



Waltham Public Schools

Parent Information Center

www.walthampublicschools.org

New Pupil Information Form

Student Information	LASID #	SASID #
Name: _____ Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> N <small>First Middle Last</small>		
Birthplace: _____ Date of Birth: ____ / ____ / ____ <small>City State Country mm dd yy</small>		
Home Address: _____ <small># Street Apt City Zip Code</small>		
Primary Phone _____ Student lives with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Other: _____		
#: _____ Is this student an unaccompanied minor? <input type="checkbox"/> NO <input type="checkbox"/> YES Is this student homeless? <input type="checkbox"/> NO <input type="checkbox"/> YES, please circle one: Doubled up / Hotel / Shelter / Unsheltered Is this student in a foster care placement? <input type="checkbox"/> NO <input type="checkbox"/> YES, please circle one: Childcare Institution / Emergency Shelter / Foster Home <small>Foster -Kinship / Group home / Pre-Adoptive Home / Residential Facility</small>		
Parent/Guardian Information	Has either parent/guardian ever served in the United States military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Guardian #1: _____ <small>First Last</small>		
Relationship to student: _____ *Address(if different): _____ <input type="checkbox"/> Primary <input type="checkbox"/> Work Email: _____		
Day Phone: _____ Cell Phone: _____ Do you want emergency texts on cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No Written Translations Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No Preferred Language: _____ Oral Interpreter Request: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Guardian #2: _____ <small>First Last</small>		
Relationship to student: _____ *Address(if different): _____ <input type="checkbox"/> Primary <input type="checkbox"/> Work Email: _____		
Day Phone: _____ Cell Phone: _____ Do you want emergency texts on cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No Written Translations Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No Preferred Language: _____ Oral Interpreter Request: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary/Emergency Contact: (select one) <input type="checkbox"/> Parent/Guardian #1 <input type="checkbox"/> Parent/Guardian #2		Primary/Emergency Phone: (select one) <input type="checkbox"/> Day # <input type="checkbox"/> Cell # <input type="checkbox"/> Work # <input type="checkbox"/> Home #
Sibling Information		
Name: _____ <input type="checkbox"/> F <input type="checkbox"/> M DOB: ____ / ____ / ____ School: _____ Grade: _____ Name: _____ <input type="checkbox"/> F <input type="checkbox"/> M DOB: ____ / ____ / ____ School: _____ Grade: _____		
Student's Race and Ethnicity		
Please check only ONE: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino		Please check ALL that apply: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American
Parent/Guardian Signature: _____		
X _____ Today's Date: ____ / ____ / ____		



Waltham Public Schools

Parent Information Center

www.walthampublicschools.org

New Student Information - Emergency/Alternate Contacts

Student Information

Name: _____ Date of Birth: ____ / ____ / ____
First Last mm dd yyyy

Please provide information for *AT LEAST TWO* people that can be contacted in the event that attempts to reach either parent/guardian(s) are unsuccessful.

#1	Name: _____ First Last
	Lives in: _____ City State
	Day Phone: _____ Cell Phone: _____
	Relationship to student: _____ Preferred Language: _____
Does this person have a child currently enrolled at Waltham Public Schools? <input type="checkbox"/> YES <input type="checkbox"/> NO	Does this person need an interpreter? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Does this person need translations? <input type="checkbox"/> YES <input type="checkbox"/> NO

#2	Name: _____ First Last
	Lives in: _____ City State
	Day Phone: _____ Cell Phone: _____
	Relationship to student: _____ Preferred Language: _____
Does this person have a child currently enrolled at Waltham Public Schools? <input type="checkbox"/> YES <input type="checkbox"/> NO	Does this person need an interpreter? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Does this person need translations? <input type="checkbox"/> YES <input type="checkbox"/> NO

#3	Name: _____ First Last
	Lives in: _____ City State
	Day Phone: _____ Cell Phone: _____
	Relationship to student: _____ Preferred Language: _____
Does this person have a child currently enrolled at Waltham Public Schools? <input type="checkbox"/> YES <input type="checkbox"/> NO	Does this person need an interpreter? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Does this person need translations? <input type="checkbox"/> YES <input type="checkbox"/> NO

#4	Name: _____ First Last
	Lives in: _____ City State
	Day Phone: _____ Cell Phone: _____
	Relationship to student: _____ Preferred Language: _____
Does this person have a child currently enrolled at Waltham Public Schools? <input type="checkbox"/> YES <input type="checkbox"/> NO	Does this person need an interpreter? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Does this person need translations? <input type="checkbox"/> YES <input type="checkbox"/> NO

