

**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 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>		
<i>Signature of Parent/Guardian</i>		<i>Date of Registration</i>



Dudley-Charlton Regional School District  
Ethnicity Form

1. Is the student Hispanic or Latino? (chosed only one)

No, not Hispanic or Latino

Yes, Hispanic or Latino

Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
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2. What is the student's race? (choose one or more)

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

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.
Asian	A person having origins on any of the original 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 Vietnam.
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.



## 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  
Military Family Status

The purpose of this form is to provide information regarding Military Family Status. In May 2012, Massachusetts joined other states as part of the Interstate Compact on Educational Opportunity for Military Children. The purpose of collecting this data is to make the transition, enrollment, assessment and graduation easier for mobile children in military families. Completing this form is voluntary.

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

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

Please check as applicable:

<input type="checkbox"/>	00 – Not a member of a military family
<input type="checkbox"/>	01 - Yes, the student is the child of an active duty member of the military.
<input type="checkbox"/>	02 - Yes, the student is the child of a member of the military or veteran who are medically discharged or retired within the last 12 months.
<input type="checkbox"/>	03 - Yes, the student is the child a uniformed military member who died on active duty.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## 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:				

## DUDLEY-CHARLTON REGIONAL SCHOOL DISTRICT

### POLICY

#### School Admission Residency

**JF**

The Dudley-Charlton Regional School Committee adopts the following policy and guidelines (Requirements for Admission to the Dudley-Charlton Regional School District) regarding the residency and admissions of students to the Dudley-Charlton Regional School District. The staff is directed to ensure that all forms and regulations are fully executed and conform to this policy.

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 the approved guidelines, 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.

For those situations where properties straddle the town lines, a fact specific review and analysis will be completed on a case by case basis. At a minimum, factors in the analysis and review will include: plot plan of the dwelling, detailing the location of major rooms, and inclusion in the town census as an occupant of the dwelling.

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.

The Dudley-Charlton Regional School Committee adopts the following policy regarding the residency and admission of students. The staff is directed to ensure that all forms and regulations are fully executed and conform to this policy.

#### I. RESIDENCY

In order to attend school in the Dudley-Charlton Regional School District, a student must actually reside in the towns of Dudley/Charlton, unless one of the exceptions (set forth in Part V below) applies. The residence of a minor child is ordinarily presumed to be the legal residence of the child's parent or legal guardian having physical custody of the child. A student's actual residence is considered to be the place where he or she lives permanently. In determining residency, the Dudley-Charlton Regional School District retains the right to require the production of a variety of records and documentation and to investigate where a student actually resides.

A determination that a student does not actually reside in the towns Dudley/Charlton renders the student ineligible to enroll in the district schools, or if the student is already enrolled in the Dudley-Charlton Regional School District, shall result in the termination of such enrollment. 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.



## II. VERIFICATION OF RESIDENCY

A. Before any student is enrolled in the Dudley-Charlton Regional School District, his or her parent or legal guardian must provide:

1. A signed Affidavit of Residency; and
2. Proof of residency in the town of either Dudley or Charlton (3 documents)

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.

### Column A Evidence of Residency for Homeowners

Record of recent mortgage payment (last 60 days) and/or property tax bill  
OR

Copy of home closing document with passing date followed by mortgage payment within 60 days from enrollment

#### For Renters/Leasees

Copy of lease and/or copy of recent rental payment(s)

OR

Copy of notarized statement from landlord attesting to residency and copy of recent rent payment

OR

Section 8 Agreement

### Column B Evidence of Occupancy

A copy of one of the following bills listed dated within the past 60 days that includes your name and Dudley or Charlton address:

- Gas
- Electric
- Oil,
- Landline Telephone (not cell phone)
- Cable

### Column C Evidence of Identification (Photo ID)

Valid Driver's license  
Valid Massachusetts photo ID card  
Valid passport

## B. VERIFICATION OF RESIDENCY FOR INDIVIDUALS WHO DO NOT OWN A HOME OR LEASE

For the parent or legal guardian who does not own a home or lease but who is living with a resident of either Dudley or Charlton, a "*Shared Housing Affidavit*" must be completed and notarized. This form can be found on the district's website under the "Parent Tab - Student Registration." In addition, the homeowner/lessor must appear in person with the parent or guardian at the time of registration and provide the appropriate documents as identified in Columns A., B., and C. Also, the parent or guardian must provide at the time of registration one of the following documents with the address as shown on the Shared Housing Affidavit: auto insurance and registration, credit card statement, bank statement, voter registration card, or US Postal address change document.

