

Student's Name: \_\_\_\_\_

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School registration for new high school students takes place at the Student Registration Center. If you have any questions, you may contact us by phone at 617.349.6551 or by email at [welcome@cpsd.us](mailto:welcome@cpsd.us). Further information can also be found in the School Registration section of [www.cpsd.us](http://www.cpsd.us).

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### Required Forms: Please Complete & Sign

- 1. **Registration Form**
- 2. **Home Language Survey**
- 3. **Records Release Form**
- 4. **Health History Form**

### Required Documents: Please Submit When Applying

These documents must be submitted at the time of application with the above forms, 1 to 5. The Student Registration Center will make copies and return all original documents.

- 6. **Proof of Age** (birth certificate or passport)
- 7. **Proof of Address** – provide one of the following:  
Lease • Section 8 Agreement • Purchase & Sales Agreement • Mortgage Statement • Deed • Property Tax Bill • Notarized Letter from Landlord • Letter from Homeless/Transition Service Provider
- 8. **Proof of Occupancy** – provide one document dated within 30 days:  
Gas Bill • Oil Bill • Electric Bill • Cable Bill • Homeless/Transition Service Provider Letter
- 9. **Proof of Parent/Guardian/Caregiver Identity** – provide one of the following:  
Massachusetts Driver's License • Massachusetts Photo ID • Passport • Vehicle Registration • W-2 Form • Payroll Stub or Bank Statement Dated within 60 Days • Excise or Property Tax Bill
- 10. **Student Immunization Record** (Must be submitted to the SRC at the time of application) Please Note: In addition, you must provide your child's most recent physical exam record to the school nurse at the start of the school year.
- 11. **School Records** (for all prior grades, starting at grade 9)
- 12. **Discipline Record/Report**

### Additional Documentation – If Applicable

- Guardianship Papers or Notarized Caregiver Authorization Affidavit:** Provide if the person registering the student is other than the parent listed on the student's birth certificate.
- Doubling Up Form:** For the student and their family who are living with relatives/friends and is not named on the Proof of Address documents or Proof of Occupancy documents. Proofs of Address & Occupancy for person with whom you are staying are also required. *(This form can be requested from the Student Registration Center.)*
- Copy of Student's Individualized Education Program (IEP)** (will be forwarded to the Office of Student Services)
- Copy of Student's 504 Plan** (will be forwarded to the Office of Student Services)



# CPS High School Registration

<b>Demographics</b>	<p><i>The provision of the following information is purely voluntary. Declining to provide this information will not affect the student's registration process.</i></p> <p><b>1. Race:</b>    <input type="checkbox"/> American Indian/Alaskan Native    <input type="checkbox"/> Asian    <input type="checkbox"/> Black/African-American                           <input type="checkbox"/> Hawaiian/Other Pacific Islander    <input type="checkbox"/> White/Caucasian</p> <p><b>2. Ethnicity:</b>    <input type="checkbox"/> Hispanic/Latino    <input type="checkbox"/> Not Hispanic/Latino</p>												
<b>Education History</b>	<p><b>Name of Previous School Attended:</b> _____</p> <p><b>City/State/Country:</b> _____</p> <p><b>Was your child expelled from his/her previous school?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>If yes, please state the reason for the expulsion:</b> _____</p> <p>_____</p> <p>Please note that under the provisions of M.G.L.c. 71, sections 37H and 37H1/2, no school or school district is required to admit a student or provide educational services to a student who has been expelled from another school district for possession of a dangerous weapon, for possession of a controlled substance, for assault on school staff, or for having been convicted of a felony or felony delinquency complaint. Cambridge Public Schools will discharge any student it finds out has been expelled from a previous school for any of these reasons.</p> <p><b>Does your child currently receive Special Education Services?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If Yes, please provide a copy of your child's IEP.</p> <p><b>Does your child have a 504 Plan?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If Yes, please provide a copy to your child's 504 Plan.</p>												
<b>Siblings</b>	<p><b>Please list siblings (Brothers or Sisters)</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">Name</th> <th style="width: 20%;">Birth Date</th> <th style="width: 35%;">Grade School</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>____/____/____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>____/____/____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>____/____/____</td> <td>_____</td> </tr> </tbody> </table>	Name	Birth Date	Grade School	_____	____/____/____	_____	_____	____/____/____	_____	_____	____/____/____	_____
Name	Birth Date	Grade School											
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<p>I hereby certify that I can, and will upon request, substantiate all statements made on this application and that such statements are true, complete to the best of my knowledge and are made in good faith. I understand that if my child is not a resident of the City of Cambridge that he/she can not attend Cambridge Public Schools, and that Cambridge Public Schools will discharge any student it finds out is not a resident of the City of Cambridge.</p> <p>I understand that after seven (7) years of my initial date of registration, or if I withdraw my child from CPS, my registration file will be destroyed but that I may claim my file from the Student Registration Center within the first seven years of my initial date of registration or my withdrawal of my child from CPS, whichever comes first.</p> <p><b>Parent/Guardian/Caregiver Signature:</b> _____    <b>Date:</b> _____</p>													
<p><b>Office Use Only:</b> LEP Y N Score: _____    Language: Home _____ Primary _____    SEI    ELL</p>													



