



# ASRSD

## Registration Checklist

Welcome to the Ayer Shirley Regional School District! We are very pleased to have you join our first class school system. To help organize your student's registration, please use the checklist below:

**Required Forms: These forms are mandatory for students to be officially registered**

- Birth Certificate
- Proof of residency Must have parents name on form (no exceptions to the list below)
  - utility bill (gas, electric, phone, internet, cell phone)
  - copy of lease
  - purchase and sale agreement
- Immunization records and a copy of the most recent Physical Examination (within the last year)
- If the child has special needs (learning disabilities), a copy of the most recent IEP (Individual Education Plan)

**Registration Packet:**

- Student Registration Information Form
- Home Language Survey
- Health and Emergency Information Form

**Contact Information:** Please feel free to contact your child's new school to help answer any questions you may have about the start of the school year.

<p><b><u>K-5 Lura A White Elementary School, Shirley</u></b> Elizabeth Lewis, Principal <a href="mailto:elewis@asrsd.org">elewis@asrsd.org</a>, 978-772-8600, ext 1101</p>	<p><b><u>Pk-5 Page Hilltop Elementary School, Ayer</u></b> Fred Deppe, Principal <a href="mailto:fdeppe@asrsd.org">fdeppe@asrsd.org</a>, 978-772-8600, ext 1400</p>
<p><b><u>Special Education Department, Ayer and Shirley</u></b> Tara Bozek, Special Education Director <a href="mailto:tbozek@asrsd.org">tbozek@asrsd.org</a>, 978-772-8600, ext 1407</p>	<p><b><u>Early Childhood Education, Ayer and Shirley</u></b> Mary Beth Hamel, Early Childhood Coordinator <a href="mailto:mbhamel@asrsd.org">mbhamel@asrsd.org</a>, 978-772-8600, ext 1509</p>

**Website:** Please visit the Ayer Shirley Regional School District's website for all these forms and any other information you need to register your student!

[www.asrsd.org](http://www.asrsd.org)



# Ayer Shirley Regional School District

## Student Registration Information

**(Please complete entire packet for each child)**

**IMPORTANT:**

Are you enrolling more than ONE student?     Yes     No

If yes, are you enrolling students in more than ONE school in the district?     Yes     No

Student Information			
Legal First Name		Preferred Name	
Full Middle Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	
Legal Last Name		<u>Student</u> Email (if different than parents)	
Town of Residence	Year of Graduation	Entering Grade Level	<u>Student</u> Cell Phone (if different than parents)
Enrolling School <input type="checkbox"/> High School (9-12) <input type="checkbox"/> Middle School (6-8) <input type="checkbox"/> Page Hilltop (Preschool - 5) <input type="checkbox"/> Lura A White (K - 5)		<input type="checkbox"/> Upcoming School Year <input type="checkbox"/> Current School Year	
City of Birth	State of Birth	Country of Birth	Date of Birth (MM/DD/YYYY)
Student's Residential Address (street address required)		Student's Mailing Address (if different from residence; PO Box)	
Student Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> State Ward <input type="checkbox"/> Foster Home <input type="checkbox"/> Other (please specify):			
Primary Phone  <input type="checkbox"/> Home <input type="checkbox"/> Cell		Secondary Phone (if applicable)  <input type="checkbox"/> Home <input type="checkbox"/> Cell	
*Auto Alert Phone (indicate Home or Cell)			

\* **Auto Alert Phone** number is the number called in the event of school closing and important announcements. If not indicated, the Home Phone will be used. If student custody is shared, two phone numbers can be entered; please indicate which parent is associated with each number.

