

Nantucket Elementary and Intermediate Schools  
30 Surfside Road  
Nantucket, MA 02554  
(508)228-7290 Fax (508)325-5342

## New Student Registration Check List

### Parents/guardian must submit:

- Completed registration form (with at least 2 emergency on island contacts)
- Completed Records Release
- Completed Home Language Survey
- Copy of student's birth certificate
- Copy Parent's Driver's License
- Proof of Residency (rental lease, utility bill, etc)
- Copy of most recent physical exam including all immunizations

Any questions please feel free to call the Guidance Department:

Jeanne Clark  
NES Grades K-2  
Ext. 2109

Lisa Hood  
NIS Grades 3-5  
Ext. 2110



Nantucket Public School  
New Student Registration Form  
2017-2018

**For Official Use Only:**

LASID: \_\_\_\_\_

Date of Entry: \_\_\_\_\_

NES: K 1 2 NIS: 3 4 5

**Student Information:**

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: F \_\_\_\_ M \_\_\_\_ Birth Place: \_\_\_\_\_  
(City/town/state)

Student Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Previous School: \_\_\_\_\_

Has your student ever attended a Massachusetts Public School?  Yes  No Current Grade Level: \_\_\_\_\_

At the previous school did your student receive any of these special services:  IEP  504 Plan

English as a Second Language (ESL, ELL or LEP)  Other \_\_\_\_\_

**Parent/Guardian Information:**

**Contact 1 (Parent/Guardian)**

Name: \_\_\_\_\_  
First Name Last Name

Relationship to student: \_\_\_\_\_

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

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

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

Cell Phone: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

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

Student resides with this contact: Y N

*The e-mail address provided is how you will receive communication from the classroom teacher and school.*

**Contact 2 (Parent/Guardian)**

Name: \_\_\_\_\_  
First Name Last Name

Relationship to student: \_\_\_\_\_

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

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

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

Cell Phone: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

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

Student resides with this contact: Y N

*The e-mail address provided is how you will receive communication from the classroom teacher and school.*

.....  
Please promptly inform the NES office of any changes to contact information during the school year

**\*\*Emergency Contact Information:** Name of person (other than parent/guardian) to be contacted and to whom child may be released in case of emergency when parent cannot be reached. Important that contact lives in Nantucket.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Sibling Information:** Other Children living in the same address as student

Name:	Age	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please fill out all Fields:** Please note Ethnicity and Race are fields required by the Massachusetts Department of Education

**Country of Origin-** Country from which immigrant child has emigrated \_\_\_\_\_

**First Native Language-** Primary language used in the home \_\_\_\_\_

**Ethnicity:** Hispanic or Latino \_\_\_\_\_ Not Hispanic, Not Latino \_\_\_\_\_

**Race:**

**American Indian or Alaskan Native-** a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community

**Asian-** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands, including China, India, Japan, Korea, the Philippine Islands and Samoa

**Black or African/American-** a person having origins in any of the black racial groups of Africa

**Native Hawaiian**

**White-** a person having origins in any of the original peoples of Europe, North America or the Middle East

**Immigration Status:**

**Immigrant Status** - an indication of whether a student is eligible for the Emergency Immigrant Education Program, the student must **not** have been born in any of the State (any of the 50 states, the commonwealth of Puerto Rico, the district of Columbia, Guam, American Samoa, the Virgin Islands, the Northern Mariana Islands, or the territory of the Pacific Islands) and not having completed 3 full years in any state. **(01)**

**Migrant Status** - an indication of whether an individual or a parent /guardian accompanying an individual maintains primary employment in one or more agricultural or fishing activities on a seasonal or other temporary residence for the purpose of such employment. **(01)**

**Low Income Status:** (Check If Applicable)

**Low Income Status:** This student is eligible for free or reduced lunch; or receives Transitional Aid to Families benefits; or is eligible for food stamps. **(01)**

**Perkins Low Income Status:** The family has an annual income below the federal poverty guidelines; or the family receives Transitional Aid to Families; or student is state ward(foster child) or is an institution for the neglected or delinquent; or the student is eligible for free/reduced price lunch. **(01)**



# Nantucket Public Schools Record Release

**From:**

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

Nantucket Elementary and Intermediate Schools  
30 Surfside Road  
Nantucket, MA 02554  
Phone: (508)228-7290  
Fax: (508)325-5342

## ***Records Release Authorization***

I, the undersigned, authorize \_\_\_\_\_  
(Name of Former/Current School)

\_\_\_\_\_  
(Address and Fax Number)

to release to the Nantucket Elementary School, all pertinent information contained in the temporary and permanent records of:

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

**Current Grade Level:** \_\_\_\_\_

***I understand this information will be treated as confidential***

**Parent/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

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

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

**Date Records Received:** \_\_\_\_\_



## Nantucket Public Schools 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.

<b>Student Information</b>			
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) _____	
<b>School Information</b>			
Enrollment Date for NPS _____	Grade Level _____	School: NES CPS NHS _____	
<b>Questions for Parents/Guardians:</b>			
What is the native language(s) of each parent/guardian? (circle one)  _____ (mother / father / guardian)  _____ (mother / father / guardian)	Which language(s) are spoken with your child? (include relatives -grandparents, uncles, aunts, etc. and caregivers)  _____ always / often/ sometimes /seldom  _____ always/ often/ sometimes / seldom		
What language did your child first understand and speak?	Which language do you use most with your child?		
Which other languages does your child know? (circle all that apply)  _____ speak / read / write  _____ speak / read / write	Which languages does your child use? (circle one)  _____ always / often/ sometimes /seldom  _____ always / often/ sometimes /seldom		
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/>	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>		
Print Parent/Guardian Name _____	Relationship to Student: Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> If other Please Explain: _____		
Parent/Guardian Signature: _____ X	Today's Date: _____ (mm/dd/yyyy)		

*For Official Use Only: to be completed by a Qualified NPS Staff Member*

(21) LEP, recently arrived to U.S. School: 00  01  02       (22) Immigration Status: 00  01

(23) Country of Origin: \_\_\_\_\_ (24) First (Native) Language: \_\_\_\_\_

(25) Limited English Proficiency: 00  01  (26) English Language Learners Status: 00  01  02  03  04

Screening Test Administered: \_\_\_\_\_ By Whom: \_\_\_\_\_

Score/Proficiency Level: \_\_\_\_\_

Position: \_\_\_\_\_