



NEW STUDENT REGISTRATION FORM

PLEASE RETURN THIS FORM WITH YOUR COMPLETED DOCUMENTS.

The following is a checklist of required information necessary to register your child in the Nantucket Public Schools. When ALL requirements have been met and initialed by the appropriate officials, a schedule will be created for you and an entry date will be assigned by the guidance department.

NAME OF STUDENT: _____ DATE: _____

Student Registration Form:	School Counselor	_____
Home Language Survey:	School Counselor	_____
Birth Certificate:	School Counselor	_____
Transcript of Academic Records:	School Counselor	_____
Current IEP/504, if applicable	School Counselor	_____
MCAS Results:	School Counselor	_____
Attendance Records:	School Counselor	_____
Field Trip/Media Release Forms	School Counselor	_____
Chromebook Forms	School Counselor	_____
Proof of Residency	School Counselor	_____
 Disciplinary Records:	 Assistant Principal	 _____
 Medical Records:		
1. Updated Immunizations	Nurse	_____
2. Emergency Medical Card	Nurse	_____
3. Physical Exam/Sports Physical (within 1 yr.)	Nurse	_____
 Completed requirements: _____	School Counselor	_____
Date		
Official enrollment date: _____	School Counselor	_____

Please note: A copy of this form will be retained in the student's file in the guidance office; the original should be forwarded by the guidance department to the Coordinator, Student Services to complete processing and registration.



Cyrus Peirce Middle School
New Student Registration Form
2016-2017

For Official Use Only:

LASID: _____

Date of Entry: _____

Grade Level: _____

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

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.

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Please promptly inform the CPS 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)**



RECORDS RELEASE FORM

This is to certify that I have given:

School: _____

Address: _____

City/State.Zip: _____

Telephone: _____ FAX: _____

EMAIL: _____

Permission to release the academic, health, attendance and discipline records of:

Name of Student: _____ DOB: _____

For enrolling said student in Grade _____ at:

Cyrus Peirce Middle School
10 Surfside Road
Nantucket, MA 02554
508-228-7283 ext. 1408
508-325-7597 FAX
www.npsk.org

Parent/Guardian Signature: _____

School Official's Signature: _____

Title: _____ Date: _____

Massachusetts School Immunization Requirements for School Year 2015-2016*

	Child Care/Preschool	Kindergarten	Grades 1-6	Grades 7-12	College ²
Hepatitis B ¹	3 doses	3 doses	3 doses	3 doses	3 doses for all health science students and full-time undergraduate and graduate students
DTaP/DTP/DT/Td/Tdap ⁴	≥4 doses DTaP/DTP	5 doses DTaP/DTP	≥4 doses DTaP/DTP or ≥3 doses Td	4 doses DTaP/DTP or ≥3 doses Td; plus 1 dose Tdap (See Phase-In Schedule)	All health science students and full-time undergraduate and graduate students: 1 dose Tdap
Polio ⁵	≥3 doses	4 doses	≥3 doses	≥3 doses	NA
Hib ⁶	1 to 4 doses ⁶	NA	NA	NA	NA
MMR ⁷	1 dose	2 doses	Grades 1-4: 2 doses Grades 5-6: 2 doses measles, 1 mumps, 1 rubella (See Phase-In Schedule)	Grades 7-11: 2 doses Grade 12: 2 doses measles, 1 mumps, 1 rubella (See Phase-In Schedule)	All health science students and full-time undergraduate and graduate students: 2 doses
Varicella ⁸	1 dose	2 doses	Grades 1-4: 2 doses Grades 5-6: 1 dose (See Phase-In Schedule)	Grades 7-11: 2 doses Grade 12: 1 dose (See Phase-In Schedule)	All health science students and full-time undergraduate and graduate students: 2 doses
Meningococcal ^{9,10}	NA	NA	NA ¹⁰	1 dose for new full-time residential students ⁹	1 dose for full-time residential students ⁹

*These requirements also apply to all new "enterers." NA = no vaccine requirement for the grades indicated.

