



THE PUBLIC SCHOOLS

110 Pleasant St, Malden, MA 02148 Tel. (781) 397-7271 Fax (781) 397-1547

Ligia Noriega-Murphy
Superintendent of Schools

Joan Federico, Manager
Welcome Center

WELCOME 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 and B listed below and any other documents that may be requested, including but not limited to those listed below.

Column A Evidence of Residency or Occupancy <i>(Name must match photo ID)</i> <i>One (1) of the following documents:</i>	Column B Evidence of Identification <i>(Photo ID)</i> <i>One (1) of the following documents:</i>
<ul style="list-style-type: none"> ● Recent Mortgage Payment, Mortgage Closing Documents or property tax bill ● Residency Affidavit signed by the property owner and submitted to the Welcome Center* ● Section 8 Housing Agreement ● Signed Lease Agreement including the child’s name as a resident ● Recent Bills listed below dated within the past 45 days: <ul style="list-style-type: none"> ○ Excise Tax Bill ○ National Grid Gas Bill ○ National Grid Electric Bill ○ Cable Bill ○ Water Bill ○ Landline Telephone Bill (not cell phone) 	<ul style="list-style-type: none"> ● Valid Driver’s License ● Valid MA Photo ID Card ● Government Issued ID

*Residency Affidavit will be notarized following official review by the Welcome Center staff.

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) _____ / _____ / _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Birthplace: City: _____	State: _____	Country: _____	
Home Language: _____		First Language: _____	
Language parent/guardian prefers to receive school information: _____			
Ethnicity: (choose only one) <input type="checkbox"/> Yes, Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)			
<input type="checkbox"/> No, not Hispanic or Latino			
Race: (choose one or more)			
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> 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: _____



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:

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

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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110 Pleasant St. Malden, MA 02148 Tel. (781) 397-7271 Fax (781) 397-1547

Ligia Noreiga-Murphy
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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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	
First Name _____	Middle Name _____
Country of Birth _____	Date of Birth (mm/dd/yyyy) _____
Last Name _____	
Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____	
Gender F <input type="checkbox"/> M <input type="checkbox"/>	
School Information	
Start Date in New School (mm/dd/yyyy) _____ / ____ / 20____	Name of Former School and Town _____
Current Grade _____	
Questions for Parents/Guardians	
What is the native language(s) of each parent/guardian? (circle one)	Which language(s) are spoken with your child?
_____ (mother / father / guardian)	(include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers)
_____ (mother / father / guardian)	_____ seldom / sometimes / often / always
What language did your child first understand and speak?	Which language do you use most with your child?
_____	_____ seldom / sometimes / often / always
Which other languages does your child know? (circle all that apply)	Which languages does your child use? (circle one)
_____ speak / read / write	_____ seldom / sometimes / often / always
_____ speak / read / write	_____ seldom / sometimes / often / always
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/>	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>
Parent/Guardian Signature: _____	Today's Date: _____ / ____ / 20____ (mm/dd/yyyy)
X	

Home Language forms are available in the following languages:

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



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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):

<i>Student's name</i>	<i>Grade</i>	<i>D.O.B.</i>

New Address: _____ Phone: _____

Parent/Guardian's Signature

Date

PLEASE FAX THE FOLLOWING RECORDS TO THE WELCOME 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, 403 Pleasant St., Malden, MA 02148
- Ferryway School, 150 Cross St., Malden, MA 02148
- Forestdale School, 74 Sylvan St., Malden, MA 02148
- Linden School, 29 Wescott St., Malden, MA 02148
- Salemwood School, 529 Salem St., Malden, MA 02148
- Malden High School, 77 Salem St., Malden, MA 02148

Thank you for your cooperation.

Sincerely,

Joan Federico

Joan Federico, Manager
Welcome Center