Parent/Guardian Signature: _____ Date: ____ / ____ / ____



Waltham Public Schools

Parent Information Center

www.walthampublicschools.org

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 _____ Last Name _____			Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> N
Country of Birth _____	Date of Birth (mm/dd/yyyy) _____	Date first arrived to the U.S.A. (mm/dd/yyyy) _____	
School Information			
Start Date in New School (mm/dd/yyyy) _____	Current Grade _____	Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____	
Name of Former School _____	Town _____	State _____	Country _____
Questions for Parents/Guardians			
What is the <u>primary language spoken in the home</u> , regardless of the language spoken by your child? _____ _____	Which language(s) are spoken with your child? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always		
What language did your child first understand and speak? _____	Which language do you use most with your child? _____		
How many years has your child been enrolled in U.S. schools (not including pre-kindergarten)? _____	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always		
Will you require written information from school in your native language? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you require an interpreter/translator at Parent-Teacher meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Guardian Signature: _____			
X _____		Today's Date: _____ / _____ / _____	
Office Use Only			
Relationship of Person Completing HLS: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____			
Immigrant Status: <input type="checkbox"/> Yes <input type="checkbox"/> No (not born in any of the 50 States/territories and hasn't completed 3 full years of school in any of the 50 States/territories)			
Recommendation: <input type="checkbox"/> Language Proficiency Assessment <input type="checkbox"/> Student Records Review <input type="checkbox"/> No Assessment or Records Review Needed			
Additional Comments: _____ _____			



Media Release

Dear Parent/Guardian(s),

We enjoy sharing the wonderful things happening in Waltham classrooms via Twitter, YouTube, and other channels. These provide exciting and innovative ways for us to communicate with parents and the community about our students' learning.

We are also dedicated to protecting student privacy and intellectual property in Waltham Public Schools, and this means that your child's picture, video, voice, or schoolwork will not be posted alongside his/her first and last name or other identifying information. These measures ensure your student's privacy while still sharing ideas and work in our schools with the community and our global society.

Please indicate your preferences regarding social media and online sharing below and return to your child's school, or fill out the online version of this form.

Parent/Guardian Initials

I give permission for Waltham Public Schools to anonymously record, photograph, and/or publicly publish my child's appearance, words, or work during the 2020-2021 school year.

I **DO NOT** give permission for my child's appearance or work to be anonymously published by Waltham Public Schools.

STUDENT FULL NAME: _____ SCHOOL: _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date _____

(if over the age of 18)



Seatbelt Release Form

The Waltham School Department school buses are equipped with seat belts for students' use. Such use is not required by federal or state law, nor by the School Department, and the decision to use or not use a seat belt rests solely with each student and his or her parents. Your signature below acknowledges that you understand and accept that the School Department is not responsible for monitoring your child(ren)'s use of his or her seat belt while being transported on Waltham School Department school buses. Your signature further acknowledges and accepts that the Waltham School Department accepts no liability with respect to your child(ren)'s use or failure to use his or her seat belt while being transported on Waltham School Department school buses and that, on behalf of your minor child(ren), you RELEASE, acquit, discharge and hold harmless the Waltham School Department and City of Waltham from any and all actions, causes of action and claims on account of or arising out of your child (ren)'s use of Waltham School Department school buses including use or failure to use a seat belt. Your signature additionally acknowledges and consents to the continuation and application of this RELEASE in full force and effect until such time as a successor agreement and RELEASE is signed by you on behalf of your child(ren).

Please note this form is required for all students due to the availability of seat belts on field trips as well as daily school transportation.

I have read and understand the above letter regarding seat belt use on Waltham School Department buses.

Student Name

Parent/Guardian Signature

Date



Digital Technology Acceptance Use Agreement (DTAUA)

Please see the hardcopy of the DTAUA at the Parent Information Center (PIC) during registration or you can refer to the following website to view the agreement in its entirety; http://www.walthampublicschools.org > Students >Tech & Links

Student First Name (print one letter per box): Date of Birth: / /

Student Middle Name (print one letter per box): No Middle Name

Student Last Name (print one letter per box):

I understand and will abide by the DTAUA. I further understand that any violation of the previously mentioned regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges will be revoked and school disciplinary action will be taken, as well as any appropriate legal action.

Your signatures on this document indicate that you have read these terms and conditions carefully, understand their significance, and accept your responsibilities as stated.

Student Signature Date

PARENT OR GUARDIAN

As the parent or guardian of this student, I have read the DTAUA. I understand that access is extended to my child for educational purposes and I hereby give the school system permission to issue an account for my child.

