

# READING PUBLIC SCHOOLS



## RESIDENCY REQUIREMENTS

You must be a resident of Reading in order to attend the Reading Public Schools. Before a student is registered in the Reading Public Schools and can begin school, his/her parent or legal guardian must provide proof of primary residence. Temporary residence in the Town of Reading for the sole purpose of attending the Reading Public Schools will not be considered residency. Because residency can, and does, change for students and their families during the course of the academic year and a student's educational life, the Reading Public Schools may continue to verify residency after the commencement of classes.

### What documents are required to verify residency?

**One document from each column below must be submitted.**

<b>Proof of Residency</b>	<b>Proof of Occupancy</b>	<b>Proof of Identification</b>
<p><u>One</u> of the following required:</p> <ul style="list-style-type: none"><li>• recent mortgage statement</li><li>• property tax bill</li><li>• current lease</li><li>• HUD lease or other public housing lease (Section 8)</li><li>• HUD settlement statement (closing statement)</li></ul>	<p><u>One</u> of the following required: must be dated within the past 30 days</p> <ul style="list-style-type: none"><li>• cable/satellite TV bill</li><li>• electric bill</li><li>• gas bill</li><li>• water bill</li><li>• home/renter's insurance</li></ul>	<p><u>One</u> valid photo identification from the following list required:</p> <ul style="list-style-type: none"><li>• driver's license</li><li>• state ID card</li><li>• passport</li><li>• military ID</li><li>• other government-issued photo ID</li></ul>

### What if I live with a friend or relative?

The parent/guardian and owner/renter must complete the residency affidavit and both signatures must be notarized. The person with whom you are living with must submit a Proof of Residency, Proof of Occupancy and photo identification.

READING PUBLIC SCHOOLS – OFFICE OF THE SUPERINTENDENT

82 OAKLAND ROAD, READING, MA 01867

781 944-5800

**Residency Affidavit to Show Proof of Residency in Reading**

Any applicant for the Reading Public Schools who cannot produce required residency documents in his/her own name must ask the owner or lessee of the property where the applicant lives to complete Section 1, sign and have this affidavit notarized. The following three documents are required:

1. A current mortgage, tax bill or lease **and**
2. A recent utility bill (cable/satellite TV, electric, gas, water, home/renter insurance) within 30 days **and**
3. A valid photo identification

Section I: To be completed by owner, lessee or landlord:

1. I, \_\_\_\_\_ am the home owner/lessee/landlord  
 print name  
 of property located at: \_\_\_\_\_ in the Town of Reading.  
 address

2. \_\_\_\_\_, who is the parent/legal guardian of  
 Name of parent/guardian  
 \_\_\_\_\_ are living at this address as their principal residence.  
 Name of student (s)

3. **I understand that the information contained in this legal affidavit is subject to verification by the Reading Public Schools at any time.**

Signed under the pains and penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_ of 20\_\_\_\_.

\_\_\_\_\_  
 Signature of homeowner/tenant/landlord

\_\_\_\_\_  
 Phone number of homeowner/tenant/landlord

\_\_\_\_\_  
 Signature of Notary Public

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Section II: To be completed by owner, lessee or landlord:

In order to attend the Reading Public Schools, a student must actually reside in the Town of Reading. The residence of a minor child is presumed to be the primary legal residence of the parent/guardian who has physical custody of the child. "Residence" is the place where a person dwells permanently, not temporarily, and is the place that is the center of his/her domestic, social and civic life. Temporary residence in the Town of Reading solely for the purpose of attending Reading Public Schools will not be considered residency. Any student who is found not to reside in the Town of Reading will be dismissed from the Reading Public Schools. Additional penalties – including fines and legal action – may be imposed on families found to be in violation of the residency policy. This residency policy does not apply to homeless students.

**I understand that the information contained in this legal affidavit is subject to verification by the Reading Public Schools at any time.**

Signed under the pains and penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_ of 20\_\_\_\_.

\_\_\_\_\_  
 Signature of parent

\_\_\_\_\_  
 Signature of Notary Public

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

# READING PUBLIC SCHOOLS REGISTRATION FORM

\*All fields must be completed. If something does not apply to you, please enter "NO" or "N/A"

## STUDENT INFORMATION

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

STUDENT NAME: \_\_\_\_\_  
Last Name First Name Middle Initial

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PRIMARY PHONE (Required) \_\_\_\_\_

GENDER:  Male  Female  Non-Binary STUDENT BIRTHDATE \_\_\_\_\_  
MM-DD-YYYY

PLACE OF BIRTH (city and state): \_\_\_\_\_ Mandatory

COUNTRY OF ORIGIN (where child was born): \_\_\_\_\_ Mandatory

### Previous School Attended (please list most recent first):

1.	_____	_____	_____	_____
	School	Address	State/Zip	Years
2.	_____	_____	_____	_____
	School	Address	State/Zip	Years