Siblings					
Name	Registering at ASRSD (yes/no)	Age	School Attending	Grade Level	Lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No
1.					<input type="checkbox"/> Yes <input type="checkbox"/> No
2.					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No
4.					<input type="checkbox"/> Yes <input type="checkbox"/> No
5.					<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Relationship</b>	Mother, Father, Parent, Step Mother, Step Father, Step Parent, Foster Parent, Grandparent, Relative, Sibling, Neighbor, Friend, Other
<b>Legal Status</b>	Custodial Parent or Noncustodial Parent, Legal Guardian, State Ward, or Self (18+years)

Parent/Guardian 1 (Primary Contact)		
Legal First Name:	Middle Name:	Preferred Name:
Legal Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Guardian's Email:		
Workplace:		
*Relationship (see above for definitions)	*Legal Status (see above for definitions)	
Can Dismiss Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can Receive Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lives with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No (default will be Guardian 1)	
Address:	Same as Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address Type <input type="checkbox"/> Home <input type="checkbox"/> Mail <input type="checkbox"/> Work <input type="checkbox"/> Other
Home Phone:	Cell Phone:	
Work Phone:	Other Phone: (specify)	

Parent/Guardian 2		
Legal First Name:	Middle Name:	Preferred Name:
Legal Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Guardian's Email:		
Workplace:		
*Relationship (see below for definitions)	*Legal Status (see below for definitions)	
Can Dismiss Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can Receive Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lives with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No (default will be Guardian 1)	
Address:	Same as Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address Type <input type="checkbox"/> Home <input type="checkbox"/> Mail <input type="checkbox"/> Work <input type="checkbox"/> Other
Home Phone:	Cell Phone:	
Work Phone:	Other Phone: (specify)	

Emergency Contact Information		
<b>Local Emergency Contact 1</b> (a neighbor, close friend, or relative)	Name	Phone
	Address	Relationship
<b>Local Emergency Contact 2</b> (a neighbor, close friend, or relative)	Name	Phone
	Address	Relationship

## Other Information

Has the student previously attended school at Ayer Shirley Regional? <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade Level(s):
Has the student previously attended another school district? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, In State? <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous School and City/State	<input type="checkbox"/> Public School  <input type="checkbox"/> Private School
Is this student School Choice? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from which town and state?	
Does your child receive special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
Is the parent/guardian a member of the military? <input type="checkbox"/> No <input type="checkbox"/> Yes  <b>If yes, is the parent/guardian:</b> <input type="checkbox"/> Active duty member <input type="checkbox"/> Veteran who was medically discharged or retired for 1 year or more <input type="checkbox"/> Died on active duty	

## Race and Ethnicity: Every school district in Massachusetts is required to report to the Department of Elementary and Secondary Education student data by race and ethnicity that are set by the federal government.

<b>Is the student's Ethnicity Hispanic or Latino: (Check one)</b>  <input type="checkbox"/> Yes (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) <input type="checkbox"/> No Not Hispanic or Latino
<b>Student's Race: (Check one or more)</b>  <input type="checkbox"/> American Indian or Alaskan Native - A person having origins in any of the original peoples of North or South America (including South America), and who maintains tribal affiliations of community attachment <input type="checkbox"/> Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinents including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam <input type="checkbox"/> Black or African American - A person having origins in any of the black racial groups of Africa <input type="checkbox"/> Native Hawaiian or Other Pacific Islander - A person having origins in any of the originals of Hawaii, Guam, Samoa, or other Pacific Islands <input type="checkbox"/> White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

## Additional Information

Please feel free to provide any additional information you would like to share:	
Signature of Parent/Guardian	Date
Print Name	Relationship



# Ayer Shirley Regional School District

## CONSENT FOR RELEASE OF SCHOOL RECORDS

The "Family Education Rights and Privacy Act of 1974" requires that a student's parents or legal guardians be aware that their child's records are being released to another school district.

