Revere Public School
New Student Registration Checklist
(grades 1-12)

In order to enroll in a Revere Public School the perspective student must have **ALL** of the following:

_____ Medical Records (Immunizations and most recent Physical Exam)

_____ Academic Records (transcript)

_____ Current Grades to date (latest report card)

_____ MCAS Scores (WIDA - ACCESS scores if applicable)

_____ Attendance Records

_____ Discipline Records

_____ Proof of Residency: Three (3) forms of identification required
   (see Residency Form for details)

_____ Birth Certificate

_____ Mass Transfer Card (if enrolling from another MA public school)
   (must include SASID#)

_____ Special Education – (IEP and/or 504 Plan if applicable)
STUDENT REGISTRATION FORM
To ensure we have accurate information, please clearly print the information below:

Student Enrolling: ___________________________ ___________________________ ___________________________
                                          Last Name                              First Name                             Middle Name

Home Phone  ___________________________ Grade: ______
                                 (w/ area code)

Previous School Attended: ______________________________________________________________

Revere School: ___________________________ Place of Birth ___________________________ (city)  (US State or Country)
         (you will attend)

Student Address: ______________________________________________________________

City: ___________________________ Date of Birth: ___________________________ Gender: ______ HS Graduation Year: ______

Have you ever attended a Revere Public School? ______   If yes, which school? ___________________________ Year? ______

PARENT INFORMATION

Father (or Step-Father)   DOB: _______________   Mother (or Step-Mother)   DOB: _______________

Last Name: __________________________________________________________

First Name: __________________________________________________________

Email: _______________________________________________________________

Home Phone: __________________________________________________________
         (if different than the student's)

Work Phone: __________________________________________________________
         (w/ area code)

Cell Phone: __________________________________________________________
         (w/ area code)

Home Address: ________________________________________________________
         (if different than the student's)

Employer: _____________________________________________________________

Are you the Legal Guardian of this Child?  Yes____  No____
Is contact with the non-custodial parent allowed?  Yes____

MILITARY FAMILY

Is this student eligible for assistance as a member of a Military Family as defined by the Interstate Compact?  YES____  NO____
If yes, select the appropriate response:
   Yes, child of an active duty member. (Reserves, only if on active duties orders)   YES____
   Yes, child of members or veterans who are medically discharged or retired for 1 year.   YES____
   Yes, child of member who died on active duty.   YES____
STUDENT EMERGENCY INFORMATION

As the parent/guardian, you will always be contacted first if your child becomes ill. However, if we are unable to reach you, we need the names of nearby relatives, friends or neighbors who will assume temporary care of your child.

Contact #1 Name: ___________________________ Relationship: ___________________________
Home Phone: ___________________________ Work Phone: ___________________________ Cell Phone: ___________________________
    (w/ area code)                         (w/ area code)                         (w/ area code)
Address ___________________________ City ___________________________ State __ Zip ______
Contact #2 Name: ___________________________ Relationship: ___________________________
Home Phone: ___________________________ Work Phone: ___________________________ Cell Phone: ___________________________
    (w/ area code)                         (w/ area code)                         (w/ area code)
Address ___________________________ City ___________________________ State __ Zip ______
Contact #3 Name: ___________________________ Relationship: ___________________________
Home Phone: ___________________________ Work Phone: ___________________________ Cell Phone: ___________________________
    (w/ area code)                         (w/ area code)                         (w/ area code)
Address ___________________________ City ___________________________ State __ Zip ______
The Custodial Parent/Guardian for this student is: ___________________________
    (who lives with the student)
Student's Physician: ___________________________ Telephone: (w/area code) ___________________________
Student's Dentist: ___________________________ Telephone: (w/area code) ___________________________

GUARDIAN
(other than father, step-father, mother or step-mother)

Last Name ___________________________ First Name ___________________________
Day Phone ___________________________ (w/ area code) ___________________________

I, the undersigned, do hereby authorize officials of the Revere Public Schools to contact the persons named on this record, and do authorize the named physician to render such treatment as may be deemed necessary, in an emergency, for the health of my child. In the event physician, parents, or other people named on this form cannot be contacted, the school is hereby authorized to take whatever action is deemed necessary in their judgment, for the health and safety of my child.

I will not hold the Revere Public Schools financially responsible for the emergency care and/or transportation of my child.

Parent/Guardian - Printed Name ___________________________ Date ___________________________

Parent/Guardian – Signature ___________________________
WHAT PARENTS, FAMILIES AND GUARDIANS SHOULD KNOW:

What is the Interstate Compact on Educational Opportunity for Military Children?

