

Malden High School  
CHRISTOPHER MASTRANGELO, PRINCIPAL  
77 Salem St.  
Malden, MA 02148  
781-397-6000 (Main Office)  
781-397-7224 (Fax)

HOUSE PRINCIPALS  
Marilyn Slattery- A House 781-397-6010  
Rick Tivnan- B House 781-397-6020  
Shereen Escovitz -C House 781-397-6030  
Rafael Garcia- D House 781-397-6040

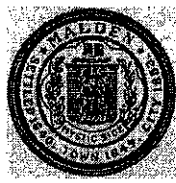
**CHECKLIST:**

- Accompanied by Parent/Guardian
- Photocopy of Parent/Guardian ID
- Caregiver papers
- Photocopy of Student's Birth Certificate/Passport
- Proof of Residency       Gas or Electric       Notarized Landlord Letter from PIC
- Individualized Educational Plan, if applicable       Sent to SPED: \_\_\_\_\_  
 Program Recommendation Received \_\_\_\_\_       Sped Placement Letter
- ELL Testing       Testing Date & Time \_\_\_\_\_       Testing Complete \_\_\_\_\_  
 Recommendation: \_\_\_\_\_
- Health Record/Immunizations:       Sent to Nurse: \_\_\_\_\_ Nurse Complete (Date & Initial): \_\_\_\_\_  
 Nurse Interview: \_\_\_\_\_
- Missing information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Academic Transcripts/Recent Report Card
- Transfer Card/Withdrawal Form
- MCAS Results
- ACCESS Results
- Discipline Report

**MALDEN HIGH SCHOOLS FORMS:**

- Student Registration Form
- Home Language Form
- Opt Out Form (Military)
- Census Form

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



CITY OF MALDEN, MASSACHUSETTS

**THE PUBLIC SCHOOLS**

529 Salem St, Malden, MA 02148 Tel. (781) 397-7271 Fax (781) 397-1547

John Oteri  
Superintendent of Schools

Christopher Mastrangelo, Principal

**PARENT INFORMATION CENTER**

**REQUIRED DOCUMENTS FOR MALDEN HIGH SCHOOL REGISTRATION**

**NEW REGISTRATION & RE-ADMISSION**

1. Must be accompanied by Parent/Guardian
2. Proof of Age (Birth Certificate) or Passport.
3. Most Current Immunization and Physical Exam
4. Proof of Residency: Gas or Electric Bill in Parent or Legal Guardian's name, or Landlord Letter from the Parent Information Center.
5. Massachusetts Transfer Card /Official Withdrawal Form
6. Individual Education Plan (IEP), if applicable
7. Academic Transcripts
8. MCAS or ACCESS Test Results
9. Discipline Report
10. Photo ID of parent/guardian

**NO REGISTRATION WILL BE PROCESSED WITHOUT THE REQUIRED DOCUMENTS.**

## **PARENT/GUARDIAN OF HIGH SCHOOL STUDENTS**

Students in High School are required to have the following immunizations:

<b>POLIO</b>	4 immunizations
<b>DTAP</b>	5 immunizations plus a booster
<b>MMR</b>	2 immunizations, the first has to be after age 1
<b>HEP B</b>	3 immunizations
<b>VARICELLA</b>	2 immunizations
<b>TB</b>	<u>Needs a TB and it has to be read 2 days after it was given</u>

### **PHYSICAL EXAMINATION**

Current physical examination by a doctor within the last 12 months

- 1. These have to be up to date.**
- 2. Your student needs to be cleared by the high school nurse before they can be seen by the guidance department.**
- 3. Your student can not be given an appointment or a class schedule until the nurse clears them.**
- 4. The nurse will call you to let you know what your student needs.**

**MALDEN PUBLIC SCHOOLS**  
**Parent Information Center**  
**Registration Application**

**Student Information** State ID # \_\_\_\_\_ Student ID # \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

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

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Male  Female

Birthplace: City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Home Language: \_\_\_\_\_ First Language: \_\_\_\_\_

Language parent/guardian prefers to receive school information: \_\_\_\_\_

Ethnicity: (choose only one)  Yes, Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)  
 No, not Hispanic or Latino

Race: (choose one or more)  
 White  Black  Asian  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander

**Family Information**

Parent 1: \_\_\_\_\_ Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Siblings (Brothers/Sisters)**

Name	Age	Relationship	Grade	School

**Medical Information**

Doctor to be called: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Emergency Contacts (In case of emergency when parents/guardians are not available)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Previous School Information**

