

## Hudson Public Schools PreK-12 Student Registration and Data

**REQUIRED REGISTRATION DOCUMENTS:** Current Physical, Immunizations, Birth Certificate, 2 Proofs of Residency, Transcripts/Grades, Discipline Record, Copy of I.E.P. for Special Education Student and State Transfer Form.

I do not have all required enrollment documents and need to speak with the district registrar.

**PRECISA-SE DESTES DOCUMENTOS PARA A MATRICULA:** Exame médico atual, Cartão de vacina, Certidão de nascimento, 2 Comprovantes de residência, Histórico Escolar, Nota das disciplinas, Cópia do I.E.P para alunos de educação especial e Formulário de transferência de estado.

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

**First** (Primeiro nome)

**Middle** (Nome do meio)

**Last** (Último nome)

**Male** ( ) **Female** ( ) **Non-Binary** ( )  
(Masculino) (Feminino) (Não Binário)

**Grade:** \_\_\_\_\_  
(Série)

**Home Address:** \_\_\_\_\_ **Apt. #** \_\_\_\_\_ **PO Box #** \_\_\_\_\_  
(Endereço residencial)

**City of Residence of Student:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
(Cidade de residência do aluno) (telefone)

**Student Date of Birth:** **Month** \_\_\_\_\_ **Day** \_\_\_\_\_ **Year** \_\_\_\_\_  
(Data de nascimento do aluno) (mês) (dia) (ano)

**Place of Birth:** **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Country** \_\_\_\_\_  
(Local de nascimento) (Cidade) (Estado) (País)

**Ethnicity:** ☐ **Hispanic** **OR** **Latino** (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

(Espano ou Latino (Cuba, México, Porto Rico, America do Sul ou Central, ou outra cultura Espana ou origem, não dependendo da raça.)

**Race:** (Check all that apply) ☐ **White** ☐ **American Indian Alaskan Native**  
(Raça: (Escolha uma ou mais) (Branco) (Índio Americano ou Nativo do Alasca)

☐ **Hawaiian Native or Pacific Islander**  
(Nativo do Havai ou Ilhas do Pacifico)

☐ **Black**  
(Negro)

☐ **Asian**  
(Asiático)

**Has Student Previously Attended a US or Massachusetts School?** ☐ **No** ☐ **Yes** **Start date:** \_\_\_\_\_  
(Este aluno já estudou em alguma escola em Massachusetts?) (Nao) (Sim) (data de começo)

**Last School:** \_\_\_\_\_ **Last Grade Completed:** \_\_\_\_\_  
(Última escola) (Útima série completada)

**School Address:** \_\_\_\_\_  
(Endereço da escola)

**Has this Student Previously Attended a Hudson School?** ☐ **No** ☐ **Yes**  
(Este aluno já estudou em alguma escola de Hudson?) (Nao) (Sim)

**Name of Hudson School:** \_\_\_\_\_  
(nome da escola em Hudson)

**Has your child received any support services?** Please check: ☐ **Special Education Services** ☐ **Title I**  
(Seu filho (a) recebeu qualquer apoio dos serviços?) (Por favor, marque:) (Serviços de Educação especial) (Título I)

☐ **Speech Therapy**  
(Fonoaudióloga)

☐ **OT/PT**  
(OT/PT)

☐ **Early Intervention**  
(Intervenção precoce)

☐ **ELL Support Services**  
(Serviços de Apoio ELL)

☐ **504 Plan**

**LASID** \_\_\_\_\_ **SASID** \_\_\_\_\_ **OFFICE USE ONLY** **School ID** \_\_\_\_\_

**YOG** \_\_\_\_\_ **Homeroom** \_\_\_\_\_ **Bus** \_\_\_\_\_ **Date of Entry** \_\_\_\_\_

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

(Nome do pai ou tutor)

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

(vínculo com o aluno)

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

(endereço)

**Email:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_

(telefone celular)

**Home Phone#:** \_\_\_\_\_

(telefone residencial)

**Work Telephone #** \_\_\_\_\_

(número de trabalho)

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

(Nome do pai ou tutor)

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

(vínculo com o aluno)

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

(endereço)

**Email:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_

(telefone celular)

**Home Phone#:** \_\_\_\_\_

(telefone residencial)

**Work Telephone #:** \_\_\_\_\_

(número de trabalho)

**Emergency contacts should be people other than the student's parents or guardians.**

Contatos de emergência devem ser outras pessoas além de pais ou tutores.

