



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 HIGH SCHOOL REGISTRATION

NEW REGISTRATION & RE-ADMISSION

1. Must be accompanied by Parent/Guardian
2. Proof of Age (Birth Certificate)
3. Most Current Immunizations and Physical Exam
4. Proof of Residency:

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.

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

5. Massachusetts Transfer Card /Official Withdrawal Form
6. Individual Education Plan (IEP), if applicable
7. Academic Transcripts
8. MCAS and/or ACCESS Test Results, if applicable
9. Discipline Report
10. Photo ID of parent/guardian

NO REGISTRATION WILL BE PROCESSED WITHOUT THE REQUIRED DOCUMENTS.

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 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 S

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.

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: _____

STAFF INITIALS _____



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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. Includes fields for name, birth date, school info, and language questions.

Home Language forms are available in the following languages:

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

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 (<i>must have a dose after 4th birthday</i>)
TDAP	1 booster
MMR	2 immunizations, the first has to be after age 1
HEP B	3 immunizations
VARICELLA	2 immunizations, the first has to be after age 1
MenACWY	1 booster dose, received on or after age 16 (<i>at Grade 11 entry</i>)
TB	<u>Needs a TB if born out of country and it has to be read 2 days after it was given</u> or **Low risk assessment from MD if born in the US.

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.

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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Mr. John Oteri
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 # _____



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)



CITY OF MALDEN, MASSACHUSETTS

THE PUBLIC SCHOOLS

Christopher Mastrangelo, Principal

77 Salem Street, Malden, MA 02148 Tel. (781) 397-6000 Fax (781) 397-7224

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

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, Discipline Report, Standardized Test Scores, ELL Testing/Folder, Special Education Testing, I.E.P.

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