



Cohasset Public Schools

New Student Registration Packet

We would like to welcome you to our school district. To help your son or daughter enroll as quickly as possible, we have put together the following list of information you will need to provide to us PRIOR to your son or daughter being officially enrolled as a student with Cohasset Public Schools.

Legal Birth Certificate (hospital birth certificate is not a legal copy)

Proof of Residence (see Residency Verification form for required documentation)

Current physical examination and immunization history (including a lead test and record of a vision screening completed by your child's physician). If your child's immunizations are not up to date, please contact your child's physician immediately for an appointment.

Copy of Custody Agreement (If Applicable)

COMPLETE THE FORMS LISTED BELOW:

- Registration Form
- Ethnicity Form
- Home Language Survey
- Residency Verification Form
- Massachusetts School Health Record & Certificate of Immunization
- Medical Information Form
- Military Family Status Form
- Release of Records Request

NO ENROLLMENT WILL BE PROCESSED UNTIL ALL OF THE ABOVE DOCUMENTATION HAS BEEN RECEIVED

**Nonstandard enrollments may require additional documents. Please contact each school as listed below:

Joseph Osgood Elementary School:	781-383-6117
Deer Hill School Elementary School:	781-383-6115
Cohasset Middle School:	781-236-1070
Cohasset High School:	781-236-1006



Cohasset Public Schools

COHASSET PUBLIC SCHOOLS - NEW STUDENT REGISTRATION FORM

Student's Full Legal Name: _____
Last First Middle

Address: _____ City: _____ State: _____ ZIP: _____

Home Tel. # _____

Birth Date (MM/DD/YYYY): _____ Gender: ___M___F entering Grade: _____

Town/State/Country of Birth: _____ SASID #: (To be filled out by school) _____

If the student is in High School, please list any high school sports they have participated in:

Mother's/Guardian's Name Address City/Town/Zip

Email Work Tel. Cell

Father's/Guardian's Name Address City/Town/Zip

Email Work Tel. Cell

Child lives with:

____ Both ___ Father ___ Mother ___ Guardian (Please supply Court Docs if applicable)

____ Mother/Stepfather ___ Father/Stepmother



Cohasset Public Schools

COHASSET PUBLIC SCHOOLS - NEW STUDENT REGISTRATION FORM (cont.)

Previous School Information

Last School attended: _____ Grade: _____

City: _____ State: _____

Special Education Services Information

Is your child receiving special education services? Yes No IEP 504

Is the Student applying a sibling of a current Cohasset Student? Yes No

If so, Name and grade of Student: _____

Parent/Guardian Signature: _____ Date: _____

Please Print Name: _____



Cohasset Public Schools

RESIDENCY VERIFICATION

verification of residence is required of all students enrolling in the Cohasset Public Schools.

If you own the property, we require:

- Copy of most recent tax bill
- Copy of most recent utility bill (cable, electric, landline phone, etc.) or mortgage statement.

If you lease/rent, we require:

- Copy of most recent utility bill in your name (cable, electric, landline phone, etc.).

If you are living with a relative, we require:

- Notarized letter from the property owner stating the child is currently living at a Cohasset address with a copy of the property owner's most recent property tax bill
- Copy of most recent car insurance bill or credit card bill in your name mailed to you at the Cohasset address.

The CPS residency policy does not apply to students experiencing homelessness

Please contact our District's McKinney Vento Liaison, Barbara Cerwonka, Director of Student Services, for assistance regarding the enrollment process for homeless students. She can be reached at bcerwonka@cohassetk12.org or 781-383-6104.

Without proper proof of residency, the student will not be allowed to enroll in the Cohasset Public Schools.

Parent/Guardian Signature: _____ Date: _____

Student's Name: _____

The above signature certifies that all statements and documents of residency are true and that you agree to periodic checks of residency, if required.

Should your residency change at any time, you must notify the Cohasset Public Schools immediately.