¹Child Care/Preschool: Minimum requirements by 24 months; immunize younger children according to their age.

²College: Requirements apply to: 1) all full-time undergraduate and graduate students; 2) all full-time and part-time health science students; and 3) any full-time or part-time student attending any postsecondary institution while on a student or other visa, including foreign students attending or visiting classes as part of a formal academic visitation or exchange program.

³Hepatitis B: 3 doses required for child care attendance and preschool entry, kindergarten-12th grade, and college (see footnote 2 above). Laboratory proof of immunity is acceptable.

⁴DTaP/DTP/DT/Td/Tdap: ≥4 doses required for child care attendance and preschool entry; 5 doses of DTaP/DTP required for school entry unless the 4th dose is given ≥ the 4th birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP/DTP. **One dose of Tdap is required for all students entering grade 7-11, full-time college freshmen-graduates and all health science students.** If it has been <5 years since the last dose of DTaP/DTP/DT/Td, Tdap is not required but is recommended regardless of the interval since the last tetanus-containing vaccine. See Phase-In Schedule below.

⁵Polio: ≥3 doses required for child care attendance and entry into preschool, 4 doses required for school entry, unless the 3rd dose is given on or after the 4th birthday, and >6 months following the previous dose, in which case only 3 doses are needed. Administer the final dose in the series on or after the 4th birthday and ≥ 6 months following the previous dose. If 4 doses are administered before age 4 years, a 5th dose is recommended at age 4 - 6 years.

⁶Hib: Required for child care attendance and preschool entry. The number of doses is determined by vaccine product and age the series begins.

Phase-In Schedule for MMR, Varicella, and Tdap Vaccines 2015 - 2017

	2015	2016	2017
2 MMR and 2 Varicella	K-4 and 7-11 College: full-time freshmen-graduates; all health science	K-5 and 7-12 College: full-time freshmen-graduates; all health science	K-12 College: full-time freshmen-graduates; all health science
Tdap	Grades 7-11 College: full-time freshmen-graduates; all health science	Grades 7-12 College: full-time freshmen-graduates; all health science	Grades 7-12 College: full-time freshmen-graduates; all health science

⁷MMR: 1 dose of MMR is required for child care attendance and preschool entry; **2 doses are required for kindergarten-grade 4, grade 7-11, full-time undergraduate and graduate students and all health science students.** Laboratory proof of immunity is acceptable. **For college students, except health science students, birth before 1957 in the U.S. is also acceptable.** See Phase-In Schedule below.

⁸Varicella: 1 dose required for child care attendance and preschool entry; **2 doses required for kindergarten-grade 4, grade 7-11, full-time undergraduate and graduate students and all health science students, unless they have a reliable history of chickenpox.** A reliable history includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant or designer; or 2) laboratory proof of immunity. **Birth before 1980 in U.S. is acceptable for college students, except health science students.** See Phase-In Schedule below.

⁹Meningococcal: 1 dose MCV4, or a dose of MPSV4 in the last 5 years, is required for 1) newly enrolled full-time students attending a secondary school with grades 9-12 (in ungraded classrooms, those with students ≥ 13 years) who will live in a dormitory or comparable congregate living arrangement approved by the secondary school; and 2) newly enrolled full-time undergraduate and graduate students in a degree program at a postsecondary institution (e.g., college) who will live in a dormitory or comparable congregate living arrangement approved by the institution.

Students may decline the vaccine after they have read and signed the MDPH Meningococcal Information and Waiver Form provided by their institution. These requirements apply to newly-enrolled full-time residential students, regardless of grade and year of study.

¹⁰At residential schools with lower grades: The requirements apply to residential students in grades pre-K through 8 only if the school combines these grades in the same school with students in grades 9-12.

