



# SOUTHBRIDGE PUBLIC SCHOOLS

25 Cole Avenue  
Southbridge, MA 01550

Tel: 508-764-5414 Fax: 508-764-5479

Hours of Operation: Mon, Wed, Fri 8:00am - 4:00pm, Tue & Thru 10:00am -6:00pm

## Student Registration

Welcome to Southbridge Public Schools! The following information is used to enroll your child in school. Please let us know if you do not have one of the required documents or if you have any questions about what is being requested contact Ana Aponte-Ortiz at the Family Welcome Center at (508) 764-5414 ext. 405 or by email: [aponteortiz@southbridgepublic.org](mailto:aponteortiz@southbridgepublic.org)

### Student / Parent-Guardian Identification *(please submit all)*

- Parent / Guardian valid ID W/ Photo (driver's license, state ID, passport, military ID, etc.)
- Child's Birth Certificate
- Child's physical health exam signed by a physician within the last 12 months: *required for grades Pre-k, k, 3, 6, & 9*
- Child's current immunization record & Health Insurance Card
- All prior school records (reports cards, Individual Education Plan / 504 Plan if applicable, etc.)

### Proof of Residency *(one of the following)*

- Mortgage Statement or Rental / Lease Agreement
- Cable, Electric, Gas, or Water Bill

*If current living arrangements are not permanent, please come in with or without documentation of current housing situation.*

### For Office Use Only

F Name:	Student Identification	C	I		504 Plan	Y	N
M Name:	Parent / Guardian	C	I		Court Documents	Y	N
L Name:	Address Verification	C	I		English Learner / SLIFE Screening	Y	N
Registration Date:	Home Language Survey	C	I		Foster Care	Y	N
Entry Date:	Health History	C	I		McKinney-Vento Services	Y	N
Grade:	School Health History / Immunization	C	I		Does student take medication at school?	Y	N
School:	Records Release	C	I		Military Family Status	Y	N <sup>P</sup>
LASID:	Health Insurance Card	C	I		School Records (including discipline)	Y	N
SASID:	Technology/Media Acceptable Use	C	I		Special Education Services	Y	N
Report to DOE: Yes [ ]	Handbook Acknowledgement	C	I		Daycare Provider	Y	N
PUENTES: Yes [ ] No [ ]	School emergency cards	C	I		Transportation *Bus Number / letter:	Y	N

It is the policy of the Southbridge Public Schools pursuant to Federal and Massachusetts laws not to discriminate against individuals on the basis of race, color, sex, gender identity, religion, national origin, sexual orientation or disability, the administration of its educational programs, activities, or employment policies.

Es la póliza de las Escuelas Públicas de Southbridge, de conformidad con las leyes Federales y de Massachusetts, no discriminar a los individuos por raza, color, sexo, identidad de género, religión, origen nacional, orientación sexual o discapacidad, la administración de sus programas educativos, actividades, o pólizas de empleo.

**Student Identification**

Student's Full Legal Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Copy of Birth Certificate

Student's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year) (City) (State) (Country)

Length of time student has lived in the United States.  Less than 1 year  2 years  3 years  4 years  5 years  6 + years

Student's Gender:  Male  Female  Nonbinary Student's Primary Language: \_\_\_\_\_  
Language(s) spoken at home: \_\_\_\_\_

Student's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Requesting Transportation?  Yes  No \*Please note that for elementary schools, transportation is provided to students who live more than one mile from school. Please speak to us if you have a hardship requiring transportation for a student living less than one mile from school. All students in SMS and SHS will be assigned to a bus.

