New Bedford School Department

455 County Street, Room 105, New Bedford

Fax No. 508-999-4037 Telephone No. 508-997-4515

FAMILY REGISTRATION CENTER

We are very excited to be serving the New Bedford students and parents/guardians in our new Family Registration Center! Our vision is to create a clear pathway to education for the students in this beautiful city. The team is invested in listening to the needs of our parents and supporting them with the tools to make a difference in the lives of their children.

We are currently accepting **New Student Registrations** for children in grades PK-12 at the

Paul Rodrigues Administration Building located at 455 County Street, room 105, every day.

Monday-Friday 8:00am to 3:30pm. An appointment is highly recommended.

Parents or Guardians please provide the following documents:

- ❑ 1. Completed Student Registration Packet
  - *All Kindergarten students require Parent Questionnaire*
- ❑ 2. Birth Certificate or Passport
- ❑ 3. Immunization Records (including proof of lead screening)
- ❑ 4. Proof of parent/guardian photo identification
- ❑ 5. Two (2) proofs of New Bedford address (Lease, utility bill, tax bill, US Post Office, MA license)
  - *If you are unable to provide above listed items, please speak to a Registration Specialist*
- ❑ 6. Legal papers demonstrating guardianship or custody
- ❑ 7. Latest report card/current transcript
- ❑ 8. Individual Education Plan (IEP) or 504 plan
- ❑ 9. EL Student Success Plan (SSP) if available

Registration Specialist Initials_____

NEW BEDFORD PUBLIC SCHOOLS
STUDENT ENROLLMENT FORM

OFFICE USE ONLY

Student ID#:_____ Grade:_____

STUDENT INFORMATION

Last Name:_____ First Name:_____ Middle Name:_____

Date of Birth *(MM/DD/YYYY)*:_____ Gender: Male☐ Female☐ N☐

Home Address_____ City:_____ State:_____ Zip:_____

Primary Telephone:_____ City/Town of Birth:_____

Emergency Telephone_____ Country of Origin:_____

Student Preferred Language (check one): English☐ Spanish☐ Portuguese☐ K'iché☐

Cape Verdean Crioulo☐ Arabic☐ Haitian Creole☐ Other (write in)_____

Student's Ethnicity (check one): Non-Hispanic or Non-Latino☐ Hispanic or Latino☐

Race (check all that apply): *This information is necessary for state and federal census reports.*

White☐ Black or African Descendant☐ Native Hawaiian or Pacific Islander ☐ Asian☐

American Indian/Alaska Native/Indigenous ☐

Do you identify with an indigenous people's group? Yes☐ No☐ Which one?_____

PARENT/GUARDIAN/FAMILY INFORMATION

Parent/Guardian 1: _____	Parent/Guardian 2: _____
Relationship to child: _____	Relationship to child: _____
Address: _____	Address: _____
Address line 2: _____	Address line 2: _____
City: _____State:_____Zip:_____	City: _____State:_____Zip:_____
Primary Phone: _____	Primary Phone: _____
Work Telephone:_____	Work Telephone:_____
E-mail: _____	E-mail: _____
Student's Siblings: _____	Student's Siblings: _____
Child lives with: YES☐ NO☐	Child lives with: YES☐ NO☐
Parent/Guardian is active Military YES☐ NO☐ (Active Duty / Died while in Active Duty / Veteran / Medically Discharged) Medically Discharged Date: _____	Parent/Guardian is active Military YES☐ NO☐ (Active Duty / Died while in Active Duty / Veteran / Medically Discharged) Medically Discharged Date: _____

☐ **I have received the *Parental/Guardian Rights to Language Access of Essential School Information*.**

Print Parent or Guardian Name Signing below:_____

Parent or Guardian's Signature:_____ **Date:**_____

PLEASE COMPLETE OTHER SIDE

NEW BEDFORD PUBLIC SCHOOLS
STUDENT ENROLLMENT FORM

PREVIOUS SCHOOL INFORMATION

School Name:_____ Last grade:_____

School Address:_____City:_____State:_____Zip:_____

Country: _____ Previously enrolled/registered in New Bedford: YES____ NO____

CUSTODIAL/GUARDIANSHIP INFORMATION

*The person completing this form **must** respond to the following three questions by checking a box or explaining in the section marked other.*

1. Physical custody:
   - ❑ This child lives with me and one other parent/guardian, and we share physical and legal custody.
   - ❑ This child lives with me full-time and I have sole physical custody (must provide court paperwork).
   - ❑ This child lives with me part-time and I have joint physical custody (must provide name and contact information of other parent/guardian and court paperwork).
   - ❑ This child lives with another parent/guardian who has sole physical custody but I have access to child's education information. The other parent/guardian is:_____and their relation to child is: _____ (must provide court paperwork).
   - ❑ Other, explain_____

2. Legal custody:
   - ❑ I have sole legal custody of the child named above and I can make medical and educational decisions about this child (must provide court paperwork).
   - ❑ I have legal custody of the child named above with_____(if not names on birth certificate, must provide court paperwork).
   - ❑ I do not have legal custody of the child named above. Legal custody for this child is held by _____whose relation to the child is:_____.