**Name of Emergency Contact:** \_\_\_\_\_

(Contato de Emergência)

**Relationship to Child** \_\_\_\_\_

(Vínculo com o aluno)

**Phone:** \_\_\_\_\_

(telefone)

(telefone)

**Name of Emergency Contact:** \_\_\_\_\_

(Contato de Emergência)

**Relationship to Child** \_\_\_\_\_

(Vínculo com o aluno)

**Phone:** \_\_\_\_\_

**List Siblings Enrolled in the Hudson Public Schools & Grade:**

(Liste o nome de irmãos que estudam na escolas públicas de Hudson e suas séries)

**Custody:** ☐ **Lives with Both Parents** ☐ **Joint Custody** ☐ **Mother Sole Custody** ☐ **Father Sole Custody**

(Guarda)

(Vive com os pais)

(Guarda Conjunta)

(Guarda Exclusiva da Mãe)

(Guarda Exclusiva do Pai)

☐ **DCF Custody** **Name of Worker** \_\_\_\_\_ **DCF Office** \_\_\_\_\_

(Guarda do DCF)

(Nome do Agente)

(Localização do escritório do DCF)

**For your child's safety, is there legal paperwork that the school should have copies of?** ☐ **No** ☐ **Yes**

(Pela segurança de seu filho(a), a escola deve ter uma cópia de algum documento legal)

(Não)

(Sim)

**Do you require separate mailing?** ☐ **No** ☐ **Yes** **Who? (mother, father, DCF, DYS)** \_\_\_\_\_

(É necessário enviar correio separado?)

(Não)

(Sim)

(Quem?)

(mãe, pai, DCF, DYS)

**Military Family Status (Military Interstate for Children's Compact Commissions)** (self-identification of military status is optional)

Student is a child enrolled in K-12 in the household of a full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. Section 1209 and 1211? No \_\_\_\_\_ Yes \_\_\_\_\_

Student is a child of a member or veteran of the uniformed services who was severely injured and medically discharged or retired for a period of one year after medical discharge or retirement? No \_\_\_\_\_ Yes \_\_\_\_\_

Student is a child of a member of the uniformed services who died on active duty or as a result of injuries sustained on active duty for a period of one year after death? No \_\_\_\_\_ Yes \_\_\_\_\_

Every person shall have the right to attend the public schools of the town where he/she resides. Any misrepresentation of the parent(s)' and/or child's status as actually residing in Hudson may be required to remit full restitution to the town of improperly attended public schools.

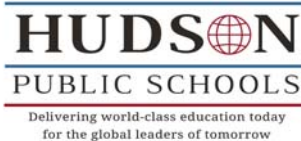
**TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND ACCURATE.**

(Ao melhor do meu conhecimento, as informações acima são verdadeiras e exatas)

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Assinatura do pai/ responsável)

(Fecha data)



**Hudson Public Schools**  
155 Apsley Street  
Hudson, MA 01749  
Tel: 978-567-6100 Fax: 978-567-6103  
<http://www.hudson.k12.ma.us>

### RESIDENCY REQUIREMENTS

At registration, parents/guardians MUST supply the following:

Child's Birth Certificate, Copy of the child's latest physical examination and record of immunizations,  
Copy of parent/ guardian identification, Two proofs of residency (1 from each column) from the table below

Column A	Column B
Copy of most recent mortgage statement	Utility Bill (Gas, Oil, Electric, Telephone, Cable, Water)
Copy of current Purchase & Sale Agreement	Electric turn on receipt
Copy of Lease and record of most recent rent payment	Cable Work order
HUD lease or HUD settlement statement	Insurance Bill
	Property Tax Bill
	Excise Tax Bill
	Bank Statement ( dated within the past 60 days)

Documents may be faxed to the District Registrar at 978-567-6103

- If the above cannot be provided, a Legal Affidavit from the Landlord and a copy of the most recent rental payment must be provided. Please see the Hudson Public Schools District Registrar for assistance.

### Parent Statement of Residency

Under Massachusetts General Laws, enrollment of students in the Hudson Public Schools is available only to students who actually reside in the Town of Hudson unless the school or grade is open to school choice. Therefore, as a condition of enrollment, a student's parent/guardian is required to certify under the pains and penalties of perjury that the student and a parent/guardian reside in Hudson. False statements on this form may result in serious penalties and tuition will be charged.

As the parent(s)/guardian(s) of \_\_\_\_\_ I/we  
certify under the pain and penalties of perjury that he/she resides in the Town of Hudson at:

\_\_\_\_\_.