Registering student for grade?  
 Pre-Kindergarten  Kindergarten  1  2  3  4  5  6  7  8  9  10  11  12  
 Interested in PUENTES English / Spanish Dual Language Program (Grades K – 2 only)

Has student ever attended school?  Yes  No In Southbridge?  Yes  No In Massachusetts?  Yes  No

Name of last school attended and dates of enrollment? \_\_\_\_\_ Dates enrolled: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Does student have an Individualized Education Plan (IEP) or receive any Special Education services (i.e. Occupation Therapy, Speech, etc.)?  Yes  No

Does student have a 504 Plan?  Yes  No

Is student in Foster Care?  Yes  No If yes, Name of DCF Caseworker: \_\_\_\_\_

**Siblings**

Other children in family:

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**ADDRESS VERIFICATION**

Student's Full Legal Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Parent / Guardian's Full Legal Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Check to confirm copy of a document-confirming residency has been submitted

*The Southbridge public Schools reserves the right to verify address through home visits. Student enrollment with false information subjects the person to liability for tuition, other costs, and / or return to appropriate school site.*

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

*The following questions are used to collect information about the housing status of students as required by the McKinney-Vento Act, 42 U.S.C. 111435. Your answers help to determine the services the student may be eligible to receive.*

Is your current address a temporary living arrangement?  Yes  No

Is this temporary living arrangement due to loss of housing or economic hardship or similar reason?  Yes  No

Is student living apart from parents?  Yes  No

*If you answered NO to all, please continue to the next page.*

*If you answered YES to any of the above questions, please answer the following:*

Where is the student currently living? (please check one)

- sharing housing with others (friends or relative) in a house or apartment.
- moving from place to place
- In a place not usually for sleeping such as a car, park, or campsite.
- In a motel / hotel
- In a shelter

Family with whom student / student family currently live:

\_\_\_\_\_  
(First Name) (Middle Name) (Last Name) Phone number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Parent / Guardian**

Student's Full Legal Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Check to confirm copy of parent / guardian ID submitted with these enrollments

Parent's / Guardian's Primary Language: \_\_\_\_\_

In what language would you like Southbridge Public Schools to communicate with you?  English  Spanish  Other: \_\_\_\_\_

**Parents / Guardians Living in the Same Household as Student**

Legal Name:	Legal Name:
Relationship to Student:	Relationship to Student:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
E-mail:	E-mail:
Work Number:	Work Number:
Employer Name:	Employer Name:
Employer Address:	Employer Address:

**Parents / Guardians Living at an Address DIFFERENT from Student**

Legal Name:	Legal Name:
Relationship to Student:	Relationship to Student:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
E-mail:	E-mail:
Residential Address:	Residential Address:
City: State: Zip:	City: State: Zip:
Mailing Address (if different):	Mailing Address (if different):
City: State: Zip:	City: State: Zip:
Work Number:	Work Number:
Employer Name:	Employer Name:
Employer Address:	Employer Address:

Student is in legal custody of? Please list legal name of person(s) with legal custody and relationship to student or type of guardianship:

Full Legal Name: \_\_\_\_\_ Relationship to student / type of guardianship: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Full Legal Name: \_\_\_\_\_ Relationship to student / type of guardianship: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

If both parents DO NOT have custody and parental rights to students. Access to student and records will be granted to both parents, unless court documents limiting access are provided to Southbridge Public Schools.

If No, which of the following applies:

Mother guardian- joint custody  Mother guardian- sole custody  Father guardian- joint custody  Father guardian- sole custody

Other (please explain): \_\_\_\_\_

Is either parent (or other person) restricted by a court order from contact with this student or from receiving information?  Yes  No

If yes, please explain reason and provide copies of any court documents: \_\_\_\_\_

# Emergency Contact Information

Student's Full Legal Name: \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name)

Daycare Provider's Name:	Daycare Provider's Address:
Daycare Phone Number:	Bus# AM: _____ PM: _____

Emergency Contact #1	Emergency Contact #2
Legal Name:	Legal Name:
Relationship to Student:	Relationship to Student:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
E-mail:	E-mail:
Work Number:	Work Number:
Employer Name:	Employer Name:
Employer Address:	Employer Address:
Dismiss Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dismiss Student: <input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to Receive Student Records / Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No	Permission to Receive Student Records / Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact #3	Emergency Contact #4
Legal Name:	Legal Name:
Relationship to Student:	Relationship to Student:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
E-mail:	E-mail:
Work Number:	Work Number:
Employer Name:	Employer Name:
Employer Address:	Employer Address:
Dismiss Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dismiss Student: <input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to Receive Student Records / Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No	Permission to Receive Student Records / Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that everything stated on these forms is true and correct.