Last School attended: \_\_\_\_\_

Location: \_\_\_\_\_ Last grade completed: \_\_\_\_\_ Grade(s) repeated: \_\_\_\_\_

Is student in U.S. on a visa?  Yes  No If yes, what kind? \_\_\_\_\_

When did your child start school in the U.S.A.? \_\_\_\_\_

Has your child attended a public school in Malden before?  Yes  No Grade: \_\_\_\_\_ School: \_\_\_\_\_

Did your child receive any ELL program services before?  Yes  No

If yes, please check one:  SEI  ESL When did those services begin? \_\_\_\_\_

Does your child have an Individual Education Program (I.E.P.)?  Yes  No

**Military Family Status**

**PLEASE CHECK ONE**

<input type="checkbox"/>	ACTIVE DUTY - Active duty members of the uniformed services, National Guard and Reserve on Active duty orders.
<input type="checkbox"/>	DECEASED - Members who die on active duty.
<input type="checkbox"/>	DISCHARGED - Members or veterans who are medically discharged or retired for one year.
<input type="checkbox"/>	N/A - Non applicable.

**MCAS SCORES**

ELA: \_\_\_\_\_ Math: \_\_\_\_\_

**TRANSFER CREDIT**

Grade 9 \_\_\_\_\_ Grade 10 \_\_\_\_\_ Grade 11 \_\_\_\_\_ Grade 12 \_\_\_\_\_

House Assignment \_\_\_\_\_ Grade Assigned \_\_\_\_\_ Program Assigned \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Guidance's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Superintendent of Schools

Joan Federico
Manager, PIC

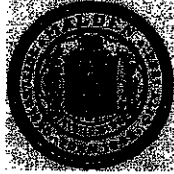
Home Language Survey

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.

Form containing sections: Student Information, School Information, Questions for Parents/Guardians, and signature/date fields.

Home Language forms are available in the following languages:

- List of languages: Arabic, Albanian, Bengali, Burmese, Simplified Chinese, Traditional Chinese, Cape Verdean Creole, Farsi, French, Greek, Gujarati, Haitian, Hebrew, Hindi, Hmong, Japanese, Khmer, Korean, Polish, Portuguese, Russian, Swahili, Telugu, Thai, Urdu, Vietnamese.



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Superintendent of Schools

Karen Reynolds, RN  
Nursing Supervisor

**MEDICAL RELEASE OF RECORDS**

I give permission to: \_\_\_\_\_  
Name of Health Agency/Doctor/Hospital

To release all medical information concerning my child:

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name

to the Malden Public Schools for the school year \_\_\_\_\_

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

Parent/Guardian Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

Send Records to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dedicated Fax # \_\_\_\_\_

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

Malden Public Schools (0165)

Dear Parent/Guardian:

The purpose of this letter is to ask your permission to bill MassHealth for the cost of special education services that the district provides your child under the IEP that we developed with you. If you agree, MassHealth will reimburse the cost of services that they cover, such as therapy services as well as the cost of time spent by providers of such services to participate in Team meetings. We cannot send records and information about your child and your child's IEP services to MassHealth to ask for reimbursement without your consent and without first notifying you of the following:

1. The school district cannot require you to sign up for MassHealth in order for your child to receive the 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 special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can bill MassHealth. The school district can agree to pay the co-pay or deductible if any such cost is expected.
3. If the school district receives your consent:
  - a. Your consent will not decrease 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 consent does not affect your child's special education services or IEP rights in any way.
  - c. Your consent will not lead to any changes in your child's MassHealth rights; and
  - d. Your consent will not lead to any risk of losing eligibility for other Medicaid or MassHealth funded programs.
4. If you consent, you have the right to change your mind and withdraw your consent at any time.
5. If you withdraw your consent, or refuse to agree to allow the school district to share your child's records and information with MassHealth for the purpose of billing the cost of his/her IEP services, the school district will continue to be responsible for providing your child the special education services in his/her IEP at no cost to you.

**I have read the notice and understand it. I have had my questions, if any, answered. I agree to give my consent to the school district to share records and information concerning my child and his/her IEP services as necessary to bill MassHealth to obtain federal reimbursement for the cost of the IEP services that MassHealth covers.**

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

\_\_\_\_\_ Date

<b>Student Name:</b>	<b>DOB:</b>	<b>SASID:</b>
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**STUDENT OPT OUT FORM**  
regarding the  
**RELEASE OF NAME, ADDRESS AND TELEPHONE Number**

School: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

As a student you have the right to request that your private information is not released to military recruiters and others. Complete this Opt-Out form and give it to your Principal or School Administrator.

