

Home Room : _____

Roberta G. Doering School

FOR OFFICE USE ONLY

Date Enrolled: _____

Residency _____

Entry Date: _____

Class of: _____

Enrollment Form

Name _____
(Last) (First) (Full Middle Name)

Male Female

Address _____

F. Hills Agawam

Telephone Number _____

Grade Entering _____

Date of Birth _____ City & State Of Birth _____

Name of Last School Attended _____ Grade Completed _____

School Address: _____

Did You Ever Attend School In Massachusetts Before? Yes No

If yes in Agawam? _____ Which School? _____

Student Is Presently Living with: (check all that apply) Biological Parents Biological Mom Biological Dad

Step- Mother Step - Father Foster Parents Other (Explain): _____

Mother's Name: _____ Phone: _____

Mother's Address (if different): _____

Mother's Employer: _____ Phone / Cell: _____

Father's Name: _____ Phone: _____

Father's Address (if different): _____

Father's Employer: _____ Phone/ Cell: _____

Student Ranks _____ Among _____ Living Children School Siblings attend: _____

Other Information _____ Family Email: _____

Does This Student Require Special Needs? Yes No

Explain: _____

Are There Any Special Medical Problems That Should Be Mentioned? _____

Explain: _____

Student's Primary Language: _____ 1st Language Spoken: _____

Race: NO, not Hispanic or Latino **OR** YES, Hispanic or Latino & White Black White - Hispanic

Black - Hispanic Asian or Pacific Islander American Indian/Alaskan Native (may select 1 or more)

If student was born in different country fill in below:

Country of Birth: _____ Country Of Origin: _____

Has student been schooled in U.S. for three full years? Yes No

How many years has your child been in the U.S.? _____

Date _____ Parent's Signature _____

Date started: _____ SADID# _____ Student ID number: _____

ROBERTA G. DOERING SCHOOL



Marc V. Costanzi, Principal

Susan E. Federico, Assistant Principal

RECORD RELEASE FORM

Guidance Office 413-789-1400 x 455

This is to authorize the release of school records for:

Student's Name _____ DOB _____ Grade _____

Transfer Records to Roberta G. Doering School from:

Name of School: _____

Street Address: _____

City / Town: _____ State: _____ Zip Code: _____

Telephone: _____ Fax Number: _____

Does this child see a counselor?	_____ Yes	_____ No
Does this child have an I.E.P.?	_____ Yes	_____ No
Does this child have a 504 plan?	_____ Yes	_____ No
Does this child have a DCAP plan?	_____ Yes	_____ No
Does this child receive ELL/ESOL services? (English as a second language)	_____ Yes	_____ No

Records to be Released:

A student will not be enrolled without these records:

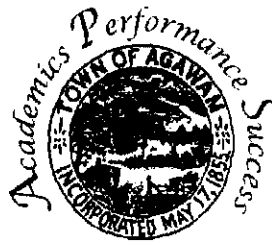
_____ Health & Immunization Records
_____ Transcripts of Grades
_____ Test Records (i.e. MCAS)
_____ Discipline Records (if no record exists, please indicate as such)
_____ Individual Education Plans (I.E.P.) and Reports (if applicable)
_____ SASID number _____
_____ Other _____

Signature of Parent/Guardian _____

Date _____

68 MAIN STREET ~ AGAWAM, MA 01001 ~ (413) 789-1400 ~ FAX (413) 789-7337

Agawam Public Schools



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NEW procedures for PROOF OF RESIDENCY

Before any student is assigned to attend an Agawam Public School, the student's parent or legal guardian* must prove legal residence in the Town of Agawam. Families whose primary residence is outside of Agawam are not eligible to attend Agawam Public Schools.

Effective November 19, 2007, all applicants must submit at least three proofs of residency.

Documents must be pre-printed with the name and address of the student's parent or guardian* and must be presented to the school of attendance at the time of registration.

These documents also will be required for any change of address.

All applicants must submit at least one document From each of the following columns:		
Column A	Column B	Column C
<ul style="list-style-type: none"> • Copy of Deed AND record of most recent mortgage payment • Copy of Lease AND record of most recent rent payment • Legal affidavit from landlord affirming tenancy AND record of payment of most recent rent payment • Section 8 agreement 	<p>A utility bill or work order dated within the past 60 days, including:</p> <ul style="list-style-type: none"> • Gas bill • Oil bill • Electric bill • Home telephone bill • Cable bill 	<ul style="list-style-type: none"> • Valid driver's license • Current vehicle registration • Valid Massachusetts photo identification card • Valid passport <p>Dated within the past year:</p> <ul style="list-style-type: none"> • W-2 form • Excise (vehicle) tax bill • Property tax bill <p>Dated within the past 60 days:</p> <ul style="list-style-type: none"> • Letter from approved government agency • Payroll stub • Bank or credit card statement

* Legal guardianship requires additional documentation from a court or agency.

This residency policy does not apply to homeless students.

Report residency fraud! Call Truant Officer Patty Burns: 413-531-0932

Also required for enrollment:

- Copy of Student's Birth Certificate
- Complete & Current Health / immunization records & physical
- All School Records:
 - o Past Report cards / MCAS scores
 - o Attendance records
 - o Discipline records
- SASID number

If Applicable:

- Custody / court / legal guardianship documents
- IEP / 504 / DCAP copies of current plan

**AGAWAM PUBLIC SCHOOLS
STUDENT EMERGENCY INFORMATION**

SCHOOL Roberta G. Doering School

Student Name _____

Home Address _____

Parent/Guardian 1 _____

(This should be whomever the student PRIMARILY resides with.)