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

This form is being used by the Southbridge Public Schools to comply with the federal Office of Management and Budget (OMB) revision to the standards for classification of Federal data on race and ethnicity announced in the Federal Register Notice of October 30, 1997. The revised standards require that agencies offer individuals the opportunity to select one or more races when reporting information on race in federal data collections. In addition, race and Hispanic origin are to be considered as two separate and distinct concepts. Therefore, Hispanic origin data are collected separately from race.

**PLEASE USE THE FOLLOWING GUIDE TO COMPLETE THIS FORM**

**Ethnicity – Check one (1) box**

- Hispanic or Latino:** 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".
- Not Hispanic or Latino**

**Race – Check as many boxes that apply**

- 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

**First language spoken at home – Check one (1) box**

- English (267)
- Spanish (007)
- Other \_\_\_\_\_

The Southbridge Public Schools does not discriminate, and no person will be excluded from or discriminated against in admission to the public schools of Southbridge or in obtaining advantages, privileges, and courses of study of such public school of Southbridge on account of race, color, sex, religion, national origin, sexual orientation, gender identity or handicap, in the operation of the educational programs, activities, or employment policies as required under Title VI, Title IX of the U.S. Acts of 1972, Section 504 of the U.S. Rehabilitative Act of 1973, and MGL chapter 76 section S.

## 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.

<b>Student Information</b>	
First Name _____	Middle Name _____
Country of Birth _____	Date of Birth (mm/dd/yyyy) _____
Last Name _____	
Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____	
Gender F <input type="checkbox"/> M <input type="checkbox"/>	
<b>School Information</b>	
Start Date in New School (mm/dd/yyyy) _____ / _____ /20 _____	
Name of Former School and Town _____	
Current Grade _____	
<b>Questions for Parents/Guardians</b>	
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)



Handbook Sign-Off Sheet

2018-2019

The Southbridge Public Schools District Parent/Student Handbook are available on-line at www.southbridgepublic.org. A hard copy will be provided to your student on the first day of school. The handbooks are designed and published to provide as much information as possible to our families. Please take time to review the information, procedures, and policies included in the handbooks with your child. We ask that you sign and return this sheet by September 7, 2018, acknowledging that you reviewed the District Parent/Student Handbook.

1. STUDENT HANDBOOK [available on-line at www.southbridgepublic.org]

After reading the District Parent/Student Handbook please sign below. Your signature will confirm that you and your child have read and understand the contents of the handbook.

Student Name [Please Print]

Parent/Guardian Signature & Date

2. TECHNOLOGY ACCEPTABLE USE POLICY [available on-line at www.southbridgepublic.org]

I acknowledge that I have received, read and fully understood the Southbridge School District's Technology Acceptable Use Policy and that I agree to abide by the policies within. I fully understand that use of the Southbridge School District's "technology resources", including, but not limited to, district owned, tablets, printers, network, district provided websites, cloud computing technologies, and Internet access are provided for educational purposes only. I understand that any violation of the Southbridge School District's Technology Acceptable Use Policy may result in the restriction, suspension or cancellation of access privileges and may result in other disciplinary action, civil liability or criminal prosecution by the appropriate authorities. I understand that if I choose to bring in "personal devices, I do so at my own risk. I understand the Southbridge School District is not responsible for lost, stolen or damaged personal devices. I also understand the district IT Department will provide no technical support or assistance for "personal devices. Amendments and modifications to the policy may be approved by the School Committee from time to time and will be posted for viewing.

