

**Dudley-Charlton Regional School District**  
**Student Biographical Information for Cumulative Record Folder**

Student Name \_\_\_\_\_ Sex: M F  
Last Name First Name Middle Name

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(Town and State)

Grade \_\_\_\_\_ Date of Enrollment \_\_\_\_\_ Previous School \_\_\_\_\_

Legal Paperwork (if applicable): \_\_\_\_\_  Yes  No

Student's Residential Address \_\_\_\_\_  
Street Town Zip

Has your child ever attended school in the Dudley-Charlton District before?  Yes  No

Student resides with: (please check all that apply)

**Mother Information**

Name \_\_\_\_\_

Address \_\_\_\_\_  
If different from student

Place of Work \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

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

Can Dismiss Student  Can Receive Student

**Father Information**

Name \_\_\_\_\_

Address \_\_\_\_\_  
If different from student

Place of Work \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

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

Can Dismiss Student  Can Receive Student

**Guardian Information**

Name \_\_\_\_\_

Address \_\_\_\_\_  
If different from student

Place of Work \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

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

Can Dismiss Student  Can Receive Student

**Call Notification System:** Please list two numbers to be utilized by the district in the event of an emergency situation including snow cancellations, delays and early dismissals, attendance notifications and school notifications.

1. \_\_\_\_\_

2. \_\_\_\_\_

Office Use Only

Student's State ID#: \_\_\_\_\_ Bus: \_\_\_\_\_ Free/Reduced Lunch: \_\_\_\_\_

Student's District ID#: \_\_\_\_\_ 504: \_\_\_\_\_ SPED: \_\_\_\_\_

**Dudley-Charlton Regional School District**  
**Student Biographical Information for Cumulative Record Folder**

Parental Concerns Regarding this Child:

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Siblings (Names and ages):

Are you a single parent?       Yes                       No

Name of others living in household:

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**Please check all that relate to the child**

- |  |   |
|--|---|
| <input type="checkbox"/> Difficulty with speech                                  | <input type="checkbox"/> Difficulty with language                 |
| <input type="checkbox"/> Strangers have a difficult time understanding the child | <input type="checkbox"/> Difficulty with coordination             |
| <input type="checkbox"/> Clumsy  | <input type="checkbox"/> Prefers to be alone                      |
| <input type="checkbox"/> Does not get along with other children                  | <input type="checkbox"/> Aggressive                               |
| <input type="checkbox"/> Impulsive/quick to act                                  | <input type="checkbox"/> Has frequent tantrums                    |
| <input type="checkbox"/> Bangs head  | <input type="checkbox"/> Gets along easily with familiar adults   |
| <input type="checkbox"/> Separates from parent/caregiver easily                  | <input type="checkbox"/> Gets along easily with unfamiliar adults |
| <input type="checkbox"/> Has difficulty doing what he/she is told                | <input type="checkbox"/> Is stubborn                              |
| <input type="checkbox"/> Is shy/timid  | <input type="checkbox"/> Easily frustrated                        |
| <input type="checkbox"/> Has blank staring spells                                | <input type="checkbox"/> Very active                              |
| <input type="checkbox"/> Underactive/lethargic                                   | <input type="checkbox"/> Eats poorly                              |
| <input type="checkbox"/> Bites nails   | <input type="checkbox"/> Sucks thumb                              |
| <input type="checkbox"/> Easily excited  |   |
- 

Describe any dangerous behaviors that the child engages in:

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Describe any fears, habits, or mannerisms that the child has:

# DUDLEY-CHARLTON REGIONAL SCHOOL DISTRICT

68 DUDLEY-OXFORD ROAD - DUDLEY, MASSACHUSETTS 01571

508-943-6888 - 508-943-0909 - 508-943-0657

FAX 508-943-1077

www.dcrsd.org

**JEFFREY FERRANTI**  
ADMINISTRATOR OF SPECIAL NEEDS  
508-248-1424 FAX 508-248-1416

**Gregg Desto**  
SUPERINTENDENT OF SCHOOLS

**Richard Mathieu**  
FINANCE DIRECTOR

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

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

Please answer **BOTH** questions 1 and 2.