\_\_\_\_\_  
Name of Parent/Guardian (Please Print)

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Date



# Hudson Public Schools Student Health Information

2023-2024

**\*\* Please complete accurately and return it promptly to the School Nurse as this may accompany your child if emergency care is needed. \*\***

A school may disclose information regarding a student to appropriate parties in connection with a health or safety emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals. (Commonwealth of MA Regulations: 603 CMR 23.07)  
The school nurse may share health information that is necessary for the student's health and safety with authorized school personnel.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Home Phone\*<sup>+</sup> \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_  
\*\*\*\*Date of Birth \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Who does child live with? Both parents: \_\_\_\_\_ One parent \_\_\_\_\_ Parents share custody \_\_\_\_\_ Other (guardian) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Employer \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Parent Email Address \_\_\_\_\_ Check if school nurse may communicate by email \_\_\_\_\_

Siblings/School/grade \_\_\_\_\_

Emergency Contact Name (must be other than Parent/Guardian) \_\_\_\_\_ Relationship to child \_\_\_\_\_

Emergency Contact Home phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Physician/Health Care Provider \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Does your child have Health Insurance? ☐ No ☐ Yes Does your child have Mass Health? ☐ No ☐ Yes

Does your child have Dental Insurance? ☐ No ☐ Yes **If your child does not have health insurance, please contact the School Nurse who will provide you with information.**

Please list medications your child regularly takes at home or school \_\_\_\_\_

**If your child requires medication or special care at school, please contact the nurse. A signed order from a licensed prescriber and written parental permission is required for medicine or treatment given at school (except as noted below).**

Please place an "X" in the box below for all that apply to your child.		If your child sees a Specialist for a health condition, please write the Specialist's name below:
<input type="checkbox"/>	Severe Allergy <b>requiring EpiPen</b> (for example food, insects) _____	
<input type="checkbox"/>	ADD/ADHD	
<input type="checkbox"/>	Allergies – other <b>Not requiring EpiPen</b>	
<input type="checkbox"/>	Asthma	
<input type="checkbox"/>	Concussion History- Medically diagnosed: _____ How many? _____	
<input type="checkbox"/>	Dental/Teeth Concern	
<input type="checkbox"/>	Diabetes	
<input type="checkbox"/>	Emotional, behavioral or mental health concerns	
<input type="checkbox"/>	Hearing problem: _____ Right ear _____ Left ear _____	
<input type="checkbox"/>	Heart Condition	
<input type="checkbox"/>	Migraines (confirmed by medical provider)	
<input type="checkbox"/>	Seizures	
<input type="checkbox"/>	Vision problem: _____ Glasses _____ Contacts _____	
<input type="checkbox"/>	Other health condition – specify _____	

• I give permission for the School Nurse to administer the following medication to my child for the duration of this school year:

Indicate by placing a "X": ☐ Acetaminophen (Tylenol)

☐ Ibuprofen (Motrin/Advil)

☐ Mentholated cough drops (QMS & HHS ONLY)

☐ Skin application of petrolatum, moisturizing lotion, calamine or Caladryl lotion

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\* Please return this promptly to the School Nurse \*\*\*

## 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) _____	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) _____	
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) _____	
Will you require written information from school in a language other than English? 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	Today's Date: _____ (mm/dd/yyyy)	

## TRANSPORTATION FORM

155 Apsley Street

Hudson, MA 01749

Tel: (978) 567-6100

<http://www.hudson.k12.ma.us>

This application is required for newly enrolled students. Fill out one form per student. Newly enrolled students, keep this form with your registration. Existing students, please submit this form to your school secretary during the school year if your transportation needs change. Students will be assigned to the bus stop closest to their home address. See our website for bus routes.

Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Transportation Start Date: \_\_\_\_\_

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

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

(include town if not Hudson MA)

Notes: \_\_\_\_\_

Bus Needed: AM & PM AM only PM only No Bus

If no bus is needed, please indicate below how your student will be getting to/from school

To School: Parent Transport Walking Other \_\_\_\_\_

From School: Parent Transport Walking Other \_\_\_\_\_

It is the parent's responsibility to notify the school, in writing, of any changes to this information

If your student will be picked-up or dropped off at an alternate address (within your school district), please complete the following: The term "daycare" refers to all types of before or after care including daycare centers, home daycare, relatives or friends, etc.