3. If there is another parent/guardian, even non-custodial, please list the name, relation to the child, contact address and telephone numbers, and any other relevant information below:

_____

_____

_____

Comments:

Please provide any court paperwork to assist the school in determining appropriate family contacts. If there are court orders regarding parenting time, custody (physical and/or legal), education access, restraining orders, child protective orders, or anything else **relating directly to the child**, please provide said paperwork.

New Bedford Public Schools

New Bedford, MA

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

_____ F ☐ M ☐ N ☐

First Name | Middle Name | Last Name | Gender

_____ _____/_____/_____ _____/_____/_____

Country of Birth | Date of Birth (mm/dd/yyyy) | Date first enrolled in ANY U.S. school (mm/dd/yyyy)

School Information

Name of Former School and Town, Country_____

Current Grade_____ Grade Placement_____

Questions for Parents/Guardians

What is the primary language used in the home, regardless of the language spoken by the student? _____	**Which language(s) are spoken with your child? (check one)** *(include relatives - grandparents, uncles, aunts, etc. - 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? (check one)** _____ seldom ☐ sometimes ☐ often ☐ always ☐ _____ seldom ☐ sometimes ☐ often ☐ always ☐
What is your preferred language of communication? **Parent/Guardian 1** _____ **Relationship to student**_____ **Parent/Guardian 2** _____ **Relationship to student**_____	**Will you need oral interpretation of written school information?** **Parent/Guardian 1** **Y** ☐ **N** ☐ **If yes, what language?**_____ **Parent/Guardian 2** **Y** ☐ **N** ☐ **If yes, what language?**_____
Will you require written information from school translated in your preferred language? **Parent/Guardian 1** **Y** ☐ **N** ☐ **If yes, what language?**_____ **Parent/Guardian 2** **Y** ☐ **N** ☐ **If yes, what language?**_____	**Will you require oral interpretation at your child's school meetings?** **Parent/Guardian 1** **Y** ☐ **N** ☐ **If yes, what language?**_____ **Parent/Guardian 2** **Y** ☐ **N** ☐ **If yes, what language?**_____
Parent/Guardian Signature: X	_____/_____/ **20**_____ **Today's Date:** (mm/dd/yyyy)

Office Use Only: **Reviewed with family by**_____ **Entered into ASPEN by**_____ **Reviewed by ELE Staff**_____ **E-7 (Rev. 2/1/2023)**

_____/_____/ **20**_____

Start Date in New School: *(mm/dd/yyyy)*

NEW BEDFORD PUBLIC SCHOOLS
PAUL RODRIGUES ADMINISTRATION BUILDING
455 COUNTY STREET, FAMILY REGISTRATION CENTER, ROOM 105
NEW BEDFORD, MASSACHUSETTS 02740
www.newbedfordschools.org

(508) 997-4511 ext. 14661 **Fax (508) 999-4037**

AUTHORIZATION TO RELEASE INFORMATION AND RECORDS

Please Print

I, _____, am the parent or guardian of
(Parent or Legal Guardian's Name/Nombre del padre o encargado legal/Nome dos pais ou encarregado)

_____. I hereby authorize New Bedford Public
(Name of Student/ Nombre del estudiante/Nome do estudante)
Schools to communicate and exchange documentation, records, and other information pertaining to:

_____ _____ _____
(Name of Student/Nombre del estudiante/ Nome do estudante) (Date of Birth/Fecha de Nacimiento/Data do nascimento) (School/Escuela/Escola)

with the following individual(s), provider(s), agency, facility: _____
School Fax Number

_____

_____
(Name, address and phone number of individual, provider, agency, or facility authorized to receive information)

I understand that the information to be shared and released includes, but may not be limited to, the following:

- ❑ Evaluation Reports
- ❑ Special Education Records
- ❑ Attendance Records
- ❑ Teacher Reports
- ❑ Medical Records
- ❑ Discipline Records
- ❑ Assessment Results
- ❑ Case Note Summaries
- ❑ Regular Education Records
- ❑ English Learners Records
- ❑ Other (Please Specify)

.....

Parent/Guardian Signature:_____Date:_____
(Firma del padre o encargado legal/Assinatura dos pais ou encargados) *(Fecha/Data)*

Witness Signature: _____Date:_____

It is understood that a photocopy of this request shall be considered as valid as an original.

The New Bedford Public Schools do not discriminate on the basis of age, gender, race, color, religion, ethnicity, national origin, disability, sexual orientation, ancestry, homelessness, gender identity, gender expression or immigration status.

