

# STUDENT ENROLLMENT

## Canton Public Schools

Please complete and return to:  
 Susan McGowan  
 Administration Building  
 960 Washington Street  
 Canton, MA 02021  
 781-821-5060

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Full Middle Name: \_\_\_\_\_  
 Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 \*E-mail: \_\_\_\_\_ \*So that we may contact you with updates & newsletters.  
 Current or last School: \_\_\_\_\_ Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Has your child ever attended a Massachusetts public school? \_\_\_\_\_ Has your child ever attended the Canton Public Schools? \_\_\_\_\_

Has your child ever been on an Individual Education Plan (IEP) or 504 Plan? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, are they currently on that plan? Please explain: \_\_\_\_\_

**Proof of Residency** (You need one from each category)

Category 1	Category 2	Category 3
<ul style="list-style-type: none"> <li>Copy of most recent mortgage payment</li> <li>If you no longer pay a mortgage on your home, you must submit a copy of the property deed or a copy of the discharge of mortgage.</li> <li>Purchase and Sales Agreement</li> <li>Property tax bill</li> <li>Copy of Lease (including BHS and HUD leases) <b>and</b> record of most recent rent payment.*</li> </ul> <p>* You must submit both of these documents.</p>	<p>Utility bill or work order within the past 60 days:</p> <ul style="list-style-type: none"> <li>Gas bill</li> <li>Oil bill</li> <li>Electric bill</li> <li>Cable bill</li> </ul> <p>If you live in a household where all utilities are in someone else's name, and if this is noted on your lease or affidavit, then you may submit a utility bill in the name of the homeowner.</p>	<ul style="list-style-type: none"> <li>Valid government issued photo identification, e.g., Massachusetts driver's license, passport or state issued ID card with a valid Canton, MA address on it.</li> </ul> <p>Dated within the past year:</p> <ul style="list-style-type: none"> <li>W-2 form (private information may be blocked out)</li> <li>Vehicle registration</li> <li>Excise tax bill</li> </ul>

The student's original Birth Certificate, up-to-date Immunization Record, and a current physical exam (dated within one year of registration date) must be presented at time of registration.

Medically cleared  \_\_\_\_\_  
Pre-Registration Nurse Signature Date

Federal law requires the Department of Education to report race for the purpose of monitoring enforcement of civil rights laws and to ensure that students are receiving equal opportunities. **Please refer to the race & ethnicity chart at the end of this enrollment packet for your appropriate two-digit code; for example, White 01; Black 02; Asian 03; American Indian or Alaska Native 04; Native Hawaiian or Other Pacific Islander 05.**

Race Code: \_\_\_\_

**Family**

Guardian1: _____	Guardian2: _____
Occupation: _____	Occupation: _____
Place of Business: _____	Place of Business: _____
Address: _____	Address: _____
Business Phone No.: _____	Business Phone No.: _____

Where can we best reach you by phone? \_\_\_\_\_  
 Student resides with: \_\_\_\_\_ Both Guardians \_\_\_\_\_ Guardian1 \_\_\_\_\_ Guardian2 \_\_\_\_\_ Other (please explain) \_\_\_\_\_

Please list name(s) and age(s) of other children in the family: \_\_\_\_\_  
 Any other family members who reside with you? \_\_\_\_\_  
 Languages other than English regularly spoken in the home: \_\_\_\_\_ Do you need a translator? \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

School Assignment \_\_\_\_\_ Grade \_\_\_\_ Entrance Date \_\_\_\_\_

Session AM/PM (if Kindergarten) \_\_\_\_\_

Bus Number/Letter to School \_\_\_\_\_ Bus Number/Letter Home \_\_\_\_\_

Date of Student Withdrawal \_\_\_\_\_

**KINDERGARTEN GUIDELINE:** *Your child must reach their fifth birthday on or before September 1<sup>st</sup> – NO EXCEPTIONS!*  
**FIRST GRADE GUIDELINE:** *Your child must reach their sixth birthday on or before September 1<sup>st</sup> – NO EXCEPTIONS!*