The Compact deals with the challenges of military children and their frequent relocations. It allows for uniform treatment as military children transfer between school districts and states. Each participating state must adopt the Compact through legislation. Each Compact state will appoint representation to an on-going governing Commission which will enact necessary rules. The Compact calls for the development of State Councils in each member state. Each State Council may be tasked with development of policy concerning operations and procedures of the compact within the state.

Students are covered under the Compact

A student 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.

Members or veterans of the uniformed services who are severely injured and medically discharged or retired for a period of one year after medical discharge or retirement.

Members of the uniformed services who die on active duty or as a result of injuries sustained on active duty for a period of one year after death.

Students are not covered under the Compact

The Compact does not apply to children of:

- Inactive members of the national guard and military reserves
- Members of the uniformed services now retired not covered in the above
- Veterans of the uniformed services not covered in the above
- Other U.S. Department of Defense personnel and other federal agency civilian and contract employees not defined as active duty members of the uniformed services.

Data the military family/parent/guardian should provide to the school upon transfer

Official military orders showing that the military member was assigned to the state (or commuting area) of the state in which the child was previously duty enrolled and attended school.

If a military child was residing with a legal guardian and not the military member during the previous enrollment they will have a copy of the family care plan, or proof of guardianship, as specified in the Interstate Compact, or any information sufficient for the receiving district to establish eligibility under the compact.

An official letter or transcript from the proper school authority which shows record of attendance, academic information, and grade placement of the student.

Documented evidence of immunization against communicable disease.

Evidence of date of birth.

For additional resources and assistance, please visit our website at:

http://www.mic3.net

Military Interstate Children's Compact Commission
2760 Research Park Drive, P.O. Box 11910, Lexington, KY 40578-1910
Revere Public Schools Student Health Information

Student Name: ___________________________ DOB: ______ Grade: _____

Student ID #: __________ Teacher: ____________________ Home Room: __________

Primary Care Provider ___________________________ Phone Number __________

Health Insurance Carrier ___________________________ Policy Number __________

Indicate if your child has any of the following health conditions:

| ☐ Anxiety/Depression | ☐ Bathroom/Toileting | ☐ Heart condition |
| ☐ ADD/ADHD | ☐ Blood disorder | ☐ Kidney disorder |
| ☐ Allergy: Food Epi-Pen _Yes_ No | ☐ Concussion- Date: _____ How many _____ | ☐ Migraine headaches |
| ☐ Allergy: Medication | ☐ Diabetes | ☐ Orthopedics/Joint issues |
| ☐ Allergy: Other | ☐ Eating disorder | ☐ Seizures |
| ☐ Asthma | ☐ Hearing problems | ☐ Sleep disturbance |
| | | ☐ Vision problems |

If you checked any of the boxes above, or if your child has a medical condition not listed, please explain (including specific food, medication, or other serious allergies and reactions):

__________________________________________________________________________

__________________________________________________________________________

List ANY medication(s) your child is taking:

__________________________________________________________________________

__________________________________________________________________________

Past history of injuries/illnesses/hospitalizations/surgeries:

__________________________________________________________________________

__________________________________________________________________________

Other condition(s) not listed:

__________________________________________________________________________

__________________________________________________________________________

**DO NOT LEAVE BLANK**

PARENT AUTHORIZATION (Written Consent is required before any medication is given to your child)

☐ Yes ☐ No 1. I give permission for the school nurse to administer TYLENOL to my child.

☐ Yes ☐ No 2. I give permission for the school nurse to administer IBUPROFEN to my child.

☐ Yes ☐ No 3. I give permission for the school nurse to administer TUMS (antacid tablets) to my child.

☐ Yes ☐ No 4. This health history is correct as far as I know, and my child has permission to participate in all activities except as noted by me.

__________________________________________  __________________________
Parent/Guardian Signature                          Date
Revere Public Schools Student Health Information

أسم الطالب: ___________________________
تاريخ الميلاد: ________________________
الصف: _________________________________
رقم المولد: __________________________
الгرة الرئيسية: _______________________
رقم الهاتف: __________________________
الطبيب العام للطفل: ____________________
رقم الهاتف: __________________________
شركة التأميم الطبي: ____________________

تحديد ما إذا كان لدى طالبكم أي من الظروف الصحية التالية:

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<tr>
<th>الحالة/الإصابة</th>
<th>استخدام المراهض</th>
<th>أمراض القلب</th>
<th>اضطراب الكلى</th>
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<tr>
<td>إلتهاب (ADHD/ADD)</td>
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<td>الحساسية للأطعمة</td>
<td>إلتهاب الأذن</td>
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إذا وضعت عالمة على إحدى الخلايا المذكورة أعلاه، أو إذا كان طالبكم يعاني من حالة صحية ليست مدرجة في القائمة، فيرجى توضيح ذلك (بما في ذلك حالات أخرى): __________________________

