

CITY OF MALDEN, MASSACHUSETTS

THE PUBLIC SCHOOLS

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

Mr. 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:

POLIO	4 immunizations (<i>must have dose after 4th birthday</i>)
DTAP	5 immunizations
TDAP	1 booster
MMR	2 immunizations, the first has to be after age 1
HEP B	3 immunizations
VARICELLA	2 immunizations
TB	<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

Your student needs to be medically cleared by the nurse at the Parent Information Center.

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
Stephanie Sibley- 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: _____

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: _____

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 - Not 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.

Student Information
School Information
Questions for Parents/Guardians
Parent/Guardian Signature:
Today's Date: (mm/dd/yyyy)

Home Language forms are available in the following 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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Encuesta del idioma hablado en el hogar

Los reglamentos del Departamento de Educación Primaria y Secundaria de Massachusetts exigen que todas las escuelas determinen los idiomas que se hablan en los hogares de los estudiantes para así identificar sus necesidades específicas relacionadas con el idioma. Esta información es esencial para que las escuelas puedan proveer instrucción que todos los estudiantes puedan aprovechar. Si en su hogar se habla otro idioma que no sea inglés, se requiere que el Distrito evalúe a su hijo más a fondo. Ayúdenos a cumplir con este importante requisito respondiendo a las siguientes preguntas. Gracias por su ayuda.

Form with sections: Información del estudiante, Información de la escuela, Preguntas para los padres/encargados. Includes fields for name, birth date, school start date, and language questions.

Spanish

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 _____

Student Name:	DOB:	SASID:
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Superintendent of Schools

Patricia Tramondozzi, RN
Director of Nursing

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 # _____



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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.

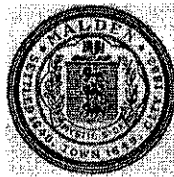
_____ I request that this student's name, address and telephone number not be released to Armed Forces, Military Recruiters, or Military Schools.

_____ 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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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

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 _____ at _____

← If this address is incorrect, make corrections below

✓ If there is no party information next to your name, you are not registered to vote. If you wish to register to vote, you may register in-person or by mail.

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.

INSTRUCTIONS: Please print. Update the information provided by adding, deleting, or making changes below the printed information. Designate the head of your household by marking an "X" in the second column next to the name. The ninth column labelled M/D asks if the person(s) listed have moved or are deceased. Enter an "M" or a "D" if appropriate. The following fields are optional and are denoted as such by an asterisk: mail to, sex, party, number of cats, and telephone number.

NAME			Mail to*	Previous Address <small>If at the above address for less than one year</small>	Sex * M/F	Date of Birth <small>mm/dd/yyyy</small>	Occupation	Party*	Nationality <small>If not U.S. citizen</small>	M/D	# Dogs	# Cats*
Last	First	Middle										

Telephone Number* _____ Unlisted

Signature of Respondent _____ Date _____
Signed under the Penalties of Perjury as prescribed by M.G.L. Ch. 56, §4.

1	2	3	4	5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	7	8	9	10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.