Resident verified by: _____ Date: _____

Proof of Residency submitted: _____

The Cohasset Public Schools policy of nondiscrimination shall apply to the District's students, staff, and families, and shall extend to the District's dealings with the general public and those with whom it does business, in accordance with applicable law. No individual shall be discriminated against in admission, employment, or access to educational opportunities, courses of study, programs, activities, or facilities of the Cohasset Public Schools on the basis of actual or perceived race, color, ethnicity, national origin, ancestry, immigration status, religion, creed, sex, sexual orientation, gender, gender identity or expression, genetic information, veteran status, U.S. uniformed military service member status, disability, age (student age eligibility requirements excepted), homelessness, marital or parental status, pregnancy or pregnancy related condition, or any status or characteristic protected under applicable federal, state or local law. Cohasset Public Schools is an equal opportunity employer. Any complaint of a violation of the District's nondiscrimination policy should be directed to the Superintendent of Schools or to the relevant District Officer or Coordinator (e.g., Title VI, Title VII, Title IX, ADA, Section 504, McKinney-Vento).



Cohasset Public Schools

RACE & ETHNICITY FORM

Every school district in Massachusetts is required to report to the Massachusetts Department of Education each year student data by race and ethnicity categories that are set by the Federal Government. The Department of Education does not report individual student data to the Federal Government but does report the total number of students in various categories in each school. These reports help us keep track of changes in student enrollments and ensure that all students receive the educational programs and services to which they are entitled. The completion of this form is strictly voluntary.

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: _____

FOR OFFICE USE ONLY

Parent/Guardian chose not to complete Ethnicity/Race information

Authorized Signature: _____ Date: _____



Cohasset Public Schools

CONFIDENTIAL STUDENT EMERGENCY INFORMATION FORM

Student's Full Legal Name: _____
Last First Middle

Address: _____ City/Town: _____ ZIP: _____

Home Tel. _____

In the event of an emergency, your child will be transported to the nearest local hospital.

Please complete the following information:

Mother's/Guardian's Name Address City/Town/Zip

Email Work Tel. Cell

Father's/Guardian's Name Address City/Town/Zip

Email Work Tel. Cell

Child lives with:

____ Both ____ Father ____ Mother ____ Guardian (Please supply Court Docs if applicable)

____ Mother/Stepfather ____ Father/Stepmother



Cohasset Public Schools

CONFIDENTIAL STUDENT EMERGENCY INFORMATION FORM (cont.)

Please arrange for ***two other*** responsible adults that can dismiss your child if you cannot be reached (Please list local contacts only)

Name: _____

Address: _____ City/Town: _____

Phone: _____ Relationship to Student: _____

Name: _____

Address: _____ City/Town: _____

Phone: _____ Relationship to Student: _____

List other children living in the home:

Name	Date of Birth	Relationship to Student

Parent/Guardian Signature: _____ Date: _____

Please Print Name: _____



Cohasset Public Schools

Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student 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 primary language used in the home, regardless of the language spoken by the student? _____ _____	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? _____ _____
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 <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____
Parent/Guardian Signature: X	_____ / _____ /20 Today's Date: (mm/dd/yyyy)



Cohasset Public Schools

COHASSET HIGH SCHOOL CONFIDENTIAL HEALTH FORM 2021-2022

Student Name: _____ Date of Birth: _____ Grade: _____

- Has your child been diagnosed with a chronic illness? No ___ Yes ___
If yes, please explain _____
- Has your child had any major hospitalizations, operations or injuries in the past year? No ___ Yes ___
If yes, please explain _____
- Does your child have any problems with vision or hearing? No ___ Yes ___ Please list _____
- Does your child have any medication allergies? No ___ Yes ___ Please list _____
- Does your child have any other allergies? No ___ Yes ___ Please list _____
- Does your child require epinephrine to treat anaphylaxis (an extreme allergic reaction)
No ___ Yes ___ If yes, please fill out a FARE form available at <https://www.foodallergy.org/resources/food-allergy-anaphylaxis-emergency-care-plan>, and send it in with a current epinephrine auto-injector

If applicable, please list any medications that your child is currently taking at home and the reason the medication has been prescribed. If it is necessary to administer the medication during the school day, please contact the school nurse

Medication	Indication
1. _____	_____
2. _____	_____
3. _____	_____

PERMISSION TO ADMINISTER OVER-THE COUNTER MEDICATION IN SCHOOL

Please **CIRCLE** the medications you give the nurse permission to administer to your child in school if indicated. A parent/guardian signature is required. The appropriate dose will be given.