NEW BEDFORD PUBLIC SCHOOLS
STUDENT HEALTH PROFILE

• STUDENT INFORMATION

Child's Name: _____ Date of Birth: _____

Birth Country: _____

Child's Doctor: _____ Date of Last Physical Exam: _____

Does your child see any other doctors? Yes ☐ No ☐

If yes, name and type of doctor: _____

_____

• ALLERGIES

Does your child have any allergies? Yes ☐ No ☐

If yes, please list: _____

_____

For children with allergies, are there any treatments or medications that are used if your child has a reaction? Yes ☐ No ☐

If yes, please list: _____

_____

What type of reaction does your child have? _____

_____

_____

• DIET/FOOD

Is your child on a special diet? Yes ☐ No ☐

If yes, type of diet and any specific foods to avoid? _____

_____

• MEDICATIONS

Does your child take any medications on a regular, or as needed basis? Yes ☐ No ☐

If yes, please list:

Name of Medication:	Time the Medication is given:
_____	_____
_____	_____
_____	_____

• SPECIALIZED PROCEDURES

Does your child need any specialized procedures or treatments on a daily basis?
(Examples: Urine Catheterization, Gastrostomy Feedings, etc)? Yes ☐ No ☐
If yes, please list: _____

_____

• HEALTH HISTORY

Does your child have any chronic health conditions such as: (Asthma, Diabetes, Seizure Disorders, etc.)?
Yes ☐ No ☐ If yes, please list: _____

_____

Has your child had any Surgeries? Yes ☐ No ☐
If yes, please list type of surgery, and year: _____

_____

Has your child ever been tested or treated for TB (Tuberculosis)? Yes ☐ No ☐
Has your child ***EVER*** been outside of the United States for more than 30 Days? Yes ☐ No ☐
If yes, please list location and dates: _____

• HOSPITALIZATIONS

Please list any hospitalizations your child has had:

Date	Reason for Hospitalization
_____	_____
_____	_____

• ADDITIONAL HEALTH SERVICES

Does your child currently receive speech therapy, occupational therapy or physical therapy services?
Yes ☐ No ☐ If yes, please state the type of services, and where your child receives these services: _____

_____

Does your child have, or use any of these aids?
(Contact Lenses, Eyeglasses, Hearing Aid, Tubes in Ears, Crutches, Arm or Leg Braces, Wheelchair...)
Yes ☐ No ☐ If yes, please state: _____

_____

Is there anything else in your child's health history that the nurse at your child's school should be aware of?
Yes ☐ No ☐ If yes, please state: _____

_____

_____

Massachusetts Parental Notice for One Time Consent to Allow the School District To Access MassHealth (Medicaid) Benefits

New Bedford Public Schools (0201)

School/District Contact: **Matthew Kravitz-Executive Director**
Special Education
455 County Street, New Bedford, MA 02740 **508-997-4511 Ext. 14400**

Dear Parent/Guardian:

The purpose of this letter is to ask for your permission (also known as consent) to share information about your child with MassHealth. Local communities in Massachusetts have been approved to receive partial reimbursement from MassHealth for the costs of certain health-related services provided by the district to your child (or children). In order for your community to get back some of the money spent on services, the school district needs to share with MassHealth the following types of information about your child: name; date of birth; gender; type of services provided, when, and by whom; and MassHealth ID.

With your permission, the school district will be able to seek partial reimbursement for services provided by MassHealth, including, among others, a hearing test or eye exam; a school physical; occupational or speech or physical therapy; some school nurse visits; and counseling services with the school social worker or psychologist. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

The school district cannot share with MassHealth information about your child without your permission. As you consider giving permission, please be advised of the following:

1. The school district cannot require you to sign up for MassHealth in order for your child to receive the health-related and/or special education services to which your child is entitled.

2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can charge MassHealth for services provided. The school district can agree to pay the co-pay or deductible if any such cost is expected.

3. If you give the school district permission to share information with and request reimbursement from MassHealth:
   a. This will not affect your child's available lifetime coverage or other MassHealth benefit; nor will it in any way limit your own family's use of MassHealth benefits outside of school.
   b. Your permission will not affect your child's special education services or IEP rights in any way, if your child is eligible to receive them.
   c. Your permission will not lead to any changes in your child's MassHealth rights; and
   d. Your permission will not lead to any risk of losing eligibility for other Medicaid or MassHealth funded programs.

4. If you give permission, you have the right to change your mind and withdraw your permission at any time.

5. If you withdraw your permission or refuse to allow the school district to share your child's records and information with MassHealth for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you.

I have read the notice and understand it. Any questions I had were answered. I give permission to the school district to share with MassHealth records and information concerning my child(ren) and their health-related services, as necessary. I understand that this will help our community seek partial reimbursement of MassHealth covered services.

