



King Philip Regional High School

Guidance Department
201 Franklin Street
Wrentham, MA 02093
Telephone 508-384-1000
Fax 508-384-1018

New Student Registration Packet

Prior to setting up an appointment for registration, the registration application and necessary documents should be completed and returned to the Guidance Office.

Please visit the King Philip Regional High School website at www.kingphilip.org or contact the Guidance Office to review the course offerings in the Program of Studies. Please review the course offerings with your child prior to your scheduled appointment.

Upon receipt of the items listed below, please call 508-384-1000 ext. 3160 to schedule an appointment.

DOCUMENTATION REQUIRED FOR REGISTRATION (obtain the first five (5) items from sending school):

CHECKLIST

- An official transcript of grades to date
- Copy of IEP or 504, if applicable
- Attendance record
- Discipline Report in writing
- Massachusetts State ID Number and MCAS scores, if transferring within Massachusetts
- Current physical (within the last 12 months), including immunizations
- Copy of birth certificate
- Court issued guardianship papers (if applicable)

PROOF OF RESIDENCY

You must have at least one document from EACH of the following three columns as proof of residency.

Group A	Group B	Group C
Evidence of Residency	Evidence of Occupancy	Evidence of Identification
<u>Home Ownership:</u> <ul style="list-style-type: none"> • Property Deed • Recent Mortgage Payment • Fully signed and executed Purchase & Sale Agreement • Property Tax Bill 	<ul style="list-style-type: none"> • Bank Statement • Payroll Stub • Cable Bill • Gas Bill • Oil Bill • Home Phone Bill (cellular is not accepted) 	<ul style="list-style-type: none"> • Valid MA Driver's License • Valid MA Photo ID Card • Valid Passport • Valid Other Government Issued Photo ID
<u>Rental:</u> <ul style="list-style-type: none"> • Lease or Rental Agreement • Residency/Occupancy Affidavit or Notarized letter 		

Immunization Requirements to Attend School

Massachusetts school immunization requirements are created under the authority of 105 CMR 220.000
Immunization of Students Before Admission to School.

220.500: Immunization Requirements for Preschool, Elementary, and Secondary School Students

*(A) **No student shall attend** a preschool, elementary school, or secondary school program **without a certificate of immunization documenting that the child has been successfully immunized** in accordance with current Department required immunization schedules, developed in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, or any successor committee serving a comparable function. Exemptions are allowed for medical reasons and religious beliefs.*

Grades 7 – 12†

In ungraded classrooms, Grade 7 requirements apply to all students ≥ 12 years.

Tdap	1 dose; and history of DTaP primary series or age-appropriate catch-up vaccination. Tdap given at ≥ 7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td or Tdap should be given if it has been ≥ 10 years since last Tdap
Polio	4 doses; the fourth dose must be given on or after the 4 th birthday and ≥ 6 months after the previous dose, or a fifth dose is required. 3 doses are acceptable if the third dose is given on or after the 4 th birthday and ≥ 6 months after the previous dose
Hepatitis B	3 doses; laboratory evidence of immunity acceptable. 2 doses of Heplisav-B given on or after 18 years of age are acceptable
MMR	2 doses; the first dose must be given on or after the 1 st birthday and the second dose must be given ≥ 28 days after the first dose; laboratory evidence of immunity acceptable
Varicella	2 doses; the first dose must be given on or after the 1 st birthday and the second dose must be given ≥ 28 days after the first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable
MenACWY	2 doses; second dose MenACWY (formerly MCV4) must be given on or after the 16th birthday and ≥ 8 weeks after the previous dose. 1 dose is acceptable if it was given on or after the 16th birthday. Meningococcal B vaccine is not required and does not meet this requirement.

New Influenza Requirement

Influenza	1 dose; seasonal influenza vaccine for the current flu season (July-June) must be received annually by December 31 st . New students entering between January 1 st and March 31 st must have received a dose of vaccine for the current flu season for entry.
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Beginning with the 2020-2021 school year, the influenza vaccine will be required for all students. Influenza vaccine is always important to receive to reduce the risk of getting sick with influenza, reduce the severity of disease if one does get sick (including the risk of hospitalization) due to influenza, as well as preventing the spread of influenza to others. During the COVID-19 pandemic, influenza vaccine will be especially critical to reduce the overall impact of respiratory illness on the population, protect vulnerable populations from severe illness, and decrease the overall burden on the healthcare system.



