

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

---

## Required Forms: Please Complete & Sign

- 1. Application Form
- 2. Home Language Survey
- 3. Health History Form
- 4. Records Release Form
- 5. Controlled Choice Form

## Required Documents: Please Submit When Applying

- 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)

## Submit when Registering or Provide to the School Nurse:

- Physical Exam Record:** If available, please submit your child's physical exam record (doctor's report) to the SRC at the time of registration. The exam must have been completed within 1 year prior to school entry or within thirty days after school begins. Note: The exam must include evidence of lead screening (JK/K only) and a TB risk assessment (all grades.) If your child is scheduled for a physical exam between the time of registration and starting school, please provide the report directly to the school nurse.

## 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:** Download this form or request from the Student Registration Center if the student and family are living with relatives/friends and are not named on the Proof of Address documents or Proof of Occupancy documents. Proof of Address & Occupancy for the person with whom you are staying are also required.
- Copy of student's Individualized Education Program (IEP) or 504 Plan:** These forms will be forwarded to the Office of Student Services)
- \* **Previous school records:** Provide directly to student's assigned school.

Has the child ever registered for Cambridge Public Schools in the past?  Yes  No If YES, what year(s)? \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Gender:  Male  Female  Non-binary

Home Address, Apt. # \_\_\_\_\_

Phone: \_\_\_\_\_ Birth Date (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Birth City: \_\_\_\_\_ Birth Country: \_\_\_\_\_

If Birth Country is not the United States Has the child completed 3 years of schooling in the US?  Yes  No

**(Optional) In the past year, did one or both of the student's parents or guardians\*:**

Serve as an active duty member of uniformed services?  Yes  No

Become medically discharged or retired from uniformed services?  Yes  No

Die while on active duty?  Yes  No

**Note:** Military families may be provided special consideration for registration requirements such as guardianship papers. Family military status does not influence school assignment.

Parent/Guardian/Caregiver 1

Parent/Guardian/Caregiver 2

Relationship to Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address, Apt. #: \_\_\_\_\_

Address, Apt. #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

(If addresses are different) Do you want both parents/guardians to receive school mailings?  Yes  No

**Emergency Contacts**

In case of emergency, parents/guardians/caregivers would be called first. Please provide 2 emergency contacts in case the school is unable to reach you.

Name	Phone #	Relationship to Student
_____	_____	_____
_____	_____	_____

# CPS K-8 Registration

## Entering K Only

**❶ Has your child ever participated in the following programs for very young children?**

- Center for Families Playgroups or Programs (02)  Home Based Early Childhood Program (visits to your home) (03)  Baby University (Baby U) (02)  
 Both (04)

**❷ Has your child attended any of the following types of preschool or childcare programs?**

- Licensed Family Childcare (located in the provider's home)  Part-Time (05)  Full-Time (06)  
Preschool or Center-based Preschool Program  Part-Time (07)  Full-Time (08)  
Both Family Childcare and Center-based Childcare or Preschool  Part-Time (09)  Full-Time (10)

**a. What is the name of your child's most recent preschool, daycare, or early childhood provider?**

- Department of Human Services Programs Preschool: Haggerty Preschool, Kennedy-Longfellow Preschool, King Open Preschool, Dr. Martin Luther King Jr. Preschool, Morse Preschool, Peabody Preschool, Windsor Street Preschool  
 Other Preschool (Name): \_\_\_\_\_

**❸ If you did not check any of the boxes in section 2, who did your child stay with during the day?**

- Babysitter (01+K)  Parent/Guardian (01)  Relative (01+K)

I give permission for the Cambridge Public Schools to contact my child's preschool or childcare provider identified above and for my child's preschool or childcare provider to release and discuss my child's information with the Cambridge Public Schools.

\_\_\_\_\_  
Parent/Guardian/Caregiver Name                      Parent/Guardian/Caregiver Name                      Date

## Entering Grades 1 - 8 Only

Name of Previous School: \_\_\_\_\_

### Special Education / Students with Disabilities

Does your child currently have an IEP or receive special education services?  Yes  No

**Does your child currently have a 504 Plan or receive disability accommodations?**  Yes  No

*Please provide a copy of your child's IEP or 504 Plan during the registration process.*

### Please list siblings (Brothers or Sisters)

Name	Birth Date	Grade	School
_____	___ / ___ / ____	_____	_____
_____	___ / ___ / ____	_____	_____
_____	___ / ___ / ____	_____	_____

### Race/Ethnicity

The provision of the following information is purely voluntary. Declining to provide this information will not affect the student's registration process.

**1. Race:**  American Indian/Alaskan Native  Asian  Black/African-American  
 Hawaiian/Other Pacific Islander  White/Caucasian

**2. Ethnicity:**  Hispanic/Latino  Not Hispanic/Latino

# CPS K-8 Registration

**School Choice** **Please note:** School assignments must follow the Controlled Choice policy. Parent preference is just one factor used to determine school assignment. Limited seats may be available within SES categories (See Form 4).

