



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

**Joan Federico**  
Manager, Parent Information Center

**PARENT INFORMATION CENTER**

**REQUIRED DOCUMENTS FOR MALDEN PUBLIC SCHOOL K-8 REGISTRATION**

**NEW REGISTRATION & RE-ADMISSION**

1. Proof of Age (Birth Certificate)
2. Most Current Immunization and Physical Exam
3. Proof of Residency – See attached.
4. Massachusetts Transfer Card /Official Withdrawal Form
5. Individual Education Plan (IEP), if applicable
6. Previous School Report Card, if applicable
7. MCAS and/or ACCESS Test Results
8. Discipline Report
9. Photo ID of parent/guardian

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

**MALDEN PUBLIC SCHOOLS  
RESIDENCY POLICY**

**PROCEDURES FOR DETERMINING RESIDENCY**

In order to attend the Malden Public Schools, a student must actually reside in Malden. A student’s actual residence is considered to be the place where he or she lives permanently with the parent or legal guardian who has physical custody of the student. In determining residency Malden Public Schools retains the right to require the production of a variety of records and documentation and to investigate where a student actually resides.

**VERIFICATION OF RESIDENCY**

To register to attend Malden Public Schools a student’s parent or legal guardian must submit at least one **original** document from Column A, B, and C listed below and any other documents that may be requested, including but not limited to those listed below.

<b>Column A Evidence of Residency</b>	<b>Column B Evidence of Occupancy</b>	<b>Column C Evidence of Identification (Photo ID)</b>
<ul style="list-style-type: none"> <li>• Recent Mortgage Payment or property tax bill</li> <li>• Residency Affidavit signed by the property owner and notarized at the Parent Information Center</li> <li>• Section 8 Housing Agreement</li> </ul>	<p>Recent bill listed below dated within the past 45 days:</p> <ul style="list-style-type: none"> <li>• Excise Tax Bill</li> <li>• National Grid Gas Bill</li> <li>• National Grid Electric Bill</li> <li>• Cable Bill</li> <li>• Water Bill</li> </ul>	<ul style="list-style-type: none"> <li>• Valid Driver’s License</li> <li>• Valid MA Photo ID Card</li> <li>• Passport/Green Card</li> <li>• Government Issued ID</li> </ul>

Malden Public Schools shall verify the home address and home telephone number of each student at least once during the school year. Parents are required to notify the school of any changes of their or the student’s address within 5 business days of the change.

## **ENFORCEMENT**

Should a question arise concerning any student's residency elsewhere while attending Malden Public Schools, the student's residency will be subject to further inquiry and/or investigation. Such questions concerning residency may arise on the basis of incomplete, suspicious, or contradictory proofs of address; anonymous tips; correspondence that is returned to the Malden Public Schools because of an invalid or unknown address, or other grounds.

Malden Public Schools may request additional documentation, may use the assistance of the School Department's Supervisor of Attendance and/or may obtain the services of police or investigative agency personnel to conduct investigations into a student's residence.

Upon an initial determination by Malden Public Schools that a student is actually residing in a city or town other than Malden, the student's enrollment shall be terminated immediately.

## **PENALTIES**

In addition to termination of enrollment and the imposition of other penalties permitted by law, (M.G.L Chapter 76, Section 5), Malden Public Schools reserves the right to recover restitution based upon the costs of educational services provided during the period of non-residency.

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

**Student Information**

State ID # \_\_\_\_\_ Student ID # \_\_\_\_\_  
 Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 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 United States.? \_\_\_\_\_

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

**Kindergarten Student**

**Has your child attended preschool?**

Yes

No

**Name and address of preschool:** \_\_\_\_\_

**How many hours a week does your child attend preschool?** \_\_\_\_\_

**Military Family Status**

**PLEASE CHECK ONE**

ACTIVE DUTY - Active duty members of the uniformed services, National Guard and Reserve on Active duty orders.

DECEASED - Members who die on active duty.

DISCHARGED - Members or veterans who are medically discharged or retired for one year.

N/A - Not applicable.

**Parent's Signature:**

**Date:**

**School Assignment** *(for office use only)*

School assigned:

Grade:

Program.:

School Proximity:

Beebe \_\_\_\_\_ Ferryway \_\_\_\_\_

Forestdale \_\_\_\_\_ Linden \_\_\_\_\_ Salemwood \_\_\_\_\_

Intake Language: \_\_\_\_\_

Initials of PIC Interviewer: \_\_\_\_\_

PIC Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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MR. JOHN OTERI
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:

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



Malden Public Schools Student Health Information

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ HR \_\_\_\_\_

Address \_\_\_\_\_ Is English spoken at home? \_\_\_\_\_ If NO, \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Home/Cell \_\_\_\_\_ Work # \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Home/Cell \_\_\_\_\_ Work # \_\_\_\_\_

In case of an emergency or illness and we are unable to reach the contacts listed above, please provide 2 alternative contacts who will assume responsibility and transportation:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Please indicate if your child has any of the following health conditions:

Table with 9 columns: Condition, YES, NO, Condition, YES, NO, Condition, YES, NO. Rows include Anxiety/Depression, ADD/ADHD, Asthma/Inhaler, Bathroom/Toileting, Blood Disorder, Concussion, Allergy to Food, Any Surgeries, Daily Medication, Diabetes, Eating Disorder, Hearing Problems, Heart Condition, Headaches, Allergy to Medicine, MEDICAL Condition, Orthopedic/Joint issues, Seizures, Speech Problems, Tuberculosis, Vision Problems, EpiPEN, Allergy to other, Accidents/Injuries.

If you answered YES, please explain: \_\_\_\_\_

\_\_\_\_\_ ALLERGY to \_\_\_\_\_

Does your child have health insurance? YES or NO Private or Public \_\_\_\_\_

Doctor/Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

\*\*DO NOT LEAVE BLANK\*\*

PARENT/GUARDIAN AUTHORIZATION (Written Consent is required before any medication is given to your child)

- YES NO 1. I give permission for the school nurse to administer TYLENOL/ACETAMINOPHEN to my child.
YES NO 2. I give permission for the school nurse to administer IBUPROFEN/MOTRIN/ADVIL to my child
YES NO 3. I give permission for the school nurse to administer TUMS (antacid tablets) to my child.
Yes NO 4. I give permission for the school nurse to administer BENADRYL/DIPHENHYDRAMINE HCL to my child

\*Medication dosage will be determined by child's weight and age
\*\*Children's chewable and liquid Tylenol/Ibuprofen MUST BE PROVIDED BY PARENT Not kept in stock

I give permission for the school nurse to share information relevant to my child's health with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary physician for the purpose of referral and diagnosis and treatment. YES NO

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

For office use only: Nurse Review \_\_\_\_\_ (2020)



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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 # \_\_\_\_\_



# 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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REQUEST FOR STUDENT RECORDS

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.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby give permission to release school records for the following child(ren):

Table with 3 columns: Student's name, Grade, D.O.B.

New Address: Phone:

Parent/Guardian's Signature Date

PLEASE FAX THE FOLLOWING RECORDS TO THE PARENT INFORMATION CENTER AT 781-397-1547:

- Transfer Card, Transcript of Grades, Health Records, I.E.P., Discipline Report, Standardized Test Scores, ELL Testing/Folder

PLEASE SEND THE COMPLETE RECORDS TO THE FOLLOWING SCHOOL:

- Beebe School, Ferryway School, Forestdale School, Linden School, Salemwood School, Malden High School

Thank you for your cooperation.

Sincerely,

Joan Federico

Joan Federico, Manager Parent Information Center