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CUMULATIVE RECORD INFORMATION

FOR OFFICE USE ONLY

ID#: _____ HR: _____ SASID#: _____

Proof of Residency Immunizations Out-of-District School: _____

Birth Certificate Current Physical IEP/504 received

Student's Name: _____
Last Name First Name Middle Name

Preferred Name: _____ Grade Entering: _____

Street Address: _____ PO Box (if applicable): _____

Town: _____ Zip Code: _____ Phone Number: _____

Date of Birth: _____ Gender: _____ Preferred Gender: _____

Place of Birth: City: _____ State: _____ Country: _____

Ethnicity: Hispanic or Latino Yes No

Race: ***Please check all that apply***

- American Indian or Alaska Native — A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Asian — A person having origins in any of the peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine islands, Thailand and Vietnam.
- Native Hawaiian or other Pacific Islander — A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Black or African American — A person having origins in any of the Black racial groups of Africa.
- White — A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Did the student named above attend King Philip Middle School? Yes No

If no, did the student named above attend a Massachusetts Public School? Yes No

Student Educational Services

Please check **all** that apply: None IEP 504 Plan ELL/ESL

Student Housing (student lives with)

Please check **all** that apply: Both Parents Mother Father Guardian Foster Care
 Homeless: living in shelter Homeless: doubled up w/family member/Friend
 In DCF custody Ward of the State

Valor Act ~ Military Family Status Please select only ONE option:

- An active-duty member of the uniformed services, National Guard or Reserve on active-duty orders
- A member or veteran who is medically discharged or retired for one (1) year
- A member or veteran who retired in the past year
- A member who died on active duty
- None of the above

For more information please visit the
Military Interstate Children's Compact
website: <http://www.mic3.net/>

Parent/Guardian 1: _____ Relationship: _____ Gender Male
 Female

Address: _____

Email Address: _____ Home Phone _____

Cell Phone _____ Work Phone _____

Marital Status*: Single Married Separated Divorced Widowed
*If separated or divorced, child resides with: Mother Father Both (joint custody) Guardian Other

Legal Status: CUSTODIAL PARENT NON-CUSTODIAL PARENT LEGAL GUARDIAN OTHER
 RESTRIANING ORDER (please provide documentation) NO AFFIDAVIT

Does this person have the right to dismiss the student? Yes No
Does this person have the right to receive the student? Yes No
Does this person live with the student? Yes No
Does this person receive the student's mail? Yes No

Parent/Guardian 2: _____ Relationship: _____ Gender Male
 Female

Address: _____

Email Address: _____ Home Phone _____

Cell Phone _____ Work Phone _____

Marital Status*: Single Married Separated Divorced Widowed
*If separated or divorced, child resides with: Mother Father Both (joint custody) Guardian Other

Legal Status: CUSTODIAL PARENT NON-CUSTODIAL PARENT LEGAL GUARDIAN OTHER
 RESTRIANING ORDER (please provide documentation) NO AFFIDAVIT

Does this person have the right to dismiss the student? Yes No
Does this person have the right to receive the student? Yes No
Does this person live with the student? Yes No
Does this person receive the student's mail? Yes No

Emergency Contact Information

Please list two individuals (relatives/others) who have agreed to assume temporary care of your student during school hours if you cannot be reached.

Contact #1 Name: _____ Phone Number: _____

Relationship to student: _____

Contact #2 Name: _____ Phone Number: _____

Relationship to student: _____

Sibling Information

Sibling #1 Name: _____ Date of Birth: _____

Attending School: _____ Grade: _____

Sibling #2 Name: _____ Date of Birth: _____

Attending School: _____ Grade: _____

Sibling #3 Name: _____ Date of Birth: _____

Attending School: _____ Grade: _____

Sibling #4 Name: _____ Date of Birth: _____

Attending School: _____ Grade: _____

Parent/Guardian Signature

Date

Your signature indicates that you have received all the necessary information to complete this registration.



CONSENT FOR DISSEMINATION OF STUDENT RECORD TO THIRD PARTY

Student's Name _____

Date of Birth _____

Third party: King Philip Regional High School, 201 Franklin Street, Wrentham, MA 02093

Reason for release of records: **TRANSFER STUDENT**

Previous School Information

Last School Attended: _____

Name of School

School's Address: _____

Street Address

City/Town

State

Zip

School's Phone No.: _____ School's Fax No.: _____

I authorize King Philip Regional High School, as the system in which I am registering my child, to receive all pertinent school records including, but not limited to:

- Official Permanent Record/Transcript (includes identifying information, course titles, grades or their equivalent, and grade level completed)
- Exit Grades
- College Board Test Scores, MCAS Scores (if transferring from a MA school)
- Extracurricular Activities
- Teacher and Counselor Evaluations/Comments
- Attendance and Disciplinary Records
- Medical Records
- Special Education Records ~ Initial Evaluation Information, IEPs, progress reports or 504 plans
- WIDA/ELL Test Scores (including all DESE scores)
- Other (specify): _____

I also authorize King Philip Regional High School to contact other sources to obtain information relative to my child's application.