Home phone _____ Cell phone _____

Work phone _____ Other phone _____

Email address _____

Parent/Guardian 2 _____

Address (if different from home) _____

Home phone _____ Cell phone _____

Work phone _____ Other phone _____

Email address _____

Family Physician _____ **Phone** _____

Will you allow the school to call the Doctor named above? YES NO

Emergency Contact 1 _____

Relationship to Student _____

City _____ State _____

(From the fields below, please ONLY provide the number the above named person can be reached at during SCHOOL HOURS)

Home phone _____ Cell Phone _____

Work phone _____ Other phone _____

PLEASE ENTER ADDITIONAL INFORMATION ON REVERSE

Please provide contacts should we be unable to contact the student's parent / guardian. Thank you.

Emergency Contact 2 _____

Relationship to Student _____

City _____ State _____

(From the fields below, please ONLY provide the number the above named person can be reached at during SCHOOL HOURS)

Home phone _____ Cell Phone _____

Work phone _____ Other Phone _____

Emergency Contact 3 _____

Relationship to Student _____

City _____ State _____

(From the fields below, please ONLY provide the number the above named person can be reached at during SCHOOL HOURS)

Home phone _____ Cell Phone _____

Work phone _____ Other Phone _____

Emergency Contact 4 _____

Relationship to Student _____

City _____ State _____

(From the fields below, please ONLY provide the number the above named person can be reached at during SCHOOL HOURS)

Home phone _____ Cell Phone _____

Work phone _____ Other Phone _____

Emergency Contact 5 _____

Relationship to Student _____

City _____ State _____

(From the fields below, please ONLY provide the number the above named person can be reached at during SCHOOL HOURS)

Home phone _____ Cell Phone _____

Work phone _____ Other Phone _____

Parent Signature: _____ Date: _____

9. How many languages are spoken regularly in your country? _____
 Is there an official language? _____ If yes, please write the official school language and the home language that your child has learned. Teachers may use the home language when speaking with your child, and use the official school language for reading and writing.
 Official school language: _____
 Home language: _____

10. Do you read to your child at home? _____
 If yes, in what language(s) do you read to your child? _____

11. Does your child read and write in the home language? _____ How well does your child read and write in his or her home language? _____

12. Does your child read and write in English? _____ How well does your child read and write in English? _____

13. What language do you think your child understands BEST at this time? _____

14. Where and when has your child attended school? Please list dates of attendance, town/city, and countries that your child has attended school in, and the language that was used.

Dates of Attendance	Town/City	Country	Language

15. Have you or your child's prior teachers had concerns about your child's progress in school?
 If yes, please explain. _____

16. Do you have any particular concerns about your child at this time? _____

17. Do you have someone at home or that you know to help you translate notices sent home from your child's school? Yes No
 We need school notices translated into our first language.
 We do not need school notices translated into our first language.

Signature: _____ Date _____

Thank you for your time and effort in completing this language survey to help us better serve your child's academic needs in the Agawam Public Schools.



**Town of Agawam
Health Department/School Nurse Division**

**Student Health History
Agawam School System**

Please Print

Students Name: Last _____ First: _____ Grade: _____
Date of Birth: _____

Does your child have any of the following medical conditions?

CONDITION:			Dates
ADD/ADHD	Yes	No	_____
Asthma	Yes	No	_____
Autism	Yes	No	_____
Diabetes (sugar)	Yes	No	_____
Seizures	Yes	No	_____
Convulsions	Yes	No	_____
Scoliosis	Yes	No	_____
Cerebral palsy	Yes	No	_____
Muscular Dystrophy	Yes	No	_____
Hearing Loss	Yes	No	_____
Impaired Vision	Yes	No	_____
Cystic Fibrosis	Yes	No	_____
Kidney Trouble	Yes	No	_____
Ear Infections	frequent	few	_____
Tubes in ears	now	past	_____
Headaches	Yes	No	_____
Other Chronic Diseases			
Please Specify:	_____		

ALLERGIES: Does your child have any life threatening allergies, which would require an Epipen? (Medication, insects, bees, foods, etc.) Yes No
Please explain: _____

Does your child have any non life threatening allergies? (Foods, animals, seasonal, etc.)
Yes No
Please explain: _____

MEDICATION: Does your child take any pills, medicines or treatments either on a regular or part-time basis? Yes No

Please list: _____

Does your child use any of these aids?

Dental Plate/ Appliance	Yes	No
Gastrostomy Tube	Yes	No
Contact Lens	Yes	No
Eyeglasses	Yes	No
Hearing Aid	Yes	No
Crutches	Yes	No
Braces for Arm or Leg	Yes	No
Walker	Yes	No
Wheelchair	Yes	No
Other- Please specify	Yes	No

Are there other health problems not mentioned? Yes No

If yes, please explain or give medical diagnosis and doctor's name _____

Can your child participate in all school activities? Yes No

If no, please explain _____

Is there any severe medical condition / allergy that you would like to be disclosed on the backside of your child's student ID? Example: Diabetes, Seizure disorder, etc.

Please list: _____

When applicable, this personal health information will be shared with appropriate school staff to better serve the medical and educational needs of your child. I understand this authorization is voluntary.

Date _____ Parent's Signature _____
Phone Number _____