



## *Penn Brook Elementary School*

68 Elm Street  
Georgetown, MA 01833  
978.352.5785

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**Margaret C. Maher**  
*Principal*

**Hope Doran**  
*Assistant Principal*

### Welcome to the Penn Brook Elementary School Registration

Enclosed you will find the necessary forms and/or documents that must be provided in order to register your child for Kindergarten. Please return all forms and documents to the front office at the Penn Brook Elementary School.

- \_\_\_\_\_ Current Year Registration Form
- \_\_\_\_\_ Emergency Form
- \_\_\_\_\_ Residency Validation Documents  
*(policy and guidelines attached)*
- \_\_\_\_\_ Home Language Survey
- \_\_\_\_\_ Current Physical/Health Record  
*(Massachusetts state guidelines attached)*
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Current snapshot of your child – 2 copies  
*(please put child's name on back of picture)*

**Georgetown School District  
Registration  
Year \_\_\_\_\_**

Student's Name \_\_\_\_\_  
*(Last) (First) (Full Middle Name)*

Entering Grade as of August 31, \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female Place of Birth \_\_\_\_\_ Date Birth \_\_\_\_\_  
*(city and/or town) month/date/year*

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

Primary Language: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Race: Required for State Reports – (optional – Please Check All That Apply)

\_\_\_\_\_ American Indian or Native American \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ Black \_\_\_\_\_ White \_\_\_\_\_ Hispanic

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**Do you have any other siblings in the Georgetown School District? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Name/Grade** \_\_\_\_\_

Student residing with: \_\_\_\_\_ Mother/Father \_\_\_\_\_ Mother only \_\_\_\_\_ Father only \_\_\_\_\_ Guardian  
(please check one)

Mother/Guardian \_\_\_\_\_ Address if different) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home # \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work # \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Address (if different) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home # \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work # \_\_\_\_\_

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**GEORGETOWN SCHOOL DISTRICT**  
Registration, Health and Emergency Information Form  
SCHOOL YEAR \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_  
(Last) (First) (Full Middle Name)

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address \_\_\_\_\_ **Check if new address:** \_\_\_\_\_  
(Street) (Town) (Zip)

Name and location of school last attended: \_\_\_\_\_ Grade: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Optional - Ethnicity: Please check Hispanic or Non-Hispanic then choose appropriate selection on second line: \_\_\_\_\_ Hispanic \_\_\_\_\_ Non-Hispanic  
\_\_\_\_\_ American Indian or Native American \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ Black \_\_\_\_\_ White

LANGUAGE SPOKEN IN HOME: \_\_\_\_\_

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**Do you have any other students in the Georgetown School District** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
**Name/Grade** \_\_\_\_\_

Student residing with: Mother/Father \_\_\_\_\_ Mother only \_\_\_\_\_ Father only \_\_\_\_\_ Guardian \_\_\_\_\_ **Check if new phone numbers:** \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Address (if different) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work # \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Address (if different) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work # \_\_\_\_\_

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**EMERGENCY INFORMATION**

Name of friends/relatives who will assume responsibility/transportation of your child if you cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone \_\_\_\_\_

The following information is requested for use in emergency situations only if parent/guardian cannot be located:

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

**SIGNATURE OF PARENTS** Mother/Guardian: \_\_\_\_\_

**OR GUARDIAN:**

Father/Guardian: \_\_\_\_\_

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Please list all medications that your child takes

Please check all that apply to your child:  Heart Condition  Diabetes  Asthma  Seizure Disorder  ADD/ADHD  Migraines  Depression  
 Other(Specify) \_\_\_\_\_

Allergies (food, insects, medications, environment)  
(Specify) \_\_\_\_\_

Hearing Problems (Specify) \_\_\_\_\_ Left ear \_\_\_\_\_ Right ear \_\_\_\_\_ Hearing Aide \_\_\_\_\_

Vision Problems(Specify) \_\_\_\_\_ Wears Eyeglasses \_\_\_\_\_ Contact Lenses \_\_\_\_\_

Does your child have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Does your child have Dental Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_ Policyholder: \_\_\_\_\_

Dental Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_ Policyholder: \_\_\_\_\_

*I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for purpose of referral, diagnosis and treatment.*

*I give permission for the school nurse to administer the age/weight appropriate dose of: \_\_\_\_\_ Tylenol to my child.*

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

If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the school nurse (978-352-5790 ext. 520) for more information about these programs. All communications will be confidential.



