you must minimize the browser window and notify the teacher immediately. Do not download, copy or tell any other students the location of any inappropriate material you may happen to find.
- You may not copy material and say that you wrote it yourself. Remember if you didn't write it you must identify where you found it.
- Any damage to the computers, how they are set up, or files that belong to others, will result in the loss of your privilege to use the Internet, and perhaps the computers themselves.
- You may not give anyone your password. Do not let anyone use your computer account for Internet activity unless you are working with them.
- You may not go to chat rooms or use email.

**The above are examples of inappropriate use. Since there can never be an all-inclusive list, we fully expect that students do only those things necessary to complete their assignment. If a student is in doubt about something they want to do, they must first ask a teacher. Violations of this agreement also subject the student to additional school discipline as determined by the principal.**

The Winthrop Public School System, along with the other organizations sponsoring this Internet link-up, will not be liable for the actions of anyone connecting to Internet through this hook-up. In addition, the Winthrop Public School System takes no responsibility for any information or materials that are transferred through Internet. Winthrop Public Schools makes no guarantee of reliability of the Internet connection, nor is it responsible for any loss or corruption of data while using this Internet connection. Winthrop Public Schools shall monitor use of the Internet and data stored in the machines to be sure that these rules are not being broken. Winthrop Public Schools can change these rules without immediate notice.

## STUDENT

I understand and promise to follow Winthrop Public School Acceptable Use Policy. I have read (or had read to me) the agreement. My teacher explained the rules of the agreement and I understand them. I understand that it is very important to follow all the rules of the agreement and not to go to inappropriate web sites. I will accept full responsibility and liability for the results of my actions. If I do not follow the rules, I might lose the privilege of using the computer and/or the Internet, and be subject to additional punishment by the school.

---

Print Student's Name

Student's Signature

## PARENT/GUARDIAN

As the parent or guardian of this student, I have read the Internet Use Agreement. I understand that this access is designed for educational purposes. I understand that the Winthrop Public Schools will take all reasonable measures for the supervision of Internet access by my child. I understand that should my child misuse and/or abuse the Internet I will not hold the Winthrop Public Schools responsible for their actions.

Violations of this policy by my child will result in appropriate school discipline. I hereby give permission to allow my child Internet access.

---

Parent/Guardian's Name

Signature

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



# Winthrop Public Schools

Winthrop, MA 02152

## *Photo/Video/Writing/Artwork Release Form*

Dear Parent/Guardian:

Our schools from time to time either photograph or videotape school or classroom activities to keep our school/community informed of our various educational programs. Photos may be submitted to the local newspaper. Additionally, individual writing pieces and/or artwork may be submitted for publication in school, local or other publications as deemed appropriate by the teacher and/or administrator.

Please sign the following release form immediately, which gives us your permission to submit photos, writing, and/or artwork. This form will become a permanent part of your child's registration form. Failure to return this form will exclude you child from videotaping or photographing.

---

### **Photo/Video/Writing/Artwork Release Form**

NAME OF STUDENT \_\_\_\_\_

Please read this Photo/Video Release Form and sign below:

I hereby give my consent to the Winthrop Public Schools to Photograph/Video tape my child without limitation and to use such pictures and/or stories in connection with any of the work of the Winthrop Public Schools without consideration of any kind and I do hereby release the Winthrop Public Schools from any claims whatsoever which may arise in said regard.

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

\_\_\_\_\_  
Date

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_

Please answer BOTH questions 1 and 2.

1. Is this student Hispanic or Latino? (**Choose only one**)

\_\_\_\_\_ No, not Hispanic or Latino.

\_\_\_\_\_ Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South, or Central American, or other Spanish culture or origin, regardless of race.)