Student Name [Please Print]

Student Signature & Date

Parent/Guardian Name [Please Print]

Parent/Guardian Signature & Date

3. USE OF STUDENT PHOTOGRAPHS

Many times during the school year photographs are taken of students, during the school day and at special events, to share the good work that we do in our schools with the community. These photographs may be posted on the district website, displayed on bulletin boards, put in the school newsletter, or published in the local newspapers. We ask that you indicate below whether or not the school has permission to publish your child's photographs. If notification is not received by a Parent/guardian, it is understood that the schools have permission to publish student photographs for the purpose of communicating Educational practices only. You may change this agreement at any time by sending a letter to your child's principal and such changes will take effect upon receipt by the school. Check one of the following choices and sign below:

[ ] I/We GRANT Permission for a photo/image only that includes this student without other personal identifiers to be published on the district's website. We also grant permission for a photo/image and first name to be used for BTV and school publications as well as local newspapers.

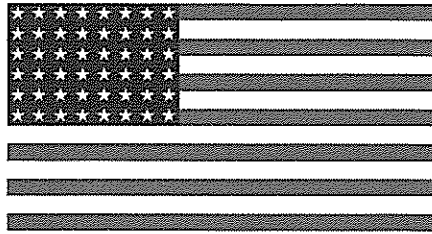
[ ] I/We DO NOT GRANT Permission for our child's photo/image and name to be published in publications or on the The district's website.

Parent/Guardian Name [Please Print]

Parent/Guardian Signature & Date

If you need assistance translating this document into a language other than English, please contact your student's school Principal. Si necesita este documento traducido en otra idioma, por favor, póngase en contacto con el Enlace Bilingue de la Escuela.





## **Military Family Status Form**

The Department of Education collects information about the military family status of students. This information is used by the Department of Education to determine whether students are covered by the Interstate Compact on Educational Opportunity for Military Children (<http://mic3.net>). The Compact, which Massachusetts joined in May 2013 as part of the VALOR Act, aims to make the transition easier for mobile children in military families in areas such as enrollment, assessment, graduation etc.

### **Please return this form ONLY if you meet any of the criteria below:**

Please check the following boxes if your student lives in the household of:

- Full-time active duty members in the uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. Section 1209 and 1211.
- Members or veterans of the uniformed services who are severely injured and medically discharged or retired for a period of one year after medical discharge or retirement.
- Members of the uniformed services who die on active duty or as a result of injuries sustained on active duty for a period of one year after death.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

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

\_\_\_\_\_  
Date

**SOUTHBRIDGE PUBLIC SCHOOLS  
HEALTH HISTORY**

Dear Parent/Guardian:

In order to better care for your child at school and keep the medical records up to date, we ask that you complete this health history form and include as much information as possible. Please date each entry.

Date \_\_\_\_\_  
School \_\_\_\_\_  
Grade \_\_\_\_\_

Student's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Date of Last Physical Exam: \_\_\_\_\_  
Dentist's Name: \_\_\_\_\_ Date of Last Exam: \_\_\_\_\_

Does your child wear glasses? Yes \_\_\_ No \_\_\_ Contacts \_\_\_\_\_ Date of Last Exam \_\_\_\_\_

Hearing Problems? Yes \_\_\_ No \_\_\_ Tubes \_\_\_\_\_ Hearing aids \_\_\_\_\_

Does your child take any medicine either on a regular or part time basis? Yes \_\_\_ No \_\_\_