FIRST TIME IN A MASSACHUSETTS SCHOOL:  Yes  No

RACE/ETHNICITY (choose one):  Hispanic  Not Hispanic

### CHOOSE ALL THAT APPLY. MUST CHOOSE AT LEAST ONE:

White/Caucasian  Black/African American  Asian  Native American  Native Hawaiian/Pacific Islander

### ELL SERVICES: If your child is an immigrant and was born outside the USA:

- A) Has the student completed 3 full academic years of school in the USA or a Commonwealth or a Territory of the USA? Yes or No
- B) Country from which the immigrant student has emigrated? \_\_\_\_\_
- C) Please list the native or primary language of the student. \_\_\_\_\_
- D) Has your child received ELL services in the past? Yes or No
- E) Are ELL services needed? Yes or No

INDIVIDUAL EDUCATION PLAN (IEP) Does the student currently receive services on an IEP?  Yes  No

504 ACCOMMODATION PLAN Does the student currently receive services on a 504?  Yes  No

### DOES THE CHILD'S FAMILY HAVE A MILITARY AFFILIATION?

No, not a member of a military family  Yes, child of active duty member

Yes, child of members or veterans who are medically discharged or retired for 1 year

Yes, child of member who died on active duty

ARE BOTH PARENTS LIVING? \_\_\_\_\_ DOES CHILD LIVE WITH BOTH PARENTS? \_\_\_\_\_

STUDENT RESIDES WITH: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

**GUARDIAN STATUS:**  Yes  No

**STATE WARD STATUS:**  Yes  No

**CUSTODIAL AGREEMENT** in place?  Yes  No If yes, provide a copy of the custodial agreement

Non-Custodial Parent Name (s): \_\_\_\_\_

Does this person have rights to: Academic records? Yes or no

Dismissal of student? Yes or No

Withdrawal of student? Yes or No

**SIBLINGS** – LIST ONLY THOSE THAT LIVE AT THE SAME ADDRESS & ATTEND READING PUBLIC SCHOOLS

SIBLING FULL NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

SIBLING FULL NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

SIBLING FULL NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION**

**CONTACT #1**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ PHONE 2: \_\_\_\_\_

EMAIL ADDRESS: RELATIONSHIP TO CHILD: \_\_\_\_\_

**CONTACT #2**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ PHONE 2: \_\_\_\_\_

EMAIL ADDRESS: RELATIONSHIP TO CHILD: \_\_\_\_\_

**CONTACT #3**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ PHONE 2: \_\_\_\_\_

EMAIL ADDRESS: RELATIONSHIP TO CHILD: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** – CONTACT MUST BE SOMEONE OTHER THAN PARENT/GUARDIAN

NAME: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_

PHONE 2: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

NAME: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_

PHONE 2: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

NAME: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_

PHONE 2: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

**STUDENT PERMISSIONS-Please read all sections and complete where applicable**

*Please circle appropriate response for each permission.*

*If no circle is completed, it will be assumed permission has been granted.*

<b>Yes</b>	<b>No</b>	All students are provided with access to district computer resources. In addition to accessing the district computer network, I grant permission for my son or daughter to access Internet services and student email provided by the Reading Public Schools. This includes the use of blogs, wikis, podcast, video production and other appropriate online tools and social media tools that will be used for educational purposes only and will follow the guidelines of the Reading Public Schools Acceptable Use Policy.
<b>Yes</b>	<b>No</b>	I give permission for samples of my child's work (poetry, short stories, drawings, etc.) to appear on school sponsored websites for educational purposes. Only my child's first name will appear next to such samples.
<b>Yes</b>	<b>No</b>	I give permission to have my child's picture appear on school bulletin boards, in school publications (yearbooks, playbills & class list, etc.), in video productions and in local newspapers in conjunction with school projects.
<b>Yes</b>	<b>No</b>	I give permission for photographs of my child to appear on school sponsored websites. Only child's first name will appear next to such photos.
<b>Yes</b>	<b>No</b>	I give permission for my child to have a cell phone on school property provided that he/she abides by the school rules for cell phone use.
<b>Yes</b>	<b>No</b>	I give permission to use my email for distribution of newsletters, school notices, general correspondences, etc. If you prefer to receive paper copies, circle No.
<b>Yes</b>	<b>No</b>	I give permission for my child's name to be released to military recruiters. (Juniors and Seniors Only)
<b>Yes</b>	<b>No</b>	I give permission for the school department to release my contact information to the school PTO for school use only.
<b>Yes</b>	<b>No</b>	<b><u>School Handbook</u></b> <b>I have reviewed the school handbook and agree to abide by the guidelines therein.</b>
<b>Yes</b>	<b>No</b>	<b><u>Reading Public Schools Acceptable Use Policy and Internet Safety Agreement</u></b>  Please read the policy that was distributed to all students prior to signing below. This policy is also on our district website at <a href="http://www.reading.k12.ma.us">www.reading.k12.ma.us</a> <b>I have read the school district's PreK-12 Acceptable Use Regulations for Computer and Internet Use and agree to abide by those guidelines.</b>