**I hereby authorize the release of the school records for the following:**

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

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

### Request Records From:

Previous School Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Include the following information:

- Subjects, marks and credits earned
- Grades to date of withdrawal
- Standardized test results
- Attendance records
- Health records
- Educational plan and Special Education records (IEP, Behavior Plan, 504 Plan)
- Discipline records
- Other: \_\_\_\_\_

### Transcripts should be sent to: (check box for appropriate receiving school)

- |   |   |
|---|---|
| <input type="checkbox"/> Ayer Shirley Regional High School<br>Attn: Guidance Department<br>141 Washington Street<br>Ayer, MA 01432<br>Tel. 978-772-8600 extension 1304<br>Fax: 978-772-1665     | <input type="checkbox"/> Page Hilltop Elementary School<br>Attn: Administrative Assistant<br>115 Washington Street<br>Ayer, MA 01432<br>Tel: 978-772-8600 extension 1401<br>Fax: 978-772-8631 |
| <input type="checkbox"/> Ayer Shirley Regional Middle School<br>Attn: Administrative Assistant<br>1 Hospital Road<br>Shirley, MA 01464<br>Tel. 978-772-8600 extension 1200<br>Fax: 978-425-0474 | <input type="checkbox"/> Lura A White Elementary School<br>Attn: Administrative Assistant<br>34 Lancaster Road<br>Shirley, MA 01464<br>Tel: 978-772-8600 extension 1100<br>Fax: 978-425-2639  |

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

\_\_\_\_\_  
Date



# Ayer Shirley Regional School District

## 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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	
Country of Birth:	Date first enrolled in ANY U.S. school (mm/dd/yyyy)	

Questions for Parents/Guardians	
What is the native language(s) of each parent/guardian? _____ (mother/guardian)  _____ (father/guardian)	Which language(s) are spoken with your child? (circle one) Include relatives (grandparents, aunts/uncles, etc.)  _____ seldom    sometimes    often    always  _____ seldom    sometimes    often    always
What language did your child first understand and speak?	Which language do you use the most with your child?
Which other languages does your child know? _____ speak read write _____ speak read write	Which languages does your child use? (circle one) _____ seldom    sometimes    often    always  _____ seldom    sometimes    often    always
Will you require written information from school in your native language?  <input type="checkbox"/> YES <input type="checkbox"/> NO	Will you require an interpreter/translator at Parent-Teacher meetings?  <input type="checkbox"/> YES <input type="checkbox"/> NO
Parent/Guardian Signature:	
Date: (mm/dd/yyyy):	

If you can't read this in English, go to <http://www.doe.mass.edu/ell/hlsurvey/> for a translated version. Please complete and return to school. Thank you!

- Si no puede leer esto en inglés, vaya a <http://www.doe.mass.edu/ell/hlsurvey/> para una versión traducida. Por favor complete y regrese a la escuela. ¡Gracias! (Spanish)
- Se você não pode ler isso em inglês, vá para <http://www.doe.mass.edu/ell/hlsurvey/> para uma versão traduzida. Complete e volte para a escola. Obrigado! (Portuguese)
- 如果您无法用英文阅读，请访问<http://www.doe.mass.edu/ell/hlsurvey/>获取翻译版本。请完成并返回学校。谢谢！（Chinese）
- Si vous ne pouvez pas lire ceci en anglais, allez à <http://www.doe.mass.edu/ell/hlsurvey/> pour une version traduite. Veuillez compléter et retourner à l'école. Je vous remercie! (French)
- Se non puoi leggere questo in inglese, vai a <http://www.doe.mass.edu/ell/hlsurvey/> per una versione tradotta. Si prega di completare e tornare a scuola. Grazie! (Italian)
- للحصول على نسخة مترجمة. يرجى إكمال والعودة <http://www.doe.mass.edu/ell/hlsurvey/> إذا كنت لا تستطيع قراءة هذا باللغة الإنجليزية، انتقل إلى <http://www.doe.mass.edu/ell/hlsurvey/> للمدرسة. شكرا (Arabic)
- 이것을 영어로 읽을 수 없다면, <http://www.doe.mass.edu/ell/hlsurvey/>로 가서 번역 된 버전을 찾으십시오. 완료하고 학교로 돌아가십시오. 고맙습니다! (Korean)
- (Russian) Если вы не можете прочитать это на английском языке, перейдите по адресу <http://www.doe.mass.edu/ell/hlsurvey/> для переведенной версии. Завершите и вернитесь в школу. Спасибо!



# Ayer Shirley Regional School District Health and Emergency Information Form

The following information is requested of the parent/guardian in order for your child to receive prompt notification, and for your child to receive prompt attention in the event of serious illness or injury. These records will be kept in the health office and remain confidential.