Parent/Guardian Signature: _____ Date: _____

Child's Name:	**Date of Birth:**	**SASID # (for district to add):**
Child's Name:	**Date of Birth:**	**SASID # (for district to add):**
Child's Name:	**Date of Birth:**	**SASID # (for district to add):**

New Bedford Public Schools
McKinney-Vento Eligibility Questionnaire

Student's name:_____DOB: _____ Grade____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information will help us to determine the services your child may be eligible to receive.

1. Is your current address due to domestic violence or a temporary living arrangement? Yes___ No___

2. Is your living arrangement due to loss of housing, economic hardship or similar reasons? Yes___ No___

If you answered **YES** to any of the above questions, please complete the remainder of this form. If you answered **NO**, you may stop here.

Where is the student presently living? (Check one box.)

- ☐ **In a shelter**
- ☑ **Doubled up with a family member, friend or acquaintance, couch surfing**
- ☑ **Unsheltered or living in a place not designed for ordinary sleeping accommodations (ex. car, park, campsite, basement, floor, living room)**
- ☑ **In a hotel/motel**

Names of siblings:_____

Name of Parent(s)/Legal Guardians(s)_____

Current address_____Phone_____

Signature of Parent/Legal Guardian_____Date_____

Office Use Only

FRC McKinney-Vento Signature: _____ Date: _____

Shelter, doubled up, unsheltered, hotel/motel **Unaccompanied youth** **yes or no**

Early Childhood Education Experience Survey

Please check next to the option that best describes your child's preschool experience in the school year prior to entering Kindergarten. Select one option only, and indicate hours where applicable. Thank you!

Name of child:_____ Date of Birth:_____

☐ My child did not have any formal early childhood program experience

☐ My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.

☐ My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.

☐ My child did not have formal early childhood program experience but participated in **BOTH** Coordinated Family and Community Engagement (CFCE) **AND** Parent Child Home Program (PCHP) services.

☐ My child attended a Licensed Family Child Care Provider **(indicate hours below)**

- ☐ for less than 20 hours per week
- ☐ for 20+ hours per week

☐ My child attended a Center Based Program **(indicate hours below)**

- ☐ for less than 20 hours per week
- ☐ for 20+ hours per week

☐ My child attended **BOTH** a Licensed Family Child Care Provider **AND** a Center Based Program **(indicate hours below)**

- ☐ for less than 20 hours per week
- ☐ for 20+ hours per week

Definitions:

Coordinated Family and Community Engagement (CFCE) Services: locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent-child activities).

Parent Child Home Program (PCHP): home visiting model program funded through the Department of Early Education and Care.

Licensed Family Childcare**:** refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families.

Center-Based Care: refers to care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools.

MASSACHUSETTS MIGRANT EDUCATION PROGRAM

PROGRAM SCREENER

YOU AND YOUR CHILDREN MAY BE ELIGIBLE FOR FREE SERVICES IF:

In the past three (3) years, have you or someone you live with:

1. **Moved from one city or country to another city?** Yes ☐ No ☐
2. **Worked or looked for work in any of the following areas? Please check if yes:**

☐ **Fish/Shellfish Processing**

☐ **Farm Work**
Including tobacco

☐ **Vegetable/Fruit/Meat Processing**
Cleaning and packing produce
Cutting and deboning meat

☐ **Dairy Industry**

☐ **Plant Nursery**

Please call me to see if my children or I qualify for your program:

Parent/Guardian Name: _____

Child(ren) Name(s): _____

Phone Number: _____

SERVICES INCLUDE: tutoring, English classes, direct family support, summer programs, connecting you and your children with school supports and community agencies.

CONTACT US

Please call, text or Whatsapp for more information.
We speak English, Spanish and Portuguese:

SUZANA AMARAL
978.604.4926

HODALIZ BORRAYES
413.531.9838

OMB Number: 1810-0021 Expiration Date: 02/29/2020

U.S. Department of Education
Office of Indian Education
Washington, DC 20202
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program**. This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)
Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: ☐ Child ☐ Child's Parent ☐ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):
- ☐ Federally Recognized
- ☐ State Recognized
- ☐ Terminated Tribe (Documentation required. Must attach to form)
- ☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____

City _____State _____Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____State _____Zip Code _____

Email Address _____ Date _____

City of New Bedford Census **Date:**_____

Question	Answer
Please provide the last 5 years addresses, City, State or Country	1. _____
	2. _____
	3. _____
	4. _____
	5. _____

FRC updated 7.11.22

Reason for moving to New Bedford: _____

_____

_____

Family Registration Center Survey

How satisfied with service provided? ☐ poor ☐ somewhat ☐ good ☐ very good ☐ excellent

Comments: _____

_____

_____

_____

Date: _____

Updated 1.15.20