سجلوا أي أدوية إخذها طالبكم: __________________________

التاريخ الماضي للإصابات/أمراض/استشفاء/عمليات جراحية: __________________________

أعراض أخرى غير مدرجة في القائمة: __________________________

لا تتركوا فراغات**

موافقة الأولياء (موافقة خطية يطلب الحصول عليها قبل تقديم أي دواء إلى طالبكم):

1. إنني أمنح الطبيب المشرف على طالبكم تأييذه لتقديم دواء TYLENOL لإنبي أو لينتي. _______ نعم _______ لا
2. إنني أمنح الطبيب المشرف على طالبكم تأييذه لتقديم دواء IBUPROFEN لإنبي أو لينتي. _______ نعم _______ لا
3. إنني أمنح الطبيب المشرف على طالبكم تأييذه لتقديم دواء TUMS لإنبي أو لينتي. _______ نعم _______ لا
4. هذه السوابق الصحية صحيحة حسب علمي، طالعه لديه الإذن للمشاركة في جميع الأنشطة ما لم يذكر من طرفي خلاف ذلك. _______ نعم _______ لا

Signature: ___________________________
Date: ____________________________

(Tوقيع الوالد/ولي الأمر) (التاريخ)
Escuelas Públicas de Revere Información de Salud del (la) Estudiante

Nombre del Estudiante: __________________________ Fecha de Nacimiento: _______ Grado: _______

ID Estudiantil #: ________ Profesor/a: __________________________ Salón _________

Proveedor Primario de Salud __________________________________________ Número de Teléfono _________

Compañía de Seguro de Salud __________________________________________ Número de la Poliza _________

Indique si su hijo/a tiene algunas de las siguientes condiciones de salud:

<table>
<thead>
<tr>
<th></th>
<th>Anxiedad/Depresión</th>
<th>ADD/ADHD</th>
<th>Alergias: comida</th>
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<tr>
<td></td>
<td>Desórdenes sanguíneos</td>
<td>Fecha Concusión: ___ Cuántas ___</td>
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<td></td>
<td>Desórdenes del Riñón</td>
<td>Dolores de cabeza</td>
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<td></td>
<td>Diabetes</td>
<td>Problemas ortopédicos/articulaciones</td>
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<tr>
<td></td>
<td>Desórdenes alimenticios</td>
<td>Convulsiones</td>
<td></td>
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<tr>
<td></td>
<td>Problemas Auditivos</td>
<td>Alteraciones del sueño</td>
<td></td>
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<tr>
<td></td>
<td>Asma</td>
<td>Problemas de la Visión</td>
<td></td>
</tr>
</tbody>
</table>

Si usted chequea alguna de las anteriores, o si su hijo/a tiene alguna condición médica que no está en la lista, por favor explique (incluyendo comidas específicas, medicinas u otras alergias y reacciones de cuidado)

________________________________________________________________________________________________________________________________________________________________________________________________________

Incluya en la lista CUALQUIER medicina que su hijo/a esté tomando

________________________________________________________________________________________________________________________________________________________________________________________________________

Historia de lesiones/enfermedades/hospitalizaciones/cirugías en el pasado:

________________________________________________________________________________________________________________________________________________________________________________________________________

Otra condición (es) que no están en la lista:

________________________________________________________________________________________________________________________________________________________________________________________________________

**NO DEJE ESTO SIN LLENAR**

AUTORIZACIÓN DE LOS PADRES (Se requiere un consentimiento por escrito antes de dar cualquier medicación a su hijo/a)

__ Si __ No 1. Doy permiso a la enfermera escolar para administrar TYLENOL a mi hijo/a.

__ Si __ No 2. Doy permiso a la enfermera escolar para administrar IBUPROFEN a mi hijo/a.

__ Si __ No 3. Doy permiso a la enfermera escolar para administrar TUMS (tabletas antiácidos) a mi hijo/a.

__ Si __ No 4. Esta historia médica es correcta por lo que sé hasta ahora y doy permiso a mi hijo/a para que participe en todas las actividades excepto en las que yo haya anotado

__________________________________________________________________________  ____________________________

Firma del Padre/Guardián Fecha
Revere Public Schools Student Health Information
Revere Public Schools – Informação de Saúde Estudantil

Nome do estudante: __________________________ DNasc.: ________ Série: ______

ID do Estudante #: ________ Professor(a): __________________________ Sala: ______