If YES, please list: \_\_\_\_\_

\*\*\*\*\*

HISTORY OF:	YES / NO	DATE	EXPLANATION/MEDICATION/TREATMENT
Accident (Serious)	___ / ___	_____	_____
Allergies	___ / ___	_____	_____
EPIPEN	___ / ___	_____	_____
Asthma	___ / ___	_____	_____
Use of Inhaler	___ / ___	_____	_____
Dental Problems	___ / ___	_____	_____
Diabetes	___ / ___	_____	_____
Headaches (specify)	___ / ___	_____	_____
Heart Condition	___ / ___	_____	_____
(specify)	___ / ___	_____	_____
Hospitalizations	___ / ___	_____	_____
Menstruation	___ / ___	_____	_____
Orthopedic Treatment	___ / ___	_____	_____
Fractures	___ / ___	_____	_____
Scoliosis	___ / ___	_____	_____
Restricted Activities	___ / ___	_____	_____
Seizures (specify)	___ / ___	_____	_____
Surgery (specify)	___ / ___	_____	_____
Skin Problems (rashes)	___ / ___	_____	_____
Urinary Problems	___ / ___	_____	_____
Weight Issues			
Overweight	___ / ___	_____	_____
Underweight	___ / ___	_____	_____
Eating Disorder	___ / ___	_____	_____

ARE THERE ANY OTHER HEALTH CONDITIONS NOT PREVIOUSLY LISTED THAT ARE OF CONCERN?: Yes \_\_\_ No \_\_\_ IF YES, PLEASE EXPLAIN:

I understand that when appropriate and to ensure optimal care and safety of my child, the above information will be shared between the nurse and the necessary staff of the school my child attends.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# MASSACHUSETTS SCHOOL HEALTH RECORD

## Health Care Provider's Examination

Name \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_

Medical History \_\_\_\_\_

### Pertinent Family History

### Current Health Issues

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Allergies: Please list: Medications _____ Food _____ Other _____
		History of Anaphylaxis to _____ Epi-Pen®: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	Asthma: Asthma Action Plan <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach)
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes: <input type="checkbox"/> Type I <input type="checkbox"/> Type II
<input type="checkbox"/>	<input type="checkbox"/>	Seizure disorder: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (Please specify) _____

Current Medications (if relevant to the student's health and safety). Please circle those administered in school; a separate medication order form is needed for each medication administered in school.

### Physical Examination

Date of Examination: \_\_\_\_\_

Hgt: \_\_\_\_\_ (\_\_\_\_%) Wgt: \_\_\_\_\_ (\_\_\_\_%) BMI: \_\_\_\_\_ (\_\_\_\_%) BP: \_\_\_\_\_  
(Check = Normal / If abnormal, please describe.)

<input type="checkbox"/> General _____	<input type="checkbox"/> Lungs _____	<input type="checkbox"/> Extremities _____
<input type="checkbox"/> Skin _____	<input type="checkbox"/> Heart _____	<input type="checkbox"/> Neurologic _____
<input type="checkbox"/> HEENT _____	<input type="checkbox"/> Abdomen _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dental/Oral _____	<input type="checkbox"/> Genitalia _____	

### Screening:

	(Pass) (Fail)		(Pass) (Fail)		(Pass) (Fail)
Vision: Right Eye	<input type="checkbox"/> <input type="checkbox"/>	Hearing: Right Ear	<input type="checkbox"/> <input type="checkbox"/>	Postural Screening:	<input type="checkbox"/> <input type="checkbox"/>
Left Eye	<input type="checkbox"/> <input type="checkbox"/>	Left Ear	<input type="checkbox"/> <input type="checkbox"/>	(Scoliosis/Kyphosis/Lordosis)	
Stereopsis	<input type="checkbox"/> <input type="checkbox"/>				

Laboratory Results:  Lead \_\_\_\_\_ Date \_\_\_\_\_  Other \_\_\_\_\_

The entire examination was normal:

Targeted TB Skin Testing:  Med-to-High risk (exposure to TB: born, lived, travel to TB endemic countries; medical risk factors):

TB Test Type:  TST  IGRA Date: \_\_\_\_\_ Result:  Positive  Negative  Indeterminate/Borderline

Referred for evaluation to: \_\_\_\_\_ Date: \_\_\_\_\_  Low risk (no TB test done)

This student has the following problems that may impact his/her educational experience:

<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing	<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Fine/Gross Motor Deficit
<input type="checkbox"/> Emotional/Social	<input type="checkbox"/> Behavior	<input type="checkbox"/> Other	

Comments/Recommendations:

Y  N This student may participate fully in the school program, including physical education and competitive sports. If no, please list restrictions: \_\_\_\_\_

Y  N Immunizations are complete: If no, give reason: Please attach Massachusetts Immunization Information System Certificate or other complete immunization record.