Parent Signature <b>(Required for all statements, including student handbook and acceptable use policy)</b>	
Student Signature <b>(Required for students in Grades 4-12 for School Handbook and Acceptable Use Policy)</b>	

READING MEMORIAL HIGH SCHOOL  
Guidance Department

Principal  
Kathleen Boynton

Director of Guidance  
Lynna Williams



Counselors  
Lauren Gablinske  
Jennifer Keaney  
Maura Keefe  
Steven Kennedy  
Ryan Sacco

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**Student's Name**

**Date of Birth**

Has enrolled in Grade \_\_\_\_\_ at Reading Memorial High School.

**Please send us:** A complete transcript of his/her school records  
Credits required for graduation  
Credits earned to date  
Grade Status  
Test Data\*  
Date student entered and left your school  
Withdrawn grades (earned up to date leaving)  
Health records (especially immunization dates)  
Discipline Reports  
Please indicate how often each class meets during the week.

\*If transferring within Massachusetts-please be sure to send MCAS results and transfer slip with SASID#

Thank you for your assistance.

Sincerely,

Hannah French  
Secretary, Guidance Department

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**Parent/Guardian's authorization**

Previous school and mailing address:

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I authorize the release of the requested information to the school/agency indicated above.  
Please print name and address and then sign below:

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Signature

Date

## 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 F <input type="checkbox"/> M <input type="checkbox"/>
Country of Birth _____	Date of Birth (mm/dd/yyyy) _____/_____/____	Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____/_____/____	

### School Information

Start Date in New School (mm/dd/yyyy) _____/_____/20____	Name of Former School and Town _____	Current Grade _____
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### 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? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
What language did your child first understand and speak? _____	Which language do you use most with your child? _____
How many years has the student been in U.S. Schools? (not including pre-kindergarten) _____	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
Will you require written information from school in your native language?    Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____
Parent/Guardian Signature: X _____	_____/_____/20____ Today's Date: (mm/dd/yyyy)

Document available in different languages can be found at <http://www.doe.mass.edu/ell/resources.html>



**READING PUBLIC SCHOOLS**  
**MEDICAL HISTORY**

Dear Parents/Guardians,

Please complete this questionnaire to the best of your ability and return it to the school nurse. This is part of the confidential school medical record kept for your child and is of great help to your school nurse in caring for your child.

**HEALTH HISTORY:**

A. Child's Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

Name and phone number of doctor or clinic for child \_\_\_\_\_

Name and phone number of dentist \_\_\_\_\_

**MEDICAL HISTORY:** Has your child ever had any of the following conditions? Please answer 'Yes' or 'No'. If the answer is 'Yes', give a brief explanation.