Primeiro Atend. Médico (Nome PCP) __________________________ Telefone __________

Companhia de Seg. Saúde __________________________ Numero da apólice __________

Indique se seu filho(a) tem alguma das condições de saúde abaixo:

- ☐ Ansiedade/Depressão
- ☐ Uso do banheiro/Higiene pessoal
- ☐ Condições Cardíacas
- ☐ ADD/ADHD
- ☐ Disordens Sanguíneas
- ☐ Disordens Renais
- ☐ Alergia: Comida Epi-Pen __Sim __Não
- ☐ Concussão - Data: ______ Quantas ______
- ☐ Enxaquecas/Dores de cabeça
- ☐ Ortopédico/Prob. Articulações
- ☐ Alergia: Medicação
- ☐ Diabetes
- ☐ Convulsões
- ☐ Alergia: Outros
- ☐ Disordens Alimentares
- ☐ Distúrbio do Sono
- ☐ Asma
- ☐ Problemas Auditivos
- ☐ Problemas de visão

Se você marcou alguma acima, ou se seu filho(a) tem uma condição médica não citada, por favor explique (includindo alimentação específica, medicação, ou outra alergia e reação séria):

_________________________________________________________________________

_________________________________________________________________________

Liste QUALQUER medicação que seu filho(a) esteja em uso:

_________________________________________________________________________

Histórico de lesões/enfermidades/hospitalizações/cirurgias:

_________________________________________________________________________

Outra condição(s) não citadas:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

**NÃO DEIXE EM BRANCO**

AUTORIZAÇÃO PARENTAL (Consentimento por escrito é exigido antes de qualquer medicação ser dada a seu filho(a))

- ☐ Sim __ Não 1. Eu permito o(a) enfermeiro(a) da escola administrar TYLENOL a meu filho(a).
- ☐ Sim __ Não 2. Eu permito o(a) enfermeiro(a) da escola administrar IBUPROFENO a meu filho(a).
- ☐ Sim __ Não 3. Eu permito o(a) enfermeiro(a) da escola administrar TUMS (antiácido) a meu filho(a).
- ☐ Sim __ Não 4. Pelo meu conhecimento, esse histórico de saúde está correto e meu filho(a) tem permissão para participar de todas as atividades, exceto as especificadas por mim.

Assinatura do Responsável Legal ____________________________________________

Data __________________________
Dear Parent or Guardian:

Every school district in Massachusetts is required to report to the Massachusetts Department of Education each year student data by race and ethnicity categories that are set by the federal government. The Department of Education does not report individual student data to the federal government, but does report the total number of students in various categories in each school. These reports help us keep track of changes in student enrollments and ensure that all students receive the educational programs and services to which they are entitled.

The reporting categories to identify your child are by ethnic group (either Hispanic/Latino or not Hispanic/Latino) and by one or more racial groups (American Indian/Alaska Native, Asian, Black/African-American, Native Hawaiian/Other Pacific Islander, White). Starting with the 2005-06 school year, all schools in Massachusetts changed the reporting categories previously used for student data to the Department of Education, and began using the reporting categories described above. Please complete the enclosed form and return it to your child’s school.

For more information about the student data reporting categories, please see:
http://www.doe.mass.edu/infoservices/data/guides/race_faq.html.

Sincerely,

Dianne K. Kelly Ed.D
Superintendent of Schools

Student’s name: ____________________________ Grade: ____________

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, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

2. What is the student’s race? (choose one or more)
   - □ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)
   - □ Black or African American (A person having origins in any of the black racial groups of Africa.)
   - □ Asian (A person having origins in 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 Vietnam)
   - □ American Indian or Alaska 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.)
   - □ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

Parent/Guardian Signature: ____________________________ Date: ____________
RESIDENCY POLICY / PROCEDURE

The Revere School Committee adopts the following policy regarding the residency and admissions 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 the Revere Public Schools, a student must actually reside in the City of Revere, unless the exception (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, Revere Public Schools (RPS) retain 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 City of Revere renders the student ineligible to enroll in the RPS or, if the student is already enrolled in the RPS, 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

Before any student is enrolled in the RPS, his or her parent or legal guardian must provide:

1. A signed Affidavit of Residency; and
2. Proof of residency in Revere (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.