*Revised 3/09*

# Canton Public Schools

## Emergency Student Information

\_\_\_\_\_  
Student's Last Name                      First                      Middle                      Date of Birth

\_\_\_\_\_  
Address                      Town                      Home Phone

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Primary Language \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

**1. Parent/Guardian** \_\_\_\_\_ Home Address \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Email \_\_\_\_\_ Pager/ Phone \_\_\_\_\_

**2. Parent/Guardian** \_\_\_\_\_ Home Address \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Email \_\_\_\_\_ Pager/ Phone \_\_\_\_\_

Siblings in district: Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

### Emergency Contacts:

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

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

Please designate one person **in your neighborhood** who would be willing to take your child home in the event of an illness or an unexpected early dismissal due to severe weather (should you be unable to meet the bus or pick up at school).

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

### Emergency Medical Information:

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy \_\_\_\_\_ Group # \_\_\_\_\_

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

*If you do not have health insurance, Mass Health is available to uninsured children. Please contact school nurse for more information. All communication will be kept confidential.*

I give the school nurse permission to share relevant medical information with school staff, emergency medical personnel and my child's physician.

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

\_\_\_\_\_  
Date

**IF YOUR CHILD HAS A MEDICAL ISSUE PLEASE MAKE AN APPOINTMENT WITH THE SCHOOL NURSE**  
Rev. 3/30/2007

## Canton Public Schools – Health History

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Male \_\_\_ Female \_\_\_ Grade: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

### Birth History

Full Term (over 37 weeks): \_\_\_\_\_

Pre Term (# of weeks gestation): \_\_\_\_\_

Early Intervention? Yes  No

**Developmental Delays:** Did your child have any significant developmental delays (crawling, walking, talking)? Yes  No

When? \_\_\_\_\_

What happened? \_\_\_\_\_

\_\_\_\_\_

**Allergies:** Does your child have any significant allergies (latex, medication, environmental)? Yes  No

Has your child ever been stung by a bee or insect? Yes  No

When? \_\_\_\_\_

What happened? \_\_\_\_\_

Are there any foods your child should not eat or is allergic to:

What: \_\_\_\_\_

Reason: \_\_\_\_\_

Has your child ever had an allergic reaction to any medication?

Name of medication: \_\_\_\_\_

What happened? \_\_\_\_\_

**Medication:** Is your child taking any medication on a regular basis at home or in school? Yes  No

Name of medications: \_\_\_\_\_

For what reason? \_\_\_\_\_

\_\_\_\_\_

Will medication be needed at school or on a field trip? Yes  No

Which medications? \_\_\_\_\_

### Has your child had any:

Operations Yes  No  Serious accidents Yes  No

Fractured bones Yes  No  Serious head injury Yes  No

Hospitalizations Yes  No  Yes  No

Please give dates/details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Does your child have a history of:

Asthma/Wheezing Yes  No

Bleeding disorder Yes  No

Bone or joint disease Yes  No

Chicken Pox or Shingles Yes  No

Diabetes Yes  No

Depression Yes  No

Frequent nosebleeds Yes  No

Headaches: Yes  No

Chronic Yes  No

Migraine Yes  No

Hearing difficulties Yes  No

Heart conditions Yes  No

High blood pressure Yes  No

Skin problems Yes  No

Stomach/Bowel problems Yes  No

Scoliosis Yes  No

Seizure Disorder Yes  No

Last Seizure? \_\_\_\_\_

Seizures with fever Yes  No

Visual problems Yes  No

Urinary problems Yes  No

Weight concerns (obesity, eating disorder) Yes  No

Other Yes  No

### Does your child use any of these aids?

Contact lenses Yes  No  Eye glasses Yes  No

Hearing aid Yes  No  Tubes in ears Yes  No

Crutches Yes  No  Wheelchair Yes  No

Brace for arm or leg Yes  No

Palate expander Yes  No

Orthodontic braces/retainer Yes  No

Other, please specify: \_\_\_\_\_

I give health personal permission to share relevant medical information with school staff, emergency medical personnel and my child's physician.