MASSACHUSETTS SCHOOL HEALTH RECORD

Health Care Provider's Examination

Name _____ Male Female Date of Birth: _____

Medical History _____

Pertinent Family History

Current Health Issues

Y **N**
 Allergies: Please list: Medications _____ Food _____ Other _____
History of Anaphylaxis to _____ Epi -Pen®: Yes No
 Asthma: Asthma Action Plan Yes No (Please attach)
 Diabetes: Type I Type II
 Seizure disorder: _____
 Other (Please specify) _____

Current Medications (if relevant to the student's health and safety) Please circle those administered in school; a separate medication order form is needed for each medication administered in school.

Physical Examination

Date of Examination: _____

Hgt: _____ (____%) Wgt: _____ (____%) BMI: _____ (____%) BP: _____
(Check = Normal / If abnormal, please describe.)

<input type="checkbox"/> General _____	<input type="checkbox"/> Lungs _____	<input type="checkbox"/> Extremities _____
<input type="checkbox"/> Skin _____	<input type="checkbox"/> Heart _____	<input type="checkbox"/> Neurologic _____
<input type="checkbox"/> HEENT _____	<input type="checkbox"/> Abdomen _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dental/Oral _____	<input type="checkbox"/> Genitalia _____	

Screening: (Pass) (Fail) (Pass) (Fail) (Pass) (Fail)
Vision: Right Eye Left Eye Stereopsis
Hearing: Right Ear Left Ear
Postural Screening:
(Scoliosis/Kyphosis/Lordosis)

Laboratory Results: Lead _____ Date _____ Other _____

The entire examination was normal:

Targeted TB Skin Testing: Med-to-High risk (exposure to TB; born, lived, travel to TB endemic countries; medical risk factors):
TB Test Type: TST IGRA Date: _____ Result: Positive Negative Indeterminate/Borderline
Referred for evaluation to: _____ Date: _____ Low risk (no TB test done)

This student has the following problems that may impact his/her educational experience:
 Vision Hearing Speech/Language Fine/Gross Motor Deficit
 Emotional/Social Behavior Other

Comments/Recommendations:

Y N This student may participate fully in the school program, including physical education and competitive sports. If no, please list restrictions:

Y N Immunizations are complete: If no, give reason: Please attach Massachusetts Immunization Information System Certificate or other complete immunization record.

Signature of Examiner Circle: MD, DO, NP, PA Date _____

Please print name of Examiner. _____

Group Practice _____ Telephone _____

Address _____ City _____ State _____ Zip Code _____

Please attach additional information as needed for the health and safety of the student.

MDPH 08/15/13

CERTIFICATE OF IMMUNIZATION

Name: _____

Date of Birth: / / Sex: M F

Please indicate vaccine type (e.g., DTaP-Hib, etc.)

Vaccine		Date	Vaccine Type	Vaccine		Date	Vaccine Type
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)	1			Measles, Mumps, Rubella (e.g., MMR, MMRV)	1		
	2				2		
	3			Varicella (Var, MMRV)	1		
	4				2		
Diphtheria, Tetanus, Pertussis (e.g., DTP, DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV, Td, Tdap)	1			Meningococcal Quadrivalent MenACWY-Conjugate (MCV4) or Polysaccharide (MPSV4)	1		
	2				2		
	3			Meningococcal Serogroup B (Men B) MenB-FHbp MenB-4C	1		
	4				2		
	5				3		
	6			Seasonal Influenza Inactivated IIV4, IIV4-ID, IIV3, IIV3-ID, IIV3-HD, RIV3-IM, cclIIV3-IM	1		
	7				2		
	8				3		
Haemophilus influenzae type b (e.g., Hib, HepB-Hib, DTaP-Hib, DTaP-IPV/Hib, Hib-MenCY)	1			Live Attenuated LAIV, LAIV4 (quadrivalent)	4		
	2				5		
	3				6		
	4				7		
Polio (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV)	1			2009 H1N1 Influenza Inactivated or Live	1		
	2				2		
	3			Pneumococcal Polysaccharide (PPSV23)	1		
	4				2		
	5			Hepatitis A (HepA, HepA-HepB)	1		
Pneumococcal Conjugate (PCV13, PCV7)	1				2		
	2			Human Papillomavirus (9vHPV, 4vHPV, 2vHPV)	1		
	3				2		
	4				3		
Rotavirus (e.g., RV5: 3-dose series, RV1: 2-dose series)	1			Zoster (shingles)	1		
	2			Other:	1		
	3				2		