Grades K-5	<p><b>List 3 of the following:</b></p> <ul style="list-style-type: none"> <li>• Amigos</li> <li>• Baldwin</li> <li>• Cambridgeport</li> <li>• Dr. Martin Luther King, Jr.</li> <li>• Chinese Immersion <i>(at Dr. Martin Luther King, Jr.)</i></li> <li>• Fletcher Maynard</li> <li>• Graham &amp; Parks</li> <li>• Haggerty</li> <li>• King Open</li> <li>• Morse</li> <li>• Olá Portuguese Immersion <i>(at King Open)</i></li> <li>• Peabody</li> <li>• Tobin Montessori</li> </ul>
	<p style="text-align: center;"><i>Check here if a sibling will be at the school next year.</i></p> <p># 1 School Choice: _____ <input type="checkbox"/></p> <p># 2 School Choice: _____ <input type="checkbox"/></p> <p># 3 School Choice: _____ <input type="checkbox"/></p> <p><b>Does your child speak the language of an Immersion Program to which you are applying?</b> <i>Check which language(s)</i></p> <p><input type="checkbox"/> Mandarin <i>(Martin Luther King-Chinese Immersion)</i>   <input type="checkbox"/> Portuguese <i>(Olá at King Open)</i>   <input type="checkbox"/> Spanish <i>(Amigos)</i></p>

Office Use Only

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grades 6-8	<p>Please rank order</p> <p>___ Amigos School <i>(K-8 Spanish-English dual immersion school. Spanish language test required for admission)</i></p> <p>___ Cambridge Street Upper School <i>(sending schools: Cambridgeport, Fletcher Maynard &amp; King Open)</i></p> <p>___ Putnam Avenue Upper School <i>(sending schools: Dr. Martin Luther King, Jr., Kennedy-Longfellow, Morse)</i></p> <p>___ Rindge Avenue Upper School <i>(sending schools: Baldwin, Peabody)</i></p> <p>___ Darby Vassall Upper School <i>(sending schools: Graham &amp; Parks, Haggerty, Tobin Montessori)</i></p>
------------	--

I understand that pursuant to Massachusetts law and Cambridge School Committee policy, students who actually reside in the City of Cambridge may attend the Cambridge Public Schools and students who do not actually reside in the City of Cambridge may not attend the Cambridge Public Schools, unless a policy exception applies. I hereby acknowledge that no such policy exception applies to the child named on this registration form. I also acknowledge that I am required to notify the school Principal, in writing, of any changes in said student's address within five (5) calendar days of such change of address.

I understand that this certification will be relied upon by the Cambridge Public Schools for the purpose of determining the eligibility to attend the Cambridge Public Schools on the basis of residency. If it is subsequently determined that the student does not actually reside in Cambridge, I understand that the student's enrollment in the Cambridge Public Schools will be promptly terminated and that I will be liable to the Cambridge Public Schools for the student's tuition for the duration of the student's attendance in the Cambridge Public Schools.

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.

I hereby certify that I can, and will upon request, substantiate all statements made on this application and that such statements are true, accurate, and complete and are made in good faith.

**Parent/Guardian/Caregiver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<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/> <hr/> <hr/> <hr/> <hr/>
<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/> <p>2. Please list the language(s) that your child currently uses to communicate with others.</p> <hr/> <p>3. Please list the language(s) your child first understood and used to communicate.</p> <hr/>
<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/> <p>Parent/Guardian # 2:</p> <hr/>

<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>



# 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: \_\_\_\_\_

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

The CPS Controlled Choice Plan's primary purpose is to create a student body that reflects the diversity of the City in all of our schools. We diversify our schools on the basis of socioeconomic status (SES), as measured by the percentage of students who would and would not qualify for the federal Free or Reduced Price Meals Program.

When registering for school, you are asked to complete this Controlled Choice Form. Your answers help us determine in which assignment category your child's registration belongs: Free/Reduced Lunch (F/R) or Paid Lunch. The information is solely used for the purpose of making school assignments in accordance with the SES percentages for each assignment category as defined in the Controlled Choice Plan.

**Currently, CPS operates under the Community Eligibility Program (CEP) and complete meals are available at no cost to all students, eliminating the collection of free and reduced meals applications; however, through Controlled Choice, our SES assignment categories remain based on the income eligibility guidelines for the Free or Reduced Price Meals Program.**

Please refer to the chart titled, "Federal Eligibility Income Chart" at the bottom of this page and indicate yes, no, or that you decline to answer.

- Yes** – I am eligible for free or reduced price meal benefits.
- No** – I am not eligible for free or reduced price meals benefits.
- I decline to disclose this information.

I acknowledge and agree to release to the Cambridge Public Schools' Student Registration Center **all information on this form**. I acknowledge and agree that the Cambridge Public Schools' Student Registration Center may use this information to help determine the school assignment for my child. I understand that I am not required to release this information. I understand that if I elect not to release this information, the Cambridge Public Schools' Student Registration Center will consider my child non-eligible for free and reduced price meals when using this information to help determine the school assignment for my child.

**I have read this release and understand its terms and signed it voluntarily.**

Parent/Guardian Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2026-2027**

Household Size	Yearly	Monthly	Weekly
1	\$29,526	\$2,461	\$568
2	\$40,034	\$3,337	\$770
3	\$50,542	\$4,212	\$972
4	\$61,050	\$5,088	\$1,175
5	\$71,558	\$5,964	\$1,377
6	\$82,066	\$6,839	\$1,579
7	\$92,574	\$7,715	\$1,781
8	\$103,082	\$8,591	\$1,983
Each additional family member	\$10,508	\$876	\$203