



CITY OF MALDEN, MASSACHUSETTS

THE PUBLIC SCHOOLS

110 Pleasant 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.

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

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: _____

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 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 Students Only

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

<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.

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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Superintendent of Schools

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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. Includes fields for names, birth dates, school enrollment, and language use 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, 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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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 # _____

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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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