Student Information	
Child's Name:	Date of Birth:
Grade:	Teacher/Advisor (new registrations leave blank):
Your child resides with: <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> both parents <input type="checkbox"/> guardian/other	
Guardian 1 Name:	Home Phone:
Address:	Work Phone:
Email:	Mobile Phone:
Guardian 2 Name:	Home Phone:
Address:	Work Phone:
Email:	Mobile Phone:
<b>Sibling(s) in the Ayer Shirley Regional School District</b>	
Name:	School:
Name:	School:
Name:	School:
Name:	School:
<b>Emergency Contact(s): If unable to reach a parent/guardian, please list the names of persons you wish to be called.</b>	
Name:	Phone:
Name:	Phone:
Name:	Phone:
<b>Medical Information</b>	
Your child's doctor:	Phone:
Your child's dentist:	Phone:
Medical Insurance (please select one): <input type="checkbox"/> Children's Medical Security Plan <input type="checkbox"/> Mass Health <input type="checkbox"/> Private Insurance	
<b>ALL CHILDREN IN MASSACHUSETTS QUALIFY FOR HEALTH INSURANCE.</b> Massachusetts health insurance plans that provide uninsured children with affordable health care are available (restrictions may apply). Contact the school nurse for more information about these programs. All communication is confidential. Would you like information about MassHealth? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Do you give permission for the following medications to be administered by the nurse to your child as needed? Check all that apply:</b>	
<input type="checkbox"/> Acetaminophen (Tylenol) <input type="checkbox"/> Ibuprofen (Advil) <input type="checkbox"/> Tums <input type="checkbox"/> Hydrocortisone Cream <input type="checkbox"/> Benadryl <input type="checkbox"/> Orajel <input type="checkbox"/> Burn free gel <input type="checkbox"/> Calamine Lotion	



# Ayer Shirley Regional School District Health and Emergency Information Form

## Medical History:

Is your child being treated for any of the following conditions?

\_\_\_\_\_ ADD/ADHD \_\_\_\_\_ Seizure Disorder \_\_\_\_\_ Eye problems

\_\_\_\_\_ Kidney disease \_\_\_\_\_ Diabetes \_\_\_\_\_ Heart Condition

\_\_\_\_\_ Scoliosis \_\_\_\_\_ Arthritis \_\_\_\_\_ Headaches

\_\_\_\_\_ Depression \_\_\_\_\_ Anxiety \_\_\_\_\_ Bipolar Disorder

\_\_\_\_\_ Asthma (If yes, explain triggers and treatment)

\_\_\_\_\_ Food Allergies (If yes, describe reaction and treatment)

\_\_\_\_\_ Stinging Insect Allergy (If yes, describe reaction and treatment)

Other allergies: Specify reaction and treatment

Has your child ever been diagnosed with a concussion? \_\_\_\_\_ When? \_\_\_\_\_

Does your child wear eyeglasses? YES \_\_\_\_\_ NO \_\_\_\_\_

Does your child have hearing loss? YES \_\_\_\_\_ NO \_\_\_\_\_

Does your child take any medication on a regular basis? If yes, for what reason? List medication(s):

1. Medication \_\_\_\_\_ Reason \_\_\_\_\_
2. Medication \_\_\_\_\_ Reason \_\_\_\_\_
3. Medication \_\_\_\_\_ Reason \_\_\_\_\_

**If your child receives any immunizations during the school year, please submit documentation for your child's health record at school. After a Physical Exam or vaccine administration is performed, Physician Office's does not send this information to the schools, it is the parent's responsibility to submit it to their child's school.**

Initial: \_\_\_\_\_

I understand that this information is confidential. However, federal law permits information in the school health record to be shared with school officials on a "need-to-know" basis and with a very limited number of other persons, including those who could help in an emergency. In other circumstances, my consent will be required. I give permission to exchange information with my child's healthcare provider. I understand that I can limit or revoke this consent at any time.

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_