## Language Survey

Massachusetts is home to speakers of many different languages. This Language Survey helps us learn about your child’s English language skills and provide support to your child if necessary to help them learn English. Please answer the questions below. If your response to any of the questions in SECTION 1 is a language other than English, the school district will give your child a test to see if they may benefit from English language support.

**If you need help completing this form, please ask for assistance.**

<p><b>Student Name:</b></p> <p><b>Grade:</b></p> <p><b>Date of Birth (mm/dd/yyyy):</b></p> <p><b>Name of Parent/Guardian #1:</b></p> <p><b>Name of Parent/Guardian #2:</b></p>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/>
<p><b>SECTION 1:</b>  <b>These questions will help the school identify students who may need English language supports. If your response to any question 1-3 is a language other than English, your child will be tested on their use and understanding of English to determine if English language supports are needed.</b></p>	<p>1. Please list the language(s) that parents and/or primary caregivers use to communicate with your child at home.</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <p>2. Please list the language(s) that your child currently uses to communicate with others.</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <p>3. Please list the language(s) your child first understood and used to communicate.</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/>
<p><b>SECTION 2:</b>  <b>Interpretation and Translation Services</b>          This section will let the school know if you, the parents/guardians, need an interpreter</p>	<p>4. In what language(s) would your family prefer to receive written communication from the school?</p> <p>Parent/Guardian # 1:</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <p>Parent/Guardian # 2:</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/>

<p>or documents translated.</p> <p><i>This section is for informational purposes only and is not used to identify if your child needs support to learn English.</i></p>	<p>5. Would you prefer for the school to arrange for an interpreter to be available to you free of charge during meetings and phone calls with the school about your child (including American Sign Language or other types of sign language)?</p> <p>_____ Yes    _____ No                      If yes, in which language(s)?</p> <p>Parent/Guardian # 1: _____</p> <p>Parent/Guardian # 2: _____</p>
<p><b>SECTION 3</b> <b>[Optional]: Prior Education</b></p> <p>This section will provide the school with background information about your student and their prior education.</p> <p><i>This section is optional and is not used to identify if your child needs support to learn English.</i></p>	<p>6. Please list the name and location of the last school your child attended.</p> <p>School Name: _____</p> <p>City/town: _____ Country: _____</p> <p>7. How many years has your child attended school in the United States? (beginning with kindergarten) _____ Please list the date your child first started school in the United States, if known (mm/yyyy): _____</p> <p>8. Has your child ever attended school outside of the United States? _____ Yes    _____ No    _____ Not sure</p> <p>If yes, for how many years? _____ In what language(s) did your child learn while attending school outside of the United States? _____</p> <p>What is the last grade your child was enrolled in or completed? _____</p> <p>9. Has your child ever received support to improve their English in United States schools? _____ Yes    _____ No    _____ Not sure</p> <p>10. Is there anything else you think is important for the school to know about your child? (for example, special interests, talents, or concerns you have about your child's experience in school?)</p>
<p>Parent/Guardian Name: _____</p> <p>Parent/Guardian Signature: _____</p> <p>Date (mm/dd/yyyy): _____</p>	<p>_____</p> <p>_____</p> <p>_____</p>