1. Is this student Hispanic or Latino? (*choose only one*)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

2. What is the student's race? (*choose one or more*)

- American Indian or Alaskan Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian (A person having origins on any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Viet Nam.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

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

*"...to advance the knowledge and well being of our children and our community."*



## Dudley-Charlton Regional School District

### 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

Start Date in New School (mm/dd/yyyy) _____ / _____ /20_____	Name of Former School and Town _____	Current Grade _____
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#### 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)

## Dudley-Charlton Regional School District

### STUDENT MEDICAL REGISTRATION FORM ~ TO BE COMPLETED BY PARENT/GUARDIAN

Child's Name:	Sex: M { } F { }
Date of Birth:	Grade: Primary Language:
Siblings (names and ages)	
Home & Address:	
Home Telephone #:	Cell Phone #
Parent/Guardian Name:	
Home Address (if different from above)	
Work Telephone #	
Parent/Guardian Name:	
Home Address (if different from above)	
Work Telephone #	
Name & Address of previous school attended:	
<b>Pre-Natal History</b>	
Pregnancy, Birth, Early Infancy: Were there any problems that you think might be pertinent to your child's growth and development?	
<b>Health History:</b>	
Does your child have:	
Y { } N { } Completed Immunizations – <b>Attach complete immunization record</b>	
Y { } N { } Lead screening test – Included in physical examination record	
Y { } N { } Allergies to food – describe	
Y { } N { } Allergies to medication – describe	
Y { } N { } Allergies to other – describe	
Y { } N { } Does your child need treatment for these allergies? Explain:	
Y { } N { } History of anaphylaxis	Y { } N { } EpiPen
Y { } N { } Asthma/Reactive airway disease – List triggers:	
What is the current treatment plan?	
Comments:	

Please see other side

**Dudley-Charlton Regional School District**

**STUDENT MEDICAL REGISTRATION FORM ~ TO BE COMPLETED BY PARENT/GUARDIAN**

Does your child have any of the following:			
Y { } N { }	Seizures	Y { } N { }	Chicken Pox – Date:
Y { } N { }	Heart Issues	Y { } N { }	Developmental Delay
Y { } N { }	Diabetes	Y { } N { }	Psychological Problems
Y { } N { }	Frequent Headaches/Migraines		
Y { } N { }	Speech Difficulty	Y { } N { }	Frequent Ear Infections
Y { } N { }	Vision Difficulty – Glasses { }	Y { } N { }	Hearing Difficulty – Hearing Aid { }
Y { } N { }	Urinary/Kidney Problems	Y { } N { }	Skin Conditions
Y { } N { }	Sleep Difficulties/Nightmares	Y { } N { }	Scoliosis
Y { } N { }	ADD, ADHD	Y { } N { }	Frequent Nose Bleeds
Y { } N { }	Behavioral Difficulty	Y { } N { }	Lactose Intolerance
Y { } N { }	Gastrointestinal Problems – Constipation { }		
Y { } N { }	Other		
If yes to any of the above, describe fully:			
<b>Medications:</b>			
List all medications your child is taking:			
Medication:	Dose:	Time(s) Taken:	
Medication:	Dose:	Time(s) Taken:	
Medication:	Dose:	Time(s) Taken:	
Circle medications to be administered during school.			
<b>Behavioral/Coping History</b>			
Is there any information that would be useful for the staff to help your child at school?			
<b>Family History</b>			
Are there any family situations or health conditions that could have an effect on your child?			
<b>A physical examination and immunization records by a health care provider is required for all Kindergarten, sixth grade and newly enrolled students. Evidence of a lead-screening test is required for all students entering Kindergarten.</b>			
<b>Signature of Parent/Guardian</b>		<b>Date of Registration</b>	



## The Dudley-Charlton Regional School District Sworn Statement of Residency

This form is to be completed during enrollment by a student's parent or legal guardian. This form must be submitted as a *Sworn Statement of Residency*; documented proof of residency for each child enrolled in the district is required. ***The Dudley-Charlton Regional School District reserves the right to request a new form, and/or proof of residency, if non-residency is suspected.***

Student 1: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Student 2: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Student 3: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Physical Street Address of Residence (Please note that a PO Box is not acceptable as a residential address)

Address:

\_\_\_\_\_

Street Number and Name

Town

State

Zip Code

I declare, under the penalty of perjury, that this student resides at the above address. I also agree to notify my child's school of residency changes within five (5) calendar days. I understand that a new *Sworn Statement of Residency* and new documented proof of residency must be submitted when the residency changes. **Failure to notify the school or falsification of any information or documents required for residency verification may result in revocation of a student's enrollment and/or civil action, resulting from fraud, negligent misrepresentation and negligence.**

Parent/Legal Guardian Signature:

\_\_\_\_\_

Print Name:

\_\_\_\_\_

**Documented Proof of Residency Requirements:**

If you are a resident in the Town of Dudley or Town of Charlton, please provide one piece of evidence from each column (each item must show the parent/legal guardian and address):

Evidence of Residency	Evidence of Occupancy	Evidence of Identification
Record of recent mortgage (statement)	Gas bill, Oil bill	Valid MA driver’s license
Property tax bill	Electric bill	Valid MA photo ID card
Rental/Lease agreement	Cable Bill, Home telephone bill	Valid passport
Signed Purchase and Sales	Excise Tax Bill	

If you share a home with a relative that resides in the Town of Dudley or in theTown of Charlton, or if you rent but do not have a lease, the following must be provided:

1. Legal proof of residence (Notarized Affidavit from landlord if renting or family member if staying with family)  
**AND**
2. Documentation verifying proof of the parent/guardian residing at the address, such as a driver’s license, bank statement, credit card statement, voter registration, paycheck, etc.

In determining residency, the committee retains the right to require the production of a variety of records and documentation and to investigate where a student actually resides. Students found to be in violation of the residency policy may be dismissed immediately from the district and the parent(s), guardian(s) or responsible adult may be jointly and severally liable to the district for the student’s tuition for the full academic year(s). The district may also impose other penalties on the family such as legal fees incurred by legal action and the withholding of certain scholarships and prizes. A parent, legal guardian, or student who has reached the age of majority (18), who is aggrieved by a determination of residency, may appeal the determination to the superintendent of schools, whose decision shall be final.

**An individual who owns property in the Town of Dudley or in the Town of Charlton, but does not reside in the district, is not considered a resident.**

*Only students who actually reside in the town of either Dudley or Charlton may attend the Dudley-Charlton Regional School District schools. “Residence” is a place where a person actually lives. **Unless expressly permitted under approved guidelines (Policy JF, Section V), temporary residence in the town of either Dudley or Charlton solely for the purpose of attending district schools is not considered “residence” for admission to the district schools.***



**Dudley-Charlton Regional School District  
Transportation Request/Change Form**

This form is to be used for new students and all changes related to student transportation. Allow a minimum of 3 working days for information to be processed and bus to be assigned.

Circle One and Enter Date:      Add a student: Start Date \_\_\_\_\_  
 Delete a Student: Delete as of: \_\_\_\_\_  
 Change of Information: Start Date: \_\_\_\_\_

Student Information:  
 Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Address (Residential): \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender: Male / Female  
 School: \_\_\_\_\_ Teacher \_\_\_\_\_  
 Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_

Please fill in the following information if your child needs bus arrangements to **a sitter or day care provider.**

Sitter's Name: \_\_\_\_\_  
 Sitter's Address: \_\_\_\_\_ Sitter's Phone: \_\_\_\_\_

**\*\*\*Please note: The Boys/Girls Club closes on early dismissal days due to bad weather.\*\*\***

	<i>Home</i>	<i>Sitter</i>	<i>Parent Transp.</i>	<i>Other</i>
<b>Monday AM</b> Bus# to school from:				
<b>Monday PM</b> Bus# from school to:				
<b>Tuesday AM</b> Bus# to school from:				
<b>Tuesday PM</b> Bus# from school to:				
<b>Wednesday AM</b> Bus# to school from:				
<b>Wednesday PM</b> Bus# from school to:				
<b>Thursday AM</b> Bus# to school from:				
<b>Thursday PM</b> Bus# from school to:				
<b>Friday AM</b> Bus# to school from:				
<b>Friday PM</b> Bus# from school to:				
<b>Early Dismissal</b> Bus# from school to:				