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

\_\_\_\_\_  
Date

Please call the school nurse to discuss any of the above information or to ask questions. If needed, use the reverse side of the paper to make additional comments.

**Canton Public Schools  
Canton, Massachusetts**

**Certification of Residency Form**

It is the policy of the Canton Public Schools that proof of residence must be established by the student and his/her parent/guardian in accordance with the Canton Public Schools Residency and Registration Policy.

All persons registering a student with the Canton Public Schools shall be required to sign a certification of residency statement, which includes the penalties of perjury regarding the information provided. In addition, any person who falsely claims that a student lives with them, or the parents of that student, may be required to pay the full cost of the student's tuition to the Canton Public Schools, as well as any legal necessary legal fees.

**Certification of Residency**

This is to certify that I have submitted the proof of residency documents required by the Canton Public School Committee to enroll \_\_\_\_\_ in the Canton Public  
(Name of student)

Public Schools. I understand that residency means that the student resides in the town of Canton and I certify that \_\_\_\_\_ Returns to \_\_\_\_\_  
(Name of Student) (Address)

at the end of the day and spends the night at this address. I understand that if the student does not reside at the address stated above, I may be required to pay the student's tuition as determined by the Canton School Committee, as well as any necessary legal fees.

Signed under the pains and penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Month) (Year)

\_\_\_\_\_  
(Signature) Parent

\_\_\_\_\_  
(Signature) Guardian

\_\_\_\_\_  
(Signature) Canton resident with whom student resides

CANTON PUBLIC SCHOOLS  
960 Washington Street  
Canton, MA 02021  
781-821-5060

School: \_\_\_\_\_

Grade: \_\_\_\_\_

ENGLISH

HOME LANGUAGE SURVEY

ENGLISH

Student's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

1. What language did your child first learn to speak?  
\_\_\_\_\_
2. What language do you use most often when speaking to your child at home? \_\_\_\_\_
3. What language does your child use most often when speaking to you at home? \_\_\_\_\_
4. What language does your child use most often when speaking to brothers, sisters, friends and other adults such as grandparents, etc.? \_\_\_\_\_

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

Signature: \_\_\_\_\_

ESPAÑOL

CUESTIONARIO PARA SABER QUE IDIOMA SE HABLA EN EL HOGAR

SPANISH

Nombre del estudiante: \_\_\_\_\_ Telefono: \_\_\_\_\_

Direccion: \_\_\_\_\_

1. Cual fue el primer idioma que su hijo/a aprendio a hablar? \_\_\_\_\_
2. Cual es el idioma que usted usa mas cuando habla con su hijo/a en casa? \_\_\_\_\_
3. Cual es el idioma que su hijo/a usa cuando habla con usted en casa? \_\_\_\_\_
4. Cual es el idioma que usa mas su hijo/a cuando habla con sus hermanos/as, amigos, y otros adultos como abuelos/as y demas miembros de la familia? \_\_\_\_\_

Date \_\_\_\_\_

Firma del Padre/Madre/Encargado \_\_\_\_\_

한국어

가정의 언어 설문조사

KOREAN

Student's 이름: \_\_\_\_\_ 전화 #: \_\_\_\_\_

주소: \_\_\_\_\_

1. 당신의 아이는 첫째로 어떤 언어를 말하는 것을 배웠느냐? \_\_\_\_\_
2. 집에서 당신의 아이에게 말을 걸 때 당신은 어떤 언어를 가장 자주 사용하느냐? \_\_\_\_\_
3. 집에서 당신에게 말을 걸 때 어떤 언어가 당신의 아이 사용을 가장 자주 하느냐? \_\_\_\_\_
4. 형제, 여동생, 친구와 조부모, 등같은 다른 성인에게 말을 걸 때 어떤 언어가 당신의 아이 사용을 가장 자주 하느냐?  
\_\_\_\_\_

날짜 \_\_\_\_\_

부모 / 보호자 서명 \_\_\_\_\_

PORTUGUÊS

PORTUGUESE

PESQUISA DE IDIOMA DE CASA

Nome de estudante: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Endereço: \_\_\_\_\_

