

# MONSON PUBLIC SCHOOLS

P.O. BOX 159, MONSON, MASSACHUSETTS 01057-0159

TELEPHONE (413) 267-4150 • FAX (413) 267-9168

www.monsonschoools.com



Mr. Patrice L. Dardenne, Superintendent of Schools  
Mrs. Linda Carrier, Director of Curriculum & Instruction

Mr. Donald R. Smith, Director of Business & Facilities  
Mrs. Nicole Heroux, Director of Pupil Services

## Proof of Residency

Prior to enrollment, ALL NEW REGISTRANTS must complete this form and submit all required documentation to the Monson Public Schools. **Enrollment cannot take place until residency has been verified.**

A person is considered a resident if residence or domicile is bona fide, with the intention of continuing in residence.

## AFFIDAVIT FOR MONSON PUBLIC SCHOOLS

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_  Male  Female

Monson address: \_\_\_\_\_ Since: \_\_\_\_\_  
(year)

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering: \_\_\_\_\_ City and State of birth: \_\_\_\_\_

U.S. Citizen?:  YES  NO If NO, Alien Registration #: \_\_\_\_\_

Is Visa Temporary or Permanent?  Temporary  Permanent Is the student homeless?:  YES  NO

Parent's/Legal Guardian's name: \_\_\_\_\_ Current Telephone Number: \_\_\_\_\_

Parent's/Legal Guardian's permanent address: \_\_\_\_\_

### **Required documentation required to verify residence. Please attach to this form.**

1. Purchase and Sale Agreement for dwelling or rent receipt with address, or
2. Tax bill on residence, or
3. Utility receipt with address.

Monson Public Schools reserves the right to make any additional inquiries regarding the incoming student's residency status.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian\**

\_\_\_\_\_  
*Today's Date*

\*My signature signifies that the information on this form is accurate and true under penalty of perjury.

This completed form and required documentation is to be returned to the Superintendent of Monson Public Schools at 29 Thompson St, P.O. Box 159, Monson, MA 01057-0159.

Quarry Hill Community School 43 Margaret Street 413-267-4160	Granite Valley Middle School 21 Thompson Street 413-267-4155	Monson High School 55 Margaret Street 413-267-4589
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*The Monson Public Schools provide Equal Educational and Employment Opportunities without regard to race, color, sex, religion, national origin, sexual orientation, and disability.*

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## REGISTRATION FORM

**STUDENT INFORMATION:**

First Name	Middle Name	Last Name	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address			Home Phone Number
Date of Birth	Place of Birth	Social Security Number	Parent's Cell Phone No.
Was student previously enrolled in another Massachusetts state school system? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name and Address of Previous School Attended	

**Student lives with:**  
 Both Parents  Mother  Father  Guardian  Foster Parent  Other \_\_\_\_\_

Parent/Guardian	Parent/Guardian
Address	Address
Place of Employment	Place of Employment
Work Phone Number	Work Phone Number
Highest level of education attained <input type="checkbox"/> High School <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Other: _____	Highest level of education attained <input type="checkbox"/> High School <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Other: _____

**Race/Ethnicity (Please check only one):**  
 American Indian or Alaskan Native  Asian or Pacific Islander  Black  White  Hispanic

**Please note: If you choose not to supply this information, we are required to report estimation by observation to the Massachusetts Department of Education.**

Brothers/Sisters Names	Birthdate	Grade	Brothers/Sisters Names	Birthdate	Grade

**Student's Immigrant Status:**  
 The student was NOT born in the United States and has NOT finished three full years of school in the United States  Yes  No  
 If Yes, please provide student's Country of Origin (birth): \_\_\_\_\_

Parent's Email Address:	Would you like to receive automated telephone calls announcing school closings and/or delays? <input type="checkbox"/> Yes (please fill out back of this form) <input type="checkbox"/> No
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\_\_\_\_\_  
Parent/Guardian Signature

## Emergency School Closing Information

We are now able to use our parent notification system to notify you in the event of snow (or other emergency closing) or delayed opening days. In addition to these, you can always call (413) 267-4150 and listen to the greeting – it is updated as soon as a decision is made. Also, you can go to [weather.monsonschools.com](http://weather.monsonschools.com) to see our current status (*every attempt will be made in the morning to update that page, but please keep in mind that conditions such as power outages, or downed cable lines may prevent that from happening*).