Cambridge Public Schools  
**Record Release Form**

FORM

**3**

Date: \_\_\_\_\_

I hereby authorize the officials of the \_\_\_\_\_

Name of Student's Former School

\_\_\_\_\_  
Former School Address

\_\_\_\_\_  
Former School Telephone Number

\_\_\_\_\_  
Former School Fax Number

\_\_\_\_\_  
Former School Email Address

To release the following information on my child:

\_\_\_\_\_  
Full Name of Student

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Grade

Cumulative Academic Record (Including Standardized Test Results)

Health Records

Special Education/IEP Information/504 Plan

Discipline Records

All ELL testing records & ACCESS reports

Please scan & email or fax the above requested information to the following:

Student Registration Center  
Cambridge Public Schools  
459 Broadway  
Cambridge, MA 02138

Email to: SRC@CPSD.US  
FAX to: 617-349-6552

Student's New Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian



# Health History Form

## School Health Program



This form should be filled out by the child's PARENT/GUARDIAN/CAREGIVER. Return the completed form to your child's school nurse.

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_ Grade \_\_\_ Rm # \_\_\_

Address \_\_\_\_\_

..... PARENT/GUARDIAN/CAREGIVER INFORMATION .....

Parent/Guardian/Caregiver #1: Name \_\_\_\_\_

Email \_\_\_\_\_ Tel # (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Parent/Guardian/Caregiver #2: Name \_\_\_\_\_

Email \_\_\_\_\_ Tel # (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Emergency Contacts: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel # \_\_\_\_\_

..... MEDICAL HISTORY .....

Health Concerns: Does your child have any health concerns the nurse needs to be aware of?  Yes  No

If YES, please describe: \_\_\_\_\_

Can your child participate in all school activities?  Yes  No

Allergies: Does your child have any allergies?  Yes  No If YES, what is child allergic to? \_\_\_\_\_

Does your child carry an Epi Pen?  Yes  No

Medication: Does your child currently take medications?  Yes  No

If YES, what medicine(s)? \_\_\_\_\_

Past Medical History: Date of last doctor's visit \_\_\_\_\_

Does or has your child received medical care for any of the following:

- Asthma
- Diabetes
- Kidney Disease
- Orthopedic
- Other
- Concussion/Head Injury
- Heart Disease
- Mental Health
- Seizure

..... MEDICAL PROVIDER INFORMATION .....

Primary Care Provider: Name \_\_\_\_\_ Clinic/Practice Name \_\_\_\_\_

Dentist: Name \_\_\_\_\_ Clinic/Practice Name \_\_\_\_\_

Other Provider: Name \_\_\_\_\_ Clinic/Practice Name \_\_\_\_\_

Health Insurance Type:  Mass Health  Private Insurance  Other \_\_\_\_\_

If you do not have a doctor or health insurance:

Would you like assistance finding a health care provider?  Yes  No

Would you like assistance obtaining health care insurance?  Yes  No

..... PARENT/GUARDIAN/CAREGIVER CONSENT .....

The school nurse has permission to share information with school staff as s/he determines appropriate for my child's health and safety.  Yes  No

The school nurse has permission to share and receive the following information about my child with my child's healthcare provider:

- Prescribed medications:  Yes  No
- My child's medical conditions:  Yes  No
- Mental health/counseling concerns:  Yes  No
- Other: \_\_\_\_\_

➔ Parent/Guardian/Caregiver Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_