2. What is the student's race? (**Choose one or more**)

\_\_\_\_\_ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

\_\_\_\_\_ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent 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 peoples 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)

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

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

**Winthrop Public Schools  
Emergency Forms**

Grade \_\_\_\_\_ Teacher Name \_\_\_\_\_ Home Room # \_\_\_\_\_

Student's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_ Primary Language at Home \_\_\_\_\_

Does your child have Health Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

If you don't have health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the school nurse for more information about these programs. All communications will be confidential.

Mother/Guardian: \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**If parents are divorced or separated, please list person with legal physical custody & submit a copy for our files.**

\_\_\_\_\_  
Name of brothers/sisters in school building \_\_\_\_\_  
Name of others who will assume responsibility/transportation in the absence of parent/guardian:

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

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

In case of emergency, the school will attempt to contact parent/guardian before calling student's primary care provider/physician. Your child will be transported by ambulance to an emergency care facility if necessary.

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

List any medications/prescription your child takes: \_\_\_\_\_

**The school nurse will not dispense any medications without a written MD order**

Please check all that applies to your child:

\_\_\_\_\_ Heart Condition \_\_\_\_\_ Diabetes (Type I Insulin Dependent) \_\_\_\_\_ Asthma \_\_\_\_\_ Migraines \_\_\_\_\_ Seizure Disorder

\_\_\_\_\_ ADD/ADHD Others: \_\_\_\_\_

Diabetic Finger Stick Testing? \_\_\_\_\_ (You must provide your own Glucometer

Allergies: List all/any specific allergies \_\_\_\_\_

Will your child have an EPIPEN at school for his/her allergy? \_\_\_\_\_

Hearing and Vision: Screenings are done randomly during the school year and your child may or may not be screened. This includes H/V.

Does your child require Preferential Seating \_\_\_\_\_ Glasses \_\_\_\_\_ Contacts \_\_\_\_\_

Hearing Problems \_\_\_\_\_ Hearing Aids \_\_\_\_\_ Other \_\_\_\_\_

I give permission to the school nurse/designee to share information relevant to my child's condition with appropriate personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for purpose of referral, diagnosis and treatment.

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

**A CURRENT PHYSICAL EXAM REPORT SHOULD BE ON FILE AT ALL TIMES**



WINTHROP PUBLIC SCHOOLS  
Winthrop, Massachusetts

CONSENT FOR DISSEMINATION OF STUDENT RECORD TO THE THIRD PARTY.

I give permission for the following \_\_\_\_\_ third parties to \_\_\_\_\_ inspect  
\_\_\_\_\_ receive a copy of  
the parts of my child \_\_\_\_\_ 's student record noted below:  
Student's Name

THIRD PARTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASONS FOR RELEASE OF RECORDS:  
\_\_\_\_\_

STUDENT RECORD TO BE RELEASED:	<u>PERMISSION GRANTED</u>	<u>PERMISSION DENIED</u>
Entire Record	_____	_____
<b>Transcript information</b> (includes Identifying information, course Titles, grades/equivalent/level completed:	_____	_____
MCAS, PSAT, SAT, etc scores	_____	_____
<b>Special Education Records</b> _____	_____	_____
Teacher and Counselor Evaluations & Comments	_____	_____
<b>Discipline and Attendance</b> Records	_____	_____
Other (specify) _____	_____	_____
Extra-Curricular Activities:	_____	_____

---

Signature of Student or Parent/Guardian \_\_\_\_\_ Student's Class \_\_\_\_\_ Date \_\_\_\_\_  
(Student's signature required if over  
18 years of age)



# WINTHROP MIDDLE/HIGH SCHOOL

DATE \_\_\_\_\_

Have you ever been expelled for possession of weapons, drugs or assaulting a member of school staff?\*

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been arrested and/or convicted of a felony?\*

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to either of the above, please explain: -

---

---

---

Please print name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Section 37L of the Massachusetts Educational Reform Act of 1993 states that "A student transferring into a local system must provide the new school system with complete school record of the entering student. Said record shall include but not be limited to any incident involving suspension or violation of criminal acts or any incident reports which such student was charged with any suspended act."