If you'd like to be called for either of these reasons, please complete and return this form as soon as possible. Remember to sign it where indicated!

<b>Would you like to be called in the morning if there is going to be no school or a delayed opening (all calls will go out beginning at 6 A.M. – or as soon as a decision is made after that). Please note the only phone number that the system will attempt to call is the home phone number that we currently have on file for you.</b>	
Yes	No
<b>Would you like to be called in the event of an emergency closing? Our system will attempt to call your home phone number first, and then up to four additional phone numbers, trying to make a “live” delivery.</b>	
Yes	No
<b>Additional Numbers to call (for Early Dismissal Only): Please note that the system can only dial numbers in the ###-###-#### format – extensions, etc. are not acceptable. (If numbers are already listed below, please verify that the information is correct.)</b>	
2 <sup>nd</sup> Number to Try	
3 <sup>rd</sup> Number to Try	
4 <sup>th</sup> Number to Try	
5 <sup>th</sup> Number to Try	
<b>PARENT /GUARDIAN SIGNATURE (REQUIRED)</b>	

If you need assistance translating this document into a language other than English, please contact the district's Coordinator of English Language Learners at 413-267-4150 x 1003.

Si necesita ayuda que traduce este documento en un idioma de otra manera que inglés, contacta por favor Coordinador del distrito de Estudiantes ingleses de Idioma en 413-267-4150 X 1003.

Если Вы нуждаетесь в помощи, переводящей этот документ на язык кроме английского языка, пожалуйста свяжитесь с Координатором района английских Языковых Учеников в 413-267-4150 x 1003.

Якщо вам необхідна допомога переклад цього документа на іншій мові, крім англійської, будь ласка, зв'яжіться з координатором району від вивчають англійську мову на 413-267-4150 x 1003.

如果你需要除了英语将这份文件翻译成一种语言的帮助，请在 413-267-4150 x 1003 联系英语学习者的地区的协调人。

<i>For Office Use Only:</i>				
Entry Date: _____	Entering Grade: _____	ID Number: _____	Home Room: _____	Former Student: <input type="checkbox"/>

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## HOME LANGUAGE SURVEY

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

Student's Name \_\_\_\_\_

Dear Parents and Guardians:

In order to help your child succeed in school, we ask that you please answer the following questions for each child in your family. Your answers will help us in creating the best possible educational program for your child.

Is your child's primary home language one other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, stop at this point and sign below.</i>
What language do you use most often when speaking with your child at home?	
What language does your child use most often when speaking with you at home?	
What language does your child use most often when speaking with other family members?	
What language does your child use most often when speaking with friends?	
What language(s) does your child read?	
What language(s) does your child write?	
At what age did your child start attending school?	
Has your child attended school every year since that age?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please explain:</i>
Would you prefer oral and written communication from the school in English or in your home language?	

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

\_\_\_\_\_  
Date

**School staff: Please forward this form to the ELL Director at Hillside School.**

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## New Student Registration Checklist

**Welcome to Monson Public Schools! In order for your child to enroll in our school system, the following documents must be received and reviewed:**

1. Signed Proof of Residency Form with attached copy of Purchase and Sale Agreement or rent receipt with address, tax bill on residence, **OR** a utility receipt with name and address.
2. Signed **Home Language Survey**
2. Signed and completed **Records Release Form** to be sent to sending school
3. Signed and completed **Registration Form**
4. A copy of your child's Birth Certificate
5. Student's Social Security Number
6. Verification of Custody (if applicable)
7. Health & Immunization Records reviewed by School Nurse
8. Transcript of Grades (Report Cards)
9. Attendance Record
10. Discipline Records **OR** Letter from school official stating that no Discipline Record exists
11. Special Education or Section 504 Records (if applicable)

12. Testing records (i.e. MCAS)

13. Registration meeting with School Counselor or Administrator:

Counselor: \_\_\_\_\_ Meeting Date &  
Time \_\_\_\_\_

NOTES:

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