Signature of Examiner Circle: MD, DO, NP, PA Date \_\_\_\_\_

\_\_\_\_\_  
Please print name of Examiner.

Group Practice \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please attach additional information as needed for the health and safety of the student.

MDPH 08/15/13



# SOUTHBRIDGE PUBLIC SCHOOLS

25 Cole Avenue  
 Southbridge, MA 01550  
 Tel: 508-764-5414 Fax: 508-764-5479

## Authorization to Release Student Records / Autorización para Compartir Records Estudiantiles

Student's Full Legal Name: \_\_\_\_\_  
 Nombre Legal de Estudiante: (First Name / Primer Nombre) (Middle Name / Segundo Nombre) (Last Name / Apellido)

Student's Date of Birth / Fecha de Nacimiento de Estudiante: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade / Grado: \_\_\_\_  
 (Month / Mes) (Day / Día) (Year / Año)

I / yo \_\_\_\_\_  
 (Name of Parent or Guardian / Nombre de Padre o Tutor)

hereby authorize / por este medio autorizo a \_\_\_\_\_  
 Name of the previous school / Nombre de la escuela anterior

located at / encontrado en \_\_\_\_\_  
 Address / Dirección

\_\_\_\_\_ City / Ciudad State / Estado Country / País Zip Code / Código Postal

to release student records to / a compartir records estudiantiles a Southbridge Public Schools:

Please fax information to (508) 764-5479 and / or mail to the following address:  
 Southbridge Public Schools  
 25 Cole Avenue  
 Southbridge, MA 01550  
 or e-mail at [aaponteortiz@southbridgepublic.org](mailto:aaponteortiz@southbridgepublic.org)

Southbridge Public Schools requests all student records including but not limited to:	Las escuelas públicas de Southbridge solicitan todos los registros de los estudiantes que incluyen pero no se limitan a:
All Academic Records (e.g. report cards, MCAS/PARCC, etc.)	Todos los registros académicos (ej. calificaciones, MCAS/PARCC, etc.)
Medical & School Health Records	Registros médicos y de salud escolar
Attendance and Full Disciplinary Records (to include suspensions, expulsions, criminal record, etc.)	Registros de asistencia y disciplina (incluyendo suspensiones, expulsiones, antecedentes penales, etc.)
All Special Education Records / 504 Accommodations	Todos los registros de educación especial / Plan de 504
All Former and Present English Language Learners Records (WAPT/ Screener, Home Language Survey, ACCESS score report (or MEPA), Reclassification forms, FEL monitoring forms, Opt-out monitoring forms, etc.)	Todos los registros actuales y anteriores de aprendices del idioma Inglés (WAPT / Screener, encuestas del idioma del hogar, informe de puntaje ACCESS (o MEPA), formularios de reclasificación, formularios de monitoreo FEL, formulario de monitoreo de exclusión voluntaria, etc.)
Psychological or Neurological Evaluations / Reports	Evaluaciones / informes psicólogos y neurológicos
Any pertinent information concerning the academic or socio-emotional performance of student	Cualquier información pertinente sobre el rendimiento académico o socioemocional del estudiante

Parent or Guardian Name / Nombre de Padre o Tutor \_\_\_\_\_ Parent or Guardian Signature / Firma de Padre o Tutor \_\_\_\_\_ Date / Fecha \_\_\_\_\_