The principal, or his/her designee, shall verify the home address and home telephone number of each student at least once during the school year. Any irregularities shall be reported promptly to the superintendent of schools.

Parents are required to notify the school of any changes of their address or the address of the student within five days of the change.

### III. ENFORCEMENT

Should a question arise concerning any student's residency in the towns of either Dudley or Charlton while attending the district schools, the student's residency will be subject to further inquiry and/or investigation. Such questions concerning residency may arise on the basis of incomplete, suspicious, or contradictory proofs of address; anonymous tips; or correspondence that is returned to the Dudley-Charlton Regional School District because of an invalid or unknown address, or other grounds.

The superintendent/principal may request additional documentation, may use the assistance of the district's attendance officer, and/or may obtain the services of police or investigative agency personnel to conduct investigations into student residence. The attendance officer and/or residency investigator(s) will report his or her findings to both, who shall make final determination of residency.

Upon an initial determination by the superintendent of schools/principal that a student is actually residing in a city or town other than Dudley or Charlton, the student's enrollment in the district schools shall be terminated immediately.

### IV. PENALTIES

In addition to termination of enrollment and the imposition of other penalties permitted by law, Dudley-Charlton Regional School District reserves the right to recover restitution based upon the costs of educational services provided during the period of non-residency.

### V. EXCEPTIONS

1. The residency requirements shall not apply to the following:

- a. Students enrolled in the Dudley – Charlton Regional School District under special programs approved by the Dudley-Charlton Regional School Committee, such as educational exchange programs or School Choice. In order to be considered for enrollment, the foreign exchange student should be at the level of eleventh grade of high school and be fluent in the English language. Students attending for one year under such a program will not be eligible for a Shepherd Hill diploma but may be awarded a certificate of attendance. Requests for the attendance of a foreign exchange student will be acted upon by the committee upon recommendation of the superintendent, in order of the receipt of applications which contain supporting documents, and no more than two students to be admitted in any one year. Approval of the school committee must occur prior to July 30 of the incoming year.
- b. Tuition paying students, as permitted by law;
- c. Students who are entitled to attend school in the Dudley-Charlton Regional School District under the McKinney-Vento Homeless Assistance Act.

2. Extraordinary Circumstances:

- a. Tuition Waivers

At the discretion of the Superintendent and the Dudley-Charlton Regional School Committee, tuition may be waived in the following cases:

- a. Students who have completed their junior year at Shepherd Hill Regional High School, and who move from either Dudley or Charlton just prior to or during their senior year.
- b. Students who move because of the severe or chronic illness of the student or immediate family member; the death of an immediate family member; disaster to the residence; or other circumstances having a significant impact upon the student.
- c. Dwellings that are intersected by town lines in Dudley/Charlton:
  - a. Dwellings that are intersected by the town line prior to the adoption of this policy:

In the case of a single-family dwelling, as distinguished from a plot of land, that is intersected by whatever degree by the towns' boundary lines prior to the adoption of this policy, and upon which some property tax is assessed by the towns of either Dudley or Charlton, persons residing therein may attend school in the Dudley-Charlton Regional School District.
  - b. Dwellings that are built or altered after the adoption of this policy:

In the case of a single-family dwelling that is intersected by whatever degree by the town boundary lines because of construction or alterations occurring after the adoption of this policy, if more than fifty percent of such dwelling is located within the towns' boundary, persons residing therein may attend school in the Dudley-Charlton Regional School District.

#### VI. POTENTIAL WAIVER WHEN RESIDENCY IS IN TRANSITION

For students whose residency is in transition, the following exceptions to the general policy may apply, with prior written approval from the superintendent of schools:

1. Pending purchase of dwelling

The children of families who have signed a home rental or purchase contract to reside in the school district may, subject to verification of residency, be enrolled for the quarter in which they expect to become residents, subject to the superintendent's approval.
2. Construction of new dwelling

The children of families who have signed a home rental or purchase contract to reside in the school district may, subject to verification of residency, be enrolled for the quarter in which they expect to become residents, subject to the superintendent's approval.
3. Residence in rental properties

The children of families who plan to rent a primary residence in either Dudley or Charlton may enroll in the district schools 30 days prior to taking possession of the rental property, as evidenced by a signed lease and evidence of financial commitment.
4. Brief residence outside the town

Dudley-Charlton Regional School District students whose families must briefly live outside the towns of Dudley or Charlton because they are (a) moving from one in-town residence to another, or (b) renovating a current Dudley or Charlton residence, may continue to attend the district schools. Evidence of the intention and ability to resume residency in either Dudley or Charlton within 90 days may be required.