1. Que idioma aprendeu sua criança primeiro para falar? \_\_\_\_\_
2. Que idioma usa freqüentemente você quando falando com sua criança em casa? \_\_\_\_\_
3. Que idioma usa freqüentemente sua criança quando falando com você em casa? \_\_\_\_\_
4. Que idioma usa freqüentemente sua criança quando falando com irmãos, irmãs, amigos e outros adultos como avós, etc.? \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ de Assinatura de pai / Guardiã \_\_\_\_\_

УКРАЇНСЬКИЙ

UKRAINIAN

ОМАШНІЙ ОГЛЯД МОВИ

Студент Назва: \_\_\_\_\_ #: \_\_\_\_\_

Адреса: \_\_\_\_\_

1. Яка мова ваша дитина спочатку довідуються до висловлювати? \_\_\_\_\_
2. Яка мова ви використовуєте найбільш часто розмовляючи з вашою дитиною вдома? \_\_\_\_\_
3. Яка мова ваша дитина використовує найбільш часто розмовляючи з вами вдома? \_\_\_\_\_
4. Яка мова ваша дитина використовує найбільш часто розмовляючи з братами, сестрами, друзями та іншими дорослими людиною такий, як дід і баба, etc.? \_\_\_\_\_

Дата \_\_\_\_\_ Батько/Охоронець Підпис \_\_\_\_\_

РУССКИЙ

RUSSIAN

ДОМОЙ ЯЗЫК ОБОЗРЕНИЕ

Студент Имя: \_\_\_\_\_ #: \_\_\_\_\_

Адрес: \_\_\_\_\_

1. Какой языковой ваш ребенок сначала узнал переговорить? \_\_\_\_\_
2. Какой язык вы используете наиболее часто говоря с вашим ребенком дома? \_\_\_\_\_
3. Что языковой ваш ребенок использует наиболее часто говоря с вами дома? \_\_\_\_\_
4. Что языковой ваш ребенок использует наиболее часто говоря с брат, сестрами, друзьями и другими взрослыми как, например, grandparents, etc.? \_\_\_\_\_

Дата \_\_\_\_\_ Родитель/Охранник Подпись \_\_\_\_\_

家语言调查

学生的名字: \_\_\_\_\_ 电话 #: \_\_\_\_\_

住址: \_\_\_\_\_

1. 你的孩子首先学习什么语言说? \_\_\_\_\_
2. 当在家跟你的孩子说话的时候, 你最时常使用什么语言呢? \_\_\_\_\_
3. 当在家跟你说话的时候, 你的孩子最时常使用什么语言呢? \_\_\_\_\_
4. 当跟兄弟, 姊妹, 朋友和其他的成人, 像是祖父或祖母, 等等。说话的时候, 你的孩子最时常使用什么语言呢?  
\_\_\_\_\_

约会

父母/保护的签字

ÉTUDE DE LA LANGUE DE LA MAISON

Le Nom d'étudiant: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Adresse: \_\_\_\_\_

1. Quelle langue est-ce que votre enfant a appris en premier pour parler? \_\_\_\_\_
2. Quelle langue est-ce que vous utilisez plus souvent quand vous parlez à votre enfant à la maison? \_\_\_\_\_
3. Quelle langue est-ce que votre enfant utilise le plus souvent quand vous parlez à la maison? \_\_\_\_\_
4. Quelle langue est-ce que votre enfant utilise le plus souvent quand il parle aux frères, soeurs, amis et d'autres adultes tel que grands-parents, etc.? \_\_\_\_\_

Date \_\_\_\_\_ de la Signature de parent / Gardien

# FOR INCOMING HIGH SCHOOL STUDENTS ONLY

## Canton High School - Athletic Department

Welcome to Canton High School. In addition to our tremendous academic offerings, CHS has a wide variety of extra-curricular activities in which you can participate after school. We have 27 varsity sports and almost as many junior varsity and freshmen teams. We encourage all new students to consider coming out for our teams. Our athletic offerings are listed below:

Fall Season	Winter Season	Spring Season
Cheerleading (G)	Basketball (B & G)	Baseball (B)
Cross Country (B & G)	Cheerleading (G)	Lacrosse (B & G)
Field Hockey (G)	Gymnastics (G)	Softball (G)
Football (B)	Ice Hockey (B & G)	Tennis (B & G)
Golf (B)	Indoor Track (B & G)	Track & Field (B & G)
Soccer (B & G)	Wrestling (B)	
Swimming (G)		
Volleyball (G)		

If you are interested in playing any of these sports, please fill out the form below:

Name \_\_\_\_\_ -

Entering Grade \_\_\_\_\_ -

Sports interested in playing: \_\_\_\_\_

\_\_\_\_\_ -

Phone # \_\_\_\_\_

**NOTE- No incoming transfer student will be eligible to participate on any CHS team until he/she has been cleared by the athletic director.**

# CANTON HIGH SCHOOL

900 Washington Street • Canton • Massachusetts • 02021  
781• 821• 5050 Fax 781• 575• 6522  
[www.cantonma.org](http://www.cantonma.org)

**Principal**  
Douglas Dias, Ed.D.

**Assistant Principal**  
Henry McDeed, M.Ed.

**Athletic Director**  
Daniel Erickson, M.Ed.



**Director of Guidance**  
Daniel Rubin, M.S., M.Ed.

**Guidance Counselors**  
Andrew Carty, Ed.M.  
Carlos Jalowayski, M.Ed.  
Stephanie Shapiro, M.Ed.  
Joanne Teliszewski, M.S.

## Canton High School Guidance Department Transfer Student Record Request

Student's Name: \_\_\_\_\_ YOG: \_\_\_\_\_ SS#: \_\_\_\_\_

I give permission to release accumulated school records to the following third party:

Canton High School  
Attn: Registrar  
Guidance Office  
900 Washington Street  
Canton, MA 02021

**Please note: for students registering at Canton High School the following records are required:**

- Transcript information (includes identifying information, course titles, grades or their equivalent, and grade level completed)
- Attendance record
- Discipline records
- Health records
- 504 plan or special education records

Signature of student or parent: \_\_\_\_\_ Date: \_\_\_\_\_

This form may be signed by a student or former student of fourteen years of age or older or by a student in the 9th grade or above, or a parent.

\*Chapter 71, Section 37L (as amended by Section 37 of Chapter 71 of the Acts of 1993) of the Massachusetts General Laws. A student transferring into a local system must provide the new school with a complete school record of the entering student. Said record shall include, but not be limited to, any incidents involving suspension or violation of criminal acts, or any incident reports in which such student was charged with any suspended act.

## Race and Ethnicity Information

The following table outlines the possible combinations of race and ethnicity information and the associated two-digit code for purposes of reporting to the MA Department of Education. For more information, please see [http://www.doe.mass.edu/infoservices/data/guides/race\\_faq.html](http://www.doe.mass.edu/infoservices/data/guides/race_faq.html).

	Not Hispanic or Latino	Hispanic or Latino
<b>One race</b>		
White	01	33
Black or African American	02	34
Asian	03	35
American Indian or Alaska Native	04	36
Native Hawaiian or Other Pacific Islander	05	37
<b>Combination of Two Races</b>		
White & Black or African American	06	38
White & Asian	07	39
White & American Indian or Alaska Native	08	40
White & Native Hawaiian or Other Pacific Islander	09	41
Black or African American & Asian	10	42
Black or African American & American Indian or Alaska Native	11	43
Black or African American & Native Hawaiian or Other Pacific Islander	12	44
Asian & American Indian or Alaska Native	13	45
Asian & Native Hawaiian or Other Pacific Islander	14	46
American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	15	47
<b>Combination of Three Races</b>		
White & Black or African American & Asian	16	48
White & Black or African American & American Indian or Alaska Native	17	49
White & Black or African American & Native Hawaiian or Other Pacific Islander	18	50
White & Asian & American Indian or Alaska Native	19	51
White & Asian & Native Hawaiian or Other Pacific Islander	20	52
White & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	21	53
Black or African American & Asian & Native Hawaiian or Other Pacific Islander	22	54