Please see next page ➡

CERTIFICATE OF IMMUNIZATION (continued)

Serologic Proof of Immunity		Check One	
Test (if done)	Date of Test	Positive	Negative
Measles	/ /		
Mumps	/ /		
Rubella	/ /		
Varicella*	/ /		
Hepatitis B	/ /		
* Must also check Chickenpox History box.			

Chickenpox History	
<input type="checkbox"/>	Check the box if this person has a physician-certified reliable history of chickenpox.
Reliable history may be based on:	
<ul style="list-style-type: none"> • physician interpretation of parent/guardian description of chickenpox • physical diagnosis of chickenpox, or • serologic proof of immunity 	

I certify that this immunization information was transferred from the above-named individual's medical records.

Doctor or nurse's name *(please print):* _____ **Date:** / /

Signature: _____

Facility name: _____



10 SURFSIDE ROAD
NANTUCKET, MA 02554
WWW.npsk.org

Residency Verification Form

I hereby certify and swear under oath that I am the legal owner/tenant of the property located at:
_____, I also certify and swear under oath that his/her
children: _____ are my tenants and live
at the above address as of: _____.

NOTARY STATEMENT

On this day of _____, 20_____, before me the undersigned notary public, personally
appeared _____ and proved to be the person whose
name is signed on this document and acknowledge being that he/she signed it voluntarily for is
stated purpose.

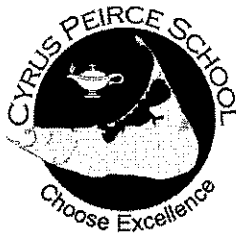
Signature of notary

My commission Expires on: _____

Notary Stamp

Landlord Signature

Landlord Name (please Print)



CPS BLANKET FIELD TRIP PERMISSION SLIP 2016-2017

Valid for all on island field trips taken by bus or walking from
September 6, 2016 through June 21, 2015.
Please print on all lines except signature.

Yes, I give my child, _____, permission
(print student's name)
to attend all on island field trips for this school year.

Grade Level: _____

Parent /Guardian Information:

Contact 1: _____ Relationship to student: _____
(parent/guardian name)

Contact 1 Phone : Home: _____ Cell: _____ Work: _____

Contact 2: _____ Relationship to student: _____
(parent/guardian name)

Contact 2 Phone : Home: _____ Cell: _____ Work: _____

Emergency Contact: _____ Phone : _____

I am interested in and able to chaperone: _____ YES _____ NO

I have a current CORI form on file: _____ YES _____ NO

Parent/Guardian Signature: _____



Nantucket Public Schools
10 Surfside Road
Nantucket, MA 02554

Parental Permission Form 2016-2017
Media Publication
(Media Policy Exception)

Student's Name: _____ Grade: _____

I, _____, the parent/legal guardian of the above named student,

YES: **hereby authorize** the publication of his/her image in media which may be distributed outside of the school community, whether print or electronic, including, but not limited to school websites and news or other external media.

School employees may publish identified images and/or provide identification of images to outside entities for this purpose:

School Website, Local Paper, CPS, District or Classroom Newsletter

(describe event, award, activity, etc.)

NO: hereby request that images and identification of my child (whether photographic, digital or electronic) **NOT** be published in: school webpages/websites, nor distributed or provided to media of any type outside of the school community.

Signature: _____ Date: _____
(Parent/legal guardian)

Approved: _____ Date: _____

(Copies to be retained by administrator and forwarded to central office)