Acetaminophen (Tylenol) every 4 hours as needed	Calamine product
Ibuprofen (Motrin) every 6 hours as needed	Vaseline
Diphenhydramine HCL (Benadryl) every 6 hours as needed (allergic reaction)	Calcium Carbonate (TUMS) as indicated to students 12 and older
Antibiotic Ointment	Cough drops

Massachusetts State Mandated School Screenings

Department of Public Health Requirements	Please check if you wish to Opt-out of any screening (if applicable)
Postural screening annually on students in grades 5 – 9. This requires students to remove their shirt so that the spine can be evaluated. Female students are asked to wear a sports bra or tank top. Student's privacy will be respected.	
Vision screening annually K through Grade 5, Grade 7, and Grade 10	
Hearing screening annually K through Grade 3, Grade 7, and Grade 10	
Accurate measurement of height and weight and the calculation of BMI for students in grades 1, 4, 7, and 10	

I give my permission to the school nurse to share pertinent medical information on my child's health condition with the appropriate school personnel and town emergency medical personnel, in order to better assure my child's health and safety needs.

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____

Please complete this form and return to the high school nurse's office.

If you have not yet done so, please also send a copy of your student's most recent physical exam to the nurse's office.
Cohasset High School Nurse's Office, 143 Pond Street, Cohasset MA 02025 Phone: (781) 383-0853 Fax: (781) 236-1012



Cohasset Public Schools

RELEASE OF INFORMATION

I authorize the school nurse to contact the above physician, when appropriate, for a 2-way exchange of medical information.

I understand that I will be contacted prior to this communication _____ YES _____ NO

PERMISSION FOR TREATMENT

In the event of a serious illness/injury, I hereby authorize the school to contact my child's physician and/or to seek emergency medical care including transportation to a medical facility. I hereby authorize the physician and emergency room staff to administer care that is deemed necessary.

I understand that every effort will be made to contact the family and emergency contacts first.
_____ YES _____ NO

Massachusetts Department of Public Health Minimum Immunization Requirements for School Entry

<u>Immunization</u>	<u>Day Care/Preschool</u>	<u>Kindergarten</u>
DTaP/DTP/DT/Td	4 doses DTaP/DTP	5 doses DTaP/DTP
Polio	3 doses	4 doses
MMR	1 dose	2 doses
Hepatitis B	3 doses	3 doses
Hib	1 dose	---
Varicella*	1 dose	2 doses

*A physician's documentation of a history of Chicken Pox or serologic proof of immunity is required if the varicella vaccine has not been given.

Proof of all required immunizations **must** be provided before your child may enter school.
Proof of **Lead Screening** is required prior to starting Kindergarten.

A current **physical exam** dated within 1 year of the first day of school is also required for the student health record. If your child's yearly exam is scheduled during the fall months, please provide the school nurse with the last physical your child had and provide the updated physical when completed.

PLEASE CONTACT THE SCHOOL NURSE WITH ANY QUESTIONS OR CONCERNS

Parent/Guardian Signature

Print Name

Date

Please Print Name: _____



Cohasset Public Schools

MILITARY STATUS FOR STUDENTS

In May 2012, as part of the VALOR Act, Massachusetts became a member of the Interstate Compact on Educational Opportunity for Military Children. The Compact aims to make the transition to a new school easier for military children in areas such as enrollment, assessment, graduation, etc. The provisions of the Compact also apply to students whose Parent/Guardian is currently deployed, or who was discharged from active duty due to a disability or died while on active duty within the past year. For more information, please visit: www.mic3.net.

In accordance with the new Massachusetts Department of Elementary and Secondary Education reporting requirements, we are now required to report on the Military Family Status of our students annually.

Please choose the most appropriate response below and return this form to your child's school.

- There is a Parent or Guardian in the student's household who: (Please check the box that applies)
 - is a full-time member of the uniformed services or National Guard and Reserve on active-duty orders.
 - is a member or veteran who was severely injured or medically discharged or retired for a period of one year after medical discharge or retirement.
 - is a member of the uniformed services who died on active duty or as a result of injuries sustained on active duty for a period of one year after death.
 - None of the above.

Student Name: _____ Grade: _____

Name of Service Member: _____

Relationship to Student: _____

Parent/Legal Guardian Name (please print): _____

Parent/Legal Guardian Signature _____ Date: _____