Parent/Guardian Name (please print)

Parent/Guardian Signature Date

OFFICE USE ONLY

SCHOOL: GRADE: *9-12 students have a user account and email *6-8 students have a user account and email *K-2 students do not have a user account or an email *3-5 students have a user account, but no email Student's SASID#:



Waltham Public Schools

Parent Information Center

www.walthampublicschools.org

New Student Information - Previous School(s)

Student Information

Name: _____ Date of Birth: ____ / ____ / ____
First Last mm dd yyyy

Please provide a history of your child's educational experience:

1. Has your child ever registered, enrolled or received services through Waltham Public Schools? No Yes, list:
_____ Last Date of Attendance: ____ / ____ / ____
Waltham Public School Name Grade mm dd yy

2. Has your child ever been enrolled in a public, private, charter, on-line, virtual school or preschool? No Yes, list:
_____ Last Date of Attendance: ____ / ____ / ____
Most Recent School Name Grade(s) mm dd yy
 Public Private On-Line Other
City State Country

_____ Last Date of Attendance: ____ / ____ / ____
Prior School Name Grade(s) mm dd yy
 Public Private On-Line Other
City State Country

3. Does your child currently receive any services? No Yes, check all that apply:
 Individualized Educational Program (IEP) English Language Learner 504 Plan
 Challenge/Gifted Program Title I (Reading Math) Other: _____

Preschool History (Kindergarten Students only) N/A

Has your child participated in an early childhood program? No Yes, choose one option below:
*Family Support**: Coordinated Family & Community Engagement (CFCE) example: Raising a Reader, Early Literacy Services
 Parent Child Home Program (PCHP) **Both** CFCE & PCHP
**The CFCE & PCHP for Waltham are currently coordinated through Family Access in Newton, MA.*
Formal Program: Licensed Family Child Care Center Based Child Care
 Both Family Child Care & Center Based Program
Number of Hours: less than 20 hours per week 20 hours or more per week

Please provide any additional information you feel is important for Waltham Public Schools to know about your child:

Parent/Guardian Signature: _____ Date ____ / ____ / ____



Waltham Public Schools

Parent Information Center

www.walthampublicschools.org

Authorization to Obtain Student Information

Permission is hereby granted for Waltham Public Schools to obtain:

School Records

- All School Records – including:
- Transcripts Attendance
- MCAS Scores
- Mass Transfer Slip
- Discipline Report / 37L Form

Health Records

- All Health Records – including:
- 504 Plan
- Physical Exam
- Immunization Records
- Other: _____

Education Reports

- All Education Reports – including:
- IEP
- SPED Testing / Evaluations
- English Proficiency Assessments
- Other: _____

Student Information:

Student Name: _____ Gender: F M N

Date of Birth: ____ / ____ / ____ Grade: _____

Parent/Guardian Name(s): _____

Previous Address: _____

New Waltham Address: _____

Previous School Information:

Last day of Attendance: ____ / ____ / ____

Previous School Name: _____

Previous School Address: _____

Previous School Contact: _____ Email: _____

Phone: _____ FAX: _____

Parent/Guardian Signature _____

Today's Date ____ / ____ / ____

Please forward records to:

*To EMAIL school records, please send to PIC@walthampublicschools.org

School:

FAX:

Address:

- | | | |
|--------------------------------------------------------|--------------|-------------------------------------|
| <input type="checkbox"/> The Parent Information Center | 781-314-5789 | 617 Lexington St, Waltham, MA 02452 |
| <input type="checkbox"/> Waltham High School | 781-647-0309 | 617 Lexington St, Waltham, MA 02452 |
| <input type="checkbox"/> Kennedy Middle School | 781-314-5571 | 655 Lexington St, Waltham, MA 02452 |
| <input type="checkbox"/> McDevitt Middle School | 781-314-5601 | 75 Church St, Waltham, MA 02452 |
| <input type="checkbox"/> Fitzgerald Elementary School | 781-314-5691 | 140 Beal Rd, Waltham MA 02453 |
| <input type="checkbox"/> MacArthur Elementary School | 781-314-5731 | 494 Lincoln St, Waltham, MA 02451 |
| <input type="checkbox"/> Northeast Elementary School | 781-314-5751 | 70 Putney Lane, Waltham, MA 02452 |
| <input type="checkbox"/> Plympton Elementary School | 781-314-5771 | 20 Farnsworth St, Waltham, MA 02451 |
| <input type="checkbox"/> Stanley Elementary School | 781-314-5631 | 250 South St, Waltham, MA 02453 |
| <input type="checkbox"/> Whittemore Elementary School | 781-314-5791 | 30 Parmenter Rd, Waltham MA 02453 |

Notes: Please forward the above information as soon as possible – it is necessary for student enrollment.

Thank you,
Staff Name: _____

Request Sent: ____ / ____ / ____



Waltham Public Schools

Parent Information Center

www.walthampublicschools.org

New Student Health Screening Form

Student Name: _____ Date of Birth: _____

Birthplace: _____ Gender: Female Male Non-binary
City State Country

School District: _____ School Attending: _____ Grade: _____

Parent/Guardian(s): _____ Daytime Phone: _____

Doctor / Health Center: _____ Location: _____ Phone: _____
City State

Health Insurance Provider: _____ Uninsured at this time

▪ **My child has or had (check all that apply):** **NONE**

- | | | | |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Recent Illness | <input type="checkbox"/> Recent Accident | <input type="checkbox"/> Recent Hospitalization | <input type="checkbox"/> Operation |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Seizures | <input type="checkbox"/> Hyperactivity/ADHD | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Frequent cough | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Frequent urination | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Emotional concerns: |
| <input type="checkbox"/> Frequent soiling | <input type="checkbox"/> Orthopedic problems | <input type="checkbox"/> Snoring | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Frequent diarrhea
or constipation | <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Rashes | <input type="checkbox"/> Depression, |
| | <input type="checkbox"/> Allergies (bee stings, environmental, food, medications, etc.) | | <input type="checkbox"/> Other |

Please Explain: _____

▪ **My child has a LIFE THREATENING ALLERGY:** No Yes **Please list life threatening allergens below:**

▪ **EpiPen / Epinephrine prescribed:** No Yes

▪ **My child takes the following medication(s) - include vitamins, and OTC (over the counter) medications:**

NONE

1. _____ Dose: _____ Time of Day: _____

2. _____ Dose: _____ Time of Day: _____

3. _____ Dose: _____ Time of Day: _____

4. _____ Dose: _____ Time of Day: _____

▪ **My child uses:** Glasses Contact Lenses Hearing Aid Brace or Support

Other: _____

▪ **My child is:** Left Handed Right Handed Both Unclear _____

▪ **Normal Developmental History:** Yes No **Comments:** _____

▪ **Pregnancy/Delivery (PreK-Gr.5):** **Birth Weight:** _____ lbs _____ oz **Complications:** _____

Language:	NO	YES	Explain (if needed)
More than one language at home	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speech Impediment (stuttering)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Understood by non-family	<input type="checkbox"/>	<input type="checkbox"/>	_____
Uses inappropriate language	<input type="checkbox"/>	<input type="checkbox"/>	_____

▪ **Preschool (PreK-Gr.5):** None Daycare Head Start Nursery /Pre-School Other: _____

Other medical or social Issues you feel may impact your child's education: _____

Parent/Guardian Signature: _____ Date: _____

Reviewed by school nurse: _____ Date: _____

Waltham Public Schools Nurse Consent Form

Please read and sign in 2 places. To be returned to School Nurse.

Student's Last Name	First Name	Full Middle Name	Grade
---------------------	------------	------------------	-------

1. If there is a medical condition that the school should be aware of, please contact the School Nurse. If none, please write N/A (Not Applicable) here: _____

2. I give permission, when necessary, to the School Nurse to delegate the administration of an EPIPEN to trained personnel while on school sponsored field trips. Yes _____ No _____

3. For Middle/High School students: Does student have permission to carry their own:
Inhaler? Yes _____ No _____ Insulin? Yes _____ No _____
EpiPen? Yes _____ No _____ Pancreatic enzymes? Yes _____ No _____

4. The best telephone number to reach you during the day: _____

******Parent /Guardian signature:** _____ **Date:** _____

Medication Standing Orders

I hereby authorize the School Nurse to administer the following medication/ treatment per label directions:

- Acetaminophen (Tylenol) as needed for headaches, fever, and/or pain (max dose of 650 mg).
- Ibuprofen (Motrin, Advil, etc.) as needed for pain or menstrual cramping (max dose of 400 mg). **(Middle and High School students only).**
- Antacids in the form of tablets as needed to students complaining of heartburn/indigestion. **(Middle and High School students only).**
- Hydrocortisone Cream 1% (Cortaid) for minor skin irritations and rashes, e.g. poison ivy, oak and sumac.
- Calamine/Caladryl lotion to temporarily relieve itching from insect bites, poison ivy, oak and sumac.
- Albuterol (administered by nebulizer) as needed for signs and symptoms attributable to lower airway inflammation, including sudden shortness of breath, intractable cough or audible wheezing.
- EpiPen to treat anaphylaxis (life threatening allergy).
- Diphenhydramine (Benadryl) to treat severe hives/itching, and severe allergic symptoms.
- Naloxone (Narcan) to treat drug overdose.

J. David Hackett, M.D. (School Physician)

Choose 1 Option:

- ____ 1. I agree that my child may be given all of the above medications/treatments by the School Nurse.
____ 2. The School Nurse may administer all the above medications/treatments except for:

Due to privacy issues regarding healthcare of your child, please contact the school nurse personally to share your child's medical information. The signature below indicates you have read and approved this consent form.

******Parent /Guardian signature:** _____ **Date:** _____



Authorization to Release Medical Information

Signing this form gives the Waltham Public Schools authorization to give/receive medical information to/from your child's health care provider to assure completion of the necessary medical requirements for school entry. All information received will be kept confidential.

I hereby give permission to release medical information regarding my child:

Student Name

Date of Birth

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date