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
<th>Column C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence of Residency</td>
<td>Evidence of Occupancy</td>
<td>Evidence of Identification (Photo ID)</td>
</tr>
<tr>
<td>Record of recent mortgage payment and/or property tax bill</td>
<td>Recent bill dated within the past 45 days or evidence of a utility account established at Revere address with name</td>
<td>Valid Driver’s License</td>
</tr>
</tbody>
</table>
| Copy of Lease and record of recent rental payment | - Excise Tax Bill  
- Gas Bill  
- Oil Bill  
- Electric Bill  
- Home Telephone Bill  
(not cell phone)  
- Cable Bill | Valid MA Photo ID Card |
| Landlord Affidavit and recent rental payment | | Passport/Green Card |
| Section 8 Agreement | | |

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 change of their or the student’s address within five days of the change.
III. ENFORCEMENT

Should a question arise concerning any student's residency elsewhere while attending the RPS, 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; correspondence that is returned to the RPS because of an invalid or unknown address, or other grounds.

The Superintendent may request additional documentation, may use the assistance of the School Department'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 the Superintendent of Schools, who shall make final determination of residency.

Upon an initial determination by the Superintendent of Schools that a student is actually residing in a city or town other than Revere, the student's enrollment in the RPS shall be terminated immediately.

IV. PENALTIES

In addition to termination of enrollment and the imposition of other penalties permitted by law, the RPS reserve the right to recover restitution based upon the costs of educational services provided during the period of non-residency.

V. EXCEPTION

1. Extraordinary Circumstances:
   a. Change of address
      Students already enrolled in the RPS who move out on or after February 1st of a given school year, or in the case of 8th graders and Revere High School seniors who move out on or after October 1st of a given school year, may complete the current school year.

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 a signed and accepted Purchase and Sale Agreement to purchase and reside in a dwelling in the City of Revere may be enrolled up to 30 calendar days in advance of the time actual physical residence occurs. If actual residence occurs later than 30 days after enrollment, students may be asked to leave the Schools until actual residence occurs.

2. Construction of New Dwelling
   Children of families which are building a primary residence in Revere may enroll in the Schools at the beginning of the school year if they have obtained a certificate of occupancy from the City.

VII. NOTIFICATION

The Revere Public Schools residency requirements, verification procedures, and consequences of falsifying or misrepresenting residency will be published in the Revere Public Schools Policy Manual, and published in each school handbook.

Legal Reference: M.G.L. Chapter 76, Section 5
Revere Public Schools
Proof of Residency Facts

The residency requirements of the Revere Public Schools are designed to help ensure that only families who live in Revere have full access to the educational opportunities that Revere Public Schools offer to the residents of Revere. The following requirements for residency include: 1. Proof of residency as that term is defined within the policy, and 2. Penalties for families found to be in violation of the policy.

Questions and Answers.

Q. How is Revere residency defined?
A. In order to attend Revere Public Schools, a student must actually reside in the City of Revere. Residency is the place where a person dwells permanently, NOT temporarily, and is the place that is the center of his or her domestic, social, and civic life. Temporary residency in the City of Revere, solely for the purpose of attending a Revere public school, shall not be considered residency. The residence of a minor child is presumed to be the legal residence of the parent(s) who have physical custody of the child. This presumption may be rebutted if there is evidence that the child actually resides elsewhere.

Q. How does Revere Public Schools verify Revere residency?
A. Families applying to register a child in the Revere Public Schools or submitting a change of address must demonstrate Revere residency by submitting one document from each of the three categories listed in the registration overview.

The Revere Public Schools reserves the right to request additional documents and/or conduct an investigation. Sometimes residency will change during the school year and school officials may require verification of residency at any time. Families who change residency during the year must report such change immediately to the Principal of each school in which their children are enrolled, and must provide verification of continued Revere residency upon request.

Q. What if I don’t have all the required proofs of residency with me when I register?
A. All new applicants must submit three required proofs of residency. Applicants who do not have the required documents will be asked to return to the PIC with the appropriate materials before beginning the registration process. PIC staff will not accept substitutions for items on the list of acceptable proofs of residency.

Q. What if I don’t have a lease?
A. If you are a tenant at-will (month-month) and do not have a lease, ask your landlord to complete and sign the landlord affidavit form that is provided in the registration packet. This affidavit, along with evidence of your most recent payment, will fulfill the proof of residency requirement for Column A.

Q. What can I use for proof of recent rent or mortgage payment?
A. You may use a copy of a money order, cancelled check or rent receipt. You may also use a copy of a bank statement that shows an automatic deduction for rent or mortgage payment.

Q. What if I own my home but do not have a copy of the deed?
A. Contact the financial institution that handles your mortgage or Revere City Hall Collector of taxes and get a copy of your tax bill.
Q. What if I own a home but do not pay a mortgage?
A. If you no longer pay a mortgage on your