Black or African American & Asian & American Indian or Alaska Native	23	55
Black or African American & Native Hawaiian or Other Pacific Islander & American Indian or Alaska Native	24	56
Asian & Native Hawaiian or Other Pacific Islander & American Indian or Alaska Native	25	57
<b>Combination of Four Races</b>		
White & Black or African American & Asian & American Indian or Alaska Native	26	58
White & Black or African American & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	27	59
White & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	28	60
White & Black or African American & Asian & Native Hawaiian or Other Pacific Islander	29	61
Black or African American & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	30	62
<b>Combination of Five Races</b>		
White & Black or African American & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	31	63

## RESIDENCY AND REGISTRATION POLICY

Residency Defined

- a) All children of school age who actually reside in Canton are entitled to attend the Canton Public Schools (Pursuant to MGL, C76, Sec 5). Children living with a person other than a parent or legal guardian must present documentation to school authorities which verifies that they actually reside within the Town. Exceptions to the residency requirement include: (1) students for whom another community or state agency may pay approved tuition rates, and (2) children of non-resident Canton Public Schools staff members, who will pay half the average per-pupil cost for students at the corresponding grade level in the Canton Public Schools (3) Students who may be affected by the federal legislations regarding the homeless (MGL c.76S5; McKinney-Vento Homeless Education Assistance Act; see attached for Enrollment of Homeless Students).
- b) If a student is living in Canton with someone other than a parent or guardian and that person is considered a “caregiver” for the minor, the Superintendent will require that the parent or guardian and the other responsible party complete the “caregiver authorization affidavit”. The affidavit must be signed by the authorizing party in the presence of two adult witnesses, neither of whom may be the caregiver. This affidavit must be notarized. The letter must also state the reason why the student is not living with the parent or guardian. This written explanation must be presented before the child will be registered. The person with whom the student is living (the Canton sponsor/caregiver) must show proof of residence. Appropriate residency documentation must be provided before the child will be registered. If a student moves to Canton for the special purpose of attending the public schools in Canton and does not live with a parent or guardian, the School Committee may recover the cost of tuition from the parent or guardian.
- c) If a student is living in Canton with someone other than a parent or guardian and the person is not officially considered a caregiver, the Superintendent will require a notarized letter from the parent or guardian indicating that s/he agrees to the student's living arrangement. The letter must also state the reason why the student is not living with the parent or guardian. This written explanation must be presented before the child will be registered. The person with whom the student is living (the Canton sponsor) must show proof of residence and also submit a notarized letter indicating that the student will be residing with him/her, as well as indicating who will be the responsible party for making medical and other emergency decisions for the child and the contact information for such emergencies. This letter must be provided before the child will be registered. If a student moves to Canton for the special purpose of attending the public schools in Canton and does not live with a parent or guardian, the School Committee may recover the cost of tuition from the parent or guardian.
- d) In the event the student is living with a parent or guardian, but not in a residence owned, rented or leased by the parent or guardian, the Superintendent shall require a letter from the Town of Canton sponsor (homeowner or renter), indicating that the student registrant and his/her parent or guardian are living with the sponsor. The Office of the Superintendent shall also require proof of residence from the sponsor.
- e) In cases which fall under b) or c) or d) above, or in any other unusual circumstances, the parent, guardian, caregiver, and/or sponsor who is registering the student shall be interviewed by the Superintendent or his designee. During the interview the registrant(s) shall be asked to explain the circumstances which led to his/her (their) requesting enrollment in the Canton Public Schools. The Superintendent or designee shall exercise judgment as to whether or not the registrant is being candid, and in particular as to whether or not the student really is living in Canton. At the Superintendent's discretion, enrollment may be denied. Sometimes the denial may be immediate. In most situations, however, the registrant will be asked to wait for a day or two while the Superintendent looks into the matter before informing the registrant of his/her decision.