VII. NOTIFICATION

The Dudley-Charlton Regional School District residency requirements, verification procedures, and consequences of falsifying or misrepresenting residency will be published in the Dudley-Charlton Regional School Committee Policy Manual, and published in each school handbook.

**Legal Ref.: MGL c. 76, sec. 5**

McKinney – Vento Homeless Assistance Act

Adopted September 7, 1972

Amended September 15, 1977

Amended May 13, 1987

Amended October 10, 2007

Amended December 12, 2012

Amended March 13, 2019

**Dudley-Charlton Regional School District  
Residency Statement**

I/we, the parent(s), legal guardian(s) or responsible adult of \_\_\_\_\_,  
(Print student’s full name)

hereby certify as follows:

1. I/we wish to enroll the above-named student in the Dudley-Charlton Regional School District. I/we understand that pursuant to Massachusetts law and Dudley-Charlton Regional School Committee Policy, students who actually reside in the town of either Dudley or Charlton may attend the district schools and students who do not actually reside in the town of either Dudley or Charlton may not attend the district schools.
2. I/we hereby certify that effective \_\_\_\_\_, 20 , the above named student is/will be residing at the following address in Dudley/Charlton, Massachusetts, with:

\_\_\_\_\_  
Printed Name(s) of Parent(s)/Guardian(s)/ Responsible Adult(s)

\_\_\_\_\_  
No. Street                                      Apt/Unit No.                      Dudley/Charlton, MA                                      Zip Code

Home Telephone: \_\_\_\_\_

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

3. I/we acknowledge that I am/we are required to notify the Dudley-Charlton Regional School District or the above student’s school, in writing, of any change in said student’s address within five (5) calendar days of such change of address.
4. I/we understand that this *Residency Statement* will be relied upon by the Dudley-Charlton Regional School District for the purpose of determining the above student’s eligibility to attend the district schools on the basis of residency. If said student is enrolled in the Dudley-Charlton Regional School District based upon the information provided and it is subsequently determined that the student does not actually reside in Dudley/Charlton, I/we understand that the student’s enrollment in the Dudley-Charlton Regional School District will be promptly terminated and I/we will be jointly and severally liable to the Dudley-Charlton Regional School District for the student’s tuition for the full academic year(s).
5. I/we further certify that I am/we are the parent(s), legal guardian(s) or responsible adult of the above student. (If signing as a “responsible adult”, you will be required to complete the Responsible Adult’s Affidavit provided by the Dudley-Charlton Regional School District.)
6. I/we understand that all applicants must reside in the town of either Dudley or Charlton (Massachusetts General Laws, Chapter 76, sec 5 every person shall have a right to attend the public schools of the town where he/she actually resides, subject to the following section. No school committee is required to enroll a person who does not actually reside in the town unless said enrollment is authorized by law or by the school committee. Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly-attended public schools. No person shall be excluded from or discriminated against in admission to a

public school of any town, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex, gender identity, religion, national origin or sexual orientation.

*Amended by st.1971, c.622, c.1; st.1973, c.925, s.9A, st.1993, c.282; st.2004, c.352, s.33)*

Signed under the pain and penalties of perjury on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_:

\_\_\_\_\_  
Parent/Guardian/ Responsible Adult

\_\_\_\_\_  
Parent/Guardian/ Responsible Adult

**Proof of residency must accompany this form with at least one document from each of the following three columns: A, B, and C.**

**Column A**  
**Evidence of Residency**  
**for Homeowners**

Record of recent mortgage payment (last 60 days) and/or property tax bill  
OR

Copy of home closing document with passing date followed by mortgage payment within 60 days from enrollment

**For Renters/Leasees**

Copy of lease and/or copy of recent rental payment(s)

OR

Copy of notarized statement from landlord attesting to residency and copy of recent rent payment

OR

Section 8 Agreement

**Column B**  
**Evidence of Occupancy**

A copy of one of the following bills listed dated within the past 60 days that includes your name and Dudley or Charlton address:

- Gas
- Electric
- Oil,
- Landline Telephone (not cell phone)
- Cable

**Column C**  
**Evidence of Identification**  
(Photo ID)

Valid Driver's license  
Valid Massachusetts photo ID card  
Valid passport