Morning Daycare Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Morning Daycare Address: \_\_\_\_\_ (within school district)

Afternoon Daycare Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Afternoon Daycare Address: \_\_\_\_\_ (within school district)

\*\*\*\*\*

**LASID: \_\_\_\_\_ TO BE COMPLETED BY HPS/ FIRST STUDENT BUS COMPANY**

New Student New Rider No Bus Change (any) \_\_\_\_\_

Farley

Forest

Mulready

Quinn

HHS

Mileage: \_\_\_\_\_ N/E S SC

Bus # Assigned AM: \_\_\_\_\_ Bus Stop AM: \_\_\_\_\_ Approx. Time AM: \_\_\_\_\_

Bus # Assigned PM: \_\_\_\_\_ Bus Stop PM: \_\_\_\_\_ Approx. Time PM: \_\_\_\_\_



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## Student Photo Restriction Form

**This form does not need to be returned if you wish to allow your child's photo to appear in school and district publications including the web site, local newspapers, and bulletin board displays.**

During the school year, we often take photographs of students, parents, teachers, and school activities and may include these pictures on school bulletin boards, school and district publications, home and school publications, and on the district's/schools' web site. In most circumstances only a first name of a student or a general description of the picture will appear in the caption. However, there are times when local newspapers do come into the schools to take photographs of school/student activities and may print a full name of the student. Students' addresses and phone numbers will not be included with any information posted on the district or school web site.

If you **DO NOT** want your child's photo to appear in these public places, please complete the form below and return it to your child's school by October 1. This policy shall not limit the right to publish photographs of any student participating in school sports, school plays or concerts or other activities in the public domain.

**As the parent or legal guardian of the minor student stated below, I do not want my child's picture to appear in the following places (please check mark all that apply).**

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

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_

- ☐ Do not use my child's photo on the school/district website.
- ☐ Do not use my child's photo for school projects, such as class-made books.
- ☐ Do not use my child's photo for bulletin boards and displays within the school.
- ☐ Do not use my child's photo for displays within the community.
- ☐ Do not use my child's photo for local newspapers.
- ☐ Do not have my child videotaped and put on the school/district website.
- ☐ Do not have my child videotaped by HUDTV, to be aired on local cable channels.

Parent/Guardian (Print Name) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

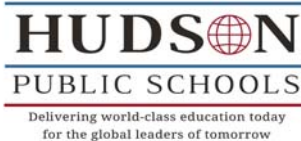
### **For Students 18 Years Old or Older**

I do not want my picture to appear on school bulletin boards, in school and district publications, in local newspapers, and on our web site.

Student (Print Name) \_\_\_\_\_

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

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



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## Release for Confidential School Records

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

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ G \_\_\_\_\_

Name of Last School Attended \_\_\_\_\_

School Address \_\_\_\_\_  
\_\_\_\_\_

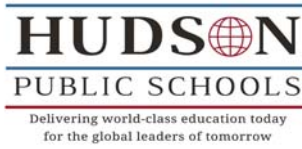
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

I authorize the above named Last School Attended to release any and all student records to the Hudson Public Schools.

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

\_\_\_\_\_  
Date





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Dear Parent/Guardian:

Our goal is to ensure that every student attends school regularly.

*Showing up for school has a huge impact on a student's academic success starting in kindergarten and continuing through high school. Even as children grow older and more independent, families play a key role in making sure students get to school safely every day and understand why attendance is so important for success in school and in life.*

We realize some absences are unavoidable due to health problems or other circumstances. But, we also know that when students miss too much school— regardless of the reason – it can cause them to fall behind academically. Your child is less likely to succeed if he or she is chronically absent—which means missing 18 or more days (a month of school!) over the course of an entire school year. Research shows:

- Children chronically absent in kindergarten and 1<sup>st</sup> grade are much less likely to read at grade level by the end of 3<sup>rd</sup> grade.
- By 6<sup>th</sup> grade, chronic absence is a proven early warning sign for students at risk for dropping out of school.
- By 9<sup>th</sup> grade good attendance can predict graduation rates even better than 8<sup>th</sup> grade test scores.

Absences can add up quickly. **A child is chronically absent if he or she misses just two days every month!!**

**Clearly going to school regularly matters!**

We don't want your child to fall behind in school and get discouraged. Please ensure that your child attends school every day and arrives on time. Here are a few practical tips to help support regular attendance:

- Make sure your children keep a regular bedtime and establish a morning routine.
- Lay out clothes and pack backpacks the night before.
- Ensure your children go to school every day unless they are truly sick
- Avoid scheduling vacations or doctor's appointments when school is in session.
- Talk to teachers, school nurses and counselors for advice if your children feel anxious about going to school.
- Develop back up plans for getting to school if something comes up. Call on a family member, neighbor, or another parent to take your child to school.

Let us know how we can best support you and your children so that they can show up for school on time every day. We want your child to be successful in school! If you have any questions or need more information please contact your child's school.

Sincerely,

Hudson Public Schools