In the course of his/her interviews, the Superintendent or designee shall explain to registrants that if, in fact, the student being registered does not live in Canton, the student’s parents are liable for the tuition. The Superintendent may deny enrollment to a registrant if there is reason to believe the registrant has misrepresented the facts or purposely omitted critical information.

- f) The Superintendent or his designee may admit students to the Canton Public Schools upon presentation of evidence of their intent to become a resident within 3 months. This evidence may be a purchase and sales agreement, a rental agreement, a property lease, a contract to build a house, or such other evidence that clearly indicates their intent. If residency does not occur after three months, the Superintendent may grant a further extension, however, the school system will bill the parents, guardian or other responsible persons for tuition. Tuition costs must be paid each month at the rate of the average monthly cost of education for a student in Canton at the appropriate grade level.
- g) Any Canton High School student who moves from the Town of Canton shall be permitted to remain at Canton High School if he/she moves after the start of the twelfth grade school year. Students in all other grades may complete the school year in their current grade if they move from the Town after April 1<sup>st</sup>.

Procedure for Registration

- a) The procedure for registering students is as follows:
  - a) Proof of residency is required to enroll and to remain in the Canton Public Schools. All applicants must submit at least one document from each Category. If new to Canton, there will be a 60-day grace period for Categories 2 and 3. Students over 18 years of age not residing with a parent or guardian/proxy must provide proof of residency as required below. Separate provisions are provided for students covered under the Homelessness Act (MGL c.76S5).

Category 1	Category 2	Category 3
<ul style="list-style-type: none"> <li>• Copy of most recent mortgage payment</li> <li>• If you no longer pay a mortgage on your home, you must submit a copy of the property deed or a copy of the discharge of mortgage.</li> <li>• Purchase and Sales Agreement</li> <li>• Property tax bill</li> <li>• Copy of Lease (including BHS and HUD leases) <u>and</u> record of most recent rent payment.*</li> </ul> <p>* You must submit both of these documents.</p>	<p>Utility bill or work order within the past 60 days:</p> <ul style="list-style-type: none"> <li>• Gas bill</li> <li>• Oil bill</li> <li>• Electric bill</li> <li>• Cable bill</li> </ul> <p>If you live in a household where all utilities are in someone else’s name, and if this is noted on your lease or affidavit, then you may submit a utility bill in the name of the homeowner.</p>	<ul style="list-style-type: none"> <li>• Valid government issued photo identification, e.g., Massachusetts driver’s license, passport or state issued ID card with a valid Canton, MA address on it.</li> </ul> <p>Dated within the past year:</p> <ul style="list-style-type: none"> <li>• W-2 form (private information may be blocked out)</li> <li>• Vehicle registration</li> <li>• Excise tax bill</li> </ul>

- b) All students new to the Canton Public Schools must register at the Superintendent’s Office. Parents, guardians or state-agency appointed proxies are required to fill out the registration packet that is attached to this policy. Building principals or an appointee will receive a copy of the registration form and verify home addresses and telephone numbers.

- c) Any irregularities shall be reported to the Central Office for follow-up action. If any living arrangements change, it must be reported to the school department immediately.
- d) The registration form shall require a Canton address and a phone number. Once the student has enrolled, school principals are required to look into situations in which there is reason to believe that the phone number and the address do not appear to be authentic; for example, when a parent never answers the phone or when mail is returned to the school unopened. The principals will report questionable situations to the Superintendent or the Assistant Superintendent
- e) If the school department suspects that a family of a current Canton Public School student lives outside Canton, an investigation and/or recertification will take place. If a case warrants closer inspection, the Superintendent may utilize the Canton Police Department to further investigate a residency concern.
- f) Pursuant to the provisions of Section 4 of Chapter 51 of the General Laws of the Commonwealth of Massachusetts, a list of all persons three through twenty-one years of age who reside within the Town of Canton shall be transmitted by the Town Clerk to the School Committee no later than April 1st in each year. The School Committee may use these lists to assist it in determining proper registration in the Canton Public Schools.

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