\_\_\_\_\_ I request that this student's name, address and telephone number not be released to Armed Forces, Military Recruiters, or Military Schools.

\_\_\_\_\_ I request that this student's name, address, and telephone number not be released to colleagues, universities, or companies seeking employees.

Signature of Student: \_\_\_\_\_

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

Federal Public Law 107-110, Section 9528 of the ESEA, "No Child Left Behind Act" requires school districts to release student names, addresses and phone numbers to military recruiters upon their request. Students are then called at home by recruiters and pressured to join the military. The law also requires the school district to notify you of your right to Opt-Out from this by requesting that the district not release your information to military recruiters. The completion and return of this form serves as your request to withhold your private information.



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Principal

REQUEST FOR STUDENT RECORDS

FOR SCHOOL USE ONLY:

In accordance with the provision of Public Law 93-380 and Massachusetts Law H R 16900, I, as parent/guardian, hereby authorize the transfer of school records as indicated below, as soon as this request is received. Thank You.

From: \_\_\_\_\_ To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Principal:

This is to inform you that \_\_\_\_\_ has entered the \_\_\_\_\_ School as a \_\_\_\_\_ student. Would you kindly forward the following information at your earliest convenience.

\_\_\_\_\_ Transfer Card \_\_\_\_\_ Transcript of Grades \_\_\_\_\_ Health Records  
\_\_\_\_\_ Standardized Test Scores \_\_\_\_\_ Date of Request \_\_\_\_\_ Core Evaluation  
\_\_\_\_\_ Discipline Report

This information should be sent to the following address:

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

Thank you for your cooperation.

Sincerely,

Parent Information Center

FOR PARENTS/GUARDIANS TO COMPLETE:

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby give permission that all school records of \_\_\_\_\_ be transferred to the above school.

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone Number

**City of Malden**  
**Census**

**IMPORTANT LEGAL DOCUMENT**  
**ANNUAL STREET LISTING**

**IMPORTANT:** General Laws of Massachusetts mandate an annual street listing of residents as of January 1 each year. Update the information provided by adding, deleting, or making changes below the printed information. Please sign and respond within ten (10) days, even if no changes are necessary. For assistance, call **Registrar's Office at 781-397-7112**

**Resident Address:**

← If this address is incorrect, make corrections below

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**WARNING: Failure to respond to this mailing shall result in removal from the active voting list and may result in removal from the voter registration rolls.**

**PLEASE PRINT THIS FORM DOES NOT REGISTER YOU TO VOTE**

Voter	NAME			Mail To	Gender M/F	Date of Birth mm/dd/yyyy	Occupation	M - Moved D - Deceased	Nationality (if not U.S. citizen)	U.S. Veteran	Previous Address if at current address for less than one year
	Last	First	Middle								

ENTER NUMBER OF DOGS

Signature of Respondent \_\_\_\_\_ Date \_\_\_\_\_  
Signed under the Penalties of Perjury as Prescribed by M.G.L. 56, §4.

**SPECIAL INSTRUCTIONS:** Return IMMEDIATELY.

COMPLIANCE with this State requirement provides proof of residence to protect voting rights, veteran's bonus, housing for the elderly and related benefits as well as providing information for selection of jurors. This form DOES NOT register you as a voter.

**GENERAL INSTRUCTIONS: Please Print**

1. Verify and/or complete all information listed on the form.
2. List ALL family or household members whose legal address is the same. Include any member of the family in Military Service, away at school or confined to a rest home whose legal residence is the same.
3. Make all changes on the SHADED LINE below the printed line.
4. If a NEW MEMBER has been added to the family or household, enter the name and information on the blank line at the end of this form.
5. Put a line through the name of any resident no longer residing at this address and list his/her new address.
6. MOVED/DECEASED - Enter "M" or "D" if appropriate.
7. MAIL TO - Designates the person in your household to whom mail should be addressed. If you wish to change enter an "X" next to that individuals name.
8. OCCUPATION: Enter occupation not place of employment.
9. NATIONALITY - Enter only if not U.S. citizen.
10. VETERAN: Check if you are a U.S. Veteran.
11. To return this form, tri-fold form and insert into return envelope provided and mail.

Thank you for your cooperation.