

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"> • Copy of most recent mortgage payment • 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. • Purchase and Sales Agreement • Property tax bill • Copy of Lease (including BHS and HUD leases) and record of most recent rent payment.* <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"> • Gas bill • Oil bill • Electric bill • Cable bill <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"> • 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. <p>Dated within the past year:</p> <ul style="list-style-type: none"> • W-2 form (private information may be blocked out) • Vehicle registration • Excise tax bill |

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 1st – NO EXCEPTIONS!*
FIRST GRADE GUIDELINE: *Your child must reach their sixth birthday on or before September 1st – NO EXCEPTIONS!*

Revised 3/09

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: _____ Telephono: _____

Direccion: _____

1. Cual fue el primer idioma que su jijo/a aprendio a hablar? _____
2. Cual es el idioma que usted usa mas cuando habla con su jijo/a en casa? _____
3. Cual es el idioma que su jijo/a usa cuando habla con usted en casa? _____
4. Cual es el idioma que usa mas su jijo/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 _____

华人

CHINESE

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

FRANÇAIS

FRENCH

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

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.

| | Not Hispanic or Latino | Hispanic or Latino |
|--|------------------------|--------------------|
| One race | | |
| 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 |
| Combination of Two Races | | |
| 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 |
| Combination of Three Races | | |
| 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 |
| Combination of Four Races | | |
| 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 |
| Combination of Five Races | | |
| 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 1st.

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"> • Copy of most recent mortgage payment • 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. • Purchase and Sales Agreement • Property tax bill • Copy of Lease (including BHS and HUD leases) <u>and</u> record of most recent rent payment.* <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"> • Gas bill • Oil bill • Electric bill • Cable bill <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"> • 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. <p>Dated within the past year:</p> <ul style="list-style-type: none"> • W-2 form (private information may be blocked out) • Vehicle registration • Excise tax bill |

- 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.

Adopted: November 14, 1996

Affirmed: December 16, 2004

Affirmed October 19, 2006

Amended: March 13, 2008

Amended June 4, 2009