## INFORMATION FROM THE SUPERINTENDENT

### RESIDENCY VALIDATION

Please be advised that according to Massachusetts General Laws Chapter 75, Section 5, the Georgetown Public School District is not required to enroll a student who does not reside in our community. The only exception is those students legally enrolled through the state’s school choice program.

If you are not a legal resident, it will be necessary for you to withdraw your child from the Georgetown School District and register him/her in the school district where you reside. It is important that you do this as soon as possible so that the transition to their new school will be a smooth one.

Under Massachusetts Laws Chapter 76, Section 5, only students who actually reside with in Georgetown may enroll in the Georgetown School District. In order to verify residence within the Town, a student enrolling in the Georgetown School District must provide documentation of actual residence. In addition to providing such documentation at the time of initial enrollment, the school administration may request verification at any later time if there is doubt of actual residence. In addition, the School District will require the parents to pay in full to the Town of Georgetown if we determine that your child is residing in Georgetown for the sole purpose of attending school. The School District reserves the right to require additional information to establish residency.

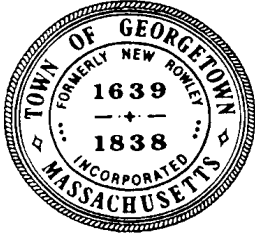
All applicants for enrollment must submit at least ***one document each from Column A, B, and C*** and any other documents that may be requested, including but not limited to those from Column A, B, or C (noted below). A parent, guardian, or student who is unable to produce the required documents should contact the Superintendent of Schools.

<b>Column A</b>	<b>Column B</b>	<b>Column C</b>
<b><u>Evidence of Residency</u></b>	<b><u>Evidence of Occupancy</u></b>	<b><u>Evidence of Identification</u></b>
Record of recent mortgage payment and/or property tax bill	Recent bill dated within the past 60 days showing Georgetown address	(Photo ID)
Copy of Lease and record of recent rental payment	Gas Bill	Valid Driver’s License
Landlord Affidavit and recent rental payment	Oil Bill	Valid MA Photo ID Card
Section 8 Agreement	Electric Bill	Passport
	Home Phone Bill (Not Cell)	
	Cable Bill	
	Excise Tax Bill	

## 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    F <input type="checkbox"/> M <input type="checkbox"/>
_____ 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
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?    Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings?    Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	
Parent/Guardian Signature: X	_____ / _____ /20 Today's Date: (mm/dd/yyyy)	



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**Margaret C. Maher**  
*Principal*

**Hope Doran**  
*Assistant Principal*

Dear Parent/Guardian:

Massachusetts State law requires that all children be completely immunized in order to attend school. State law also requires a lead test for entry into kindergarten, as well as physical examination prior to entering school and every three to four years thereafter.

The required immunizations for school entry are:

### **KINDERGARTEN**

**5 DTP/DtaP**

**4 Polio**

**2 MMR**

**3 Hepatitis B**

**2 Varicella/Disease**

This is a reminder that no child shall be admitted to school unless an updated medical record including a recent physical exam and dates for all required immunizations has been given to the school nurse prior to the first day of school. These forms may be mailed to the school over the summer or brought to the main office prior to the first day of school. **Any student without the required medical forms on file in the health office will be excluded from school until these state-mandated requirements are met.**

If you have any questions, please contact me at the Penn Brook School 978-352-5785 ext 2016

Thank you for your cooperation.

Kathy Hatch, BSN, RN, NCSN  
Penn Brook Nurse