1. Asthma \_\_\_\_\_ Age \_\_\_\_\_

2. Allergies:

● food \_\_\_\_\_ Age \_\_\_\_\_

● latex \_\_\_\_\_ Age \_\_\_\_\_

● bee stings \_\_\_\_\_ Age \_\_\_\_\_

● medication \_\_\_\_\_ Age \_\_\_\_\_

3. Frequent headaches \_\_\_\_\_ Age \_\_\_\_\_

4. Enlarged or Infected tonsils \_\_\_\_\_ Age \_\_\_\_\_

5. Heart condition \_\_\_\_\_ Age \_\_\_\_\_

6. Bowel problems \_\_\_\_\_ Age \_\_\_\_\_

7. Frequent urination \_\_\_\_\_ Age \_\_\_\_\_

8. Ear infections \_\_\_\_\_ Age \_\_\_\_\_

9. Hearing problem \_\_\_\_\_ Age \_\_\_\_\_

10. Vision problem \_\_\_\_\_ Age \_\_\_\_\_

Wears glasses? \_\_\_\_\_ Age \_\_\_\_\_

11. Concussion \_\_\_\_\_ Age \_\_\_\_\_

12. Seizures \_\_\_\_\_ Age \_\_\_\_\_

13. Diabetes \_\_\_\_\_ Age \_\_\_\_\_

14. Other illnesses or conditions \_\_\_\_\_ Age \_\_\_\_\_

15. Hospitalizations \_\_\_\_\_ Age \_\_\_\_\_

16. Surgeries \_\_\_\_\_ Age \_\_\_\_\_

17. Does your child take any medication? \_\_\_\_\_

- Name of medication \_\_\_\_\_
- Reason \_\_\_\_\_

**DEVELOPMENTAL HISTORY:**

- Any complications before, during, or after pregnancy?  
\_\_\_\_\_
- Language Development (please check one) Normal \_\_\_\_\_ Late \_\_\_\_\_
- Does your child have any abnormalities with speech or language (such as stuttering or difficult to understand)? \_\_\_\_\_
- Has your child ever lived apart from the family? \_\_\_\_\_  
How long? \_\_\_\_\_ Reason \_\_\_\_\_
- Do you think your child is: small \_\_\_\_\_ large \_\_\_\_\_ or average \_\_\_\_\_ for his/her age?
- Do you think your child is: underactive \_\_\_\_\_ overactive \_\_\_\_\_ or average \_\_\_\_\_?
- Were you ever concerned about any phase of your child's physical, social or behavioral development?  
Age \_\_\_\_\_ Please explain \_\_\_\_\_

Please list other experiences which might influence your child's social or physical development, such as frequent change of residence, separation or divorce of parents, death in the family or other traumatic events.

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**IN CASE OF EMERGENCY - IF YOU CANNOT BE REACHED -  
YOUR CHILD WILL BE TAKEN TO THE NEAREST HOSPITAL**

PARENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

John F. Doherty, Ed. D.  
Superintendent of Schools

82 Oakland Road  
Reading, MA 01867  
Phone: 781-944-5800  
Fax: 781-942-9149



Christine M. Kelley  
Assistant Superintendent

Jennifer A. Stys, Ed.D.  
Director of Student Services

Gail S. Dowd, CPA  
Chief Financial Officer

# Reading Public Schools

*Instilling a joy of learning and inspiring the innovative leaders of tomorrow*

Dear Parents/Guardians:

As part of our emergency safety plans we will continue to provide **Blackboard Connect** as our telephone, email, and text messaging service throughout the Reading Public Schools. This service will enable us to personally communicate with parents about emergency situations, school cancellations, school events and important issues impacting your child and our schools. It will allow us to send personalized voice messages to your family's home, work and/or cell phones. Essentially, a school principal or district administrator can make one phone call and reach all of his or her students' families within minutes. Furthermore, this allows us the ability to make one phone call to reach everyone in the entire district within minutes. For more information on this system, go to <http://www.blackboard.com/Platforms/Connect/Overview.aspx>.

As you may recall, we used the system several times last year and had a very successful connection rate with our families. Based on the system's proven track record, we know this message service will improve school and district-wide communications with parents and school system employees.

To ensure success of the system for both emergency and community messages, it is important that your school has all of your current telephone numbers, email addresses, and text message numbers so that you will not miss out on any important communications.

If you have any questions, please do not hesitate to contact our office.

Sincerely,

John F. Doherty

John F. Doherty, Ed.D.

Superintendent of Schools

John F. Doherty, Ed. D.  
Superintendent of Schools

82 Oakland Road  
Reading, MA 01867  
Phone: 781-944-5800  
Fax: 781-942-9149



Christine M. Kelley  
Assistant Superintendent

Jennifer A. Stys, Ed.D.  
Director of Student Services

Gail S. Dowd, CPA  
Chief Financial Officer

# Reading Public Schools

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## Blackboard Connect Emergency Notification Contact Information

The Reading Public Schools will be using the Blackboard Connect automated telephone, email, and text message system in one of two ways:

- When used for routine informational purposes such as snow cancellations and community messages, one call will be made to “Telephone Number 1” and to the Non-Custodial Parent Phone (if applicable) and/or up to two email addresses.
- When used for more critical purposes such as a school lockdown or evacuation, calls will be made to all the listed telephone numbers below. In addition, messages will also be sent to the email addresses and text numbers listed below.

Please do not submit telephone numbers with extensions. This information is for school department use only. Please include area codes with all telephone numbers.

<b>Student Name</b>	
<b>School</b>	
<b>Grade</b>	
<b>Preferred Telephone Number 1</b>	
<b>Telephone Number 2</b>	
<b>Telephone Number 3</b>	
<b>Telephone Number 4</b>	
<b>Telephone Number 5</b>	
<b>Preferred Email Address 1</b>	
<b>Email Address 2</b>	
<b>Text Message Number 1</b>	
<b>Text Message Number 2</b>	
<b>Non-Custodial Parent Phone</b>	

Please return this completed form to your registration materials.