** Student or Parent/Guardian Signature

Date

****THIS FORM MAY BE SIGNED BY A STUDENT OR FORMER STUDENT OF FOURTEEN (14) YEARS OF AGE OR OLDER, OR A STUDENT IN THE NINTH (9TH) GRADE OR ABOVE, OR BY A PARENT/GUARDIAN**

PLEASE MAIL, EMAIL OR FAX ALL PERTINENT RECORDS TO:

King Philip Regional High School, 201 Franklin Street, Wrentham, MA 02093 ~ gannonl@kingphilip.org ~ 508-384-1018



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

_____			F <input type="checkbox"/>	M <input type="checkbox"/>
First Name	Middle Name	Last Name	Gender	
_____	_____/_____/_____	_____/_____/_____		
Country of Birth	Date of Birth (mm/dd/yyyy)	Date first enrolled in ANY U.S. school (mm/dd/yyyy)		
_____	____/____/____	____/____/____		

School Information

____/____/20	_____	_____
Start Date in New School (mm/dd/yyyy)	Name of Former School and Town	Current Grade
____/____/20	_____	_____

Questions for Parents/Guardians

What is the primary language used in the home, regardless of the language spoken by the student? _____ _____	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 the student been 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"/> Y <input type="checkbox"/> N If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what language? _____
_____ Parent/Guardian Signature:	____/____/20 Today's Date: (mm/dd/yyyy)



NEW STUDENT ATHLETIC ELIGIBILITY FORM

Date: _____ Year of Graduation: _____

Student Name: _____
Last Name First Name Middle Name

Preferred Name: _____ Date of Birth: _____

Street Address: _____ PO Box (if applicable): _____

Town: _____ Zip Code: _____ Phone Number: _____

Name of Previous School: _____

Street Address: _____ PO Box (if applicable): _____

Town: _____ Zip Code: _____ Phone Number: _____

Is the student listed above re-entering King Philip Regional School District? Yes _____ No _____

If yes, was there a residence change? Yes _____ No _____

Has the student listed above ever repeated a grade? Yes _____ No _____ If Yes, which grade: _____

Number of year-long classes PASSED last marking period: _____

Number of year-long classes TAKEN last marking period: _____

Reason for enrolling at King Philip Regional High School:

Did the student listed above move with custodial parent to the King Philip Regional School District? Yes _____ No _____

If No, please explain: _____

List any Varsity Sports played for any length of time, please include year(s):

- 1. _____ Year(s) _____
- 2. _____ Year(s) _____
- 3. _____ Year(s) _____

Student Signature: _____ Parent/Guardian Signature: _____

Principal Signature: _____

<i>FOR OFFICE USE ONLY</i>	
<input type="checkbox"/> Transcript	<input type="checkbox"/> Physical



King Philip Regional School District

WRITTEN PARENT/GUARDIAN CONSENT For MEDICATION ADMINISTRATION General Information

Student Name: _____ Grade: _____

First Name Last Name

Date of Birth: _____ Parent/Guardian Name: _____

Street Address: _____ PO Box (if applicable): _____

Town: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Additional Phone # of Parent/Guardian: _____

My son/daughter is currently receiving the following medications: _____

My son/daughter is known to have the following health issues (include allergies): _____

CONSENT

1. I give the school nurse permission to administer the following over-the-counter medications (circle):
Tylenol Ibuprofen Sudafed Benadryl Tums Pepto Bismol (children's)

Parent/Guardian Signature: _____

Comments: _____

2. My son/daughter must take the following prescribed medication while in school:

Medication _____ Dosage _____ Time to administer _____

Medication _____ Dosage _____ Time to administer _____

Medication _____ Dosage _____ Time to administer _____

3. I give permission for my son/daughter to self-administer the medication if the nurse determines it is safe and appropriate (inhalers, insulin injections).

Yes _____ Medication _____

4. I give the school nurse permission to share, with appropriate school personnel, information relative to the prescribed medications or health issues, e.g., adverse side effects according to the medication being administered in order for the health/safety of my son/daughter's health. Yes _____ No _____

Any restrictions on release, please note here:

Please note: I understand that I may retrieve the medication from the school at any time. Student medications must be picked up by the end of the school year. The medication will be destroyed if not picked up with one week beyond the close of school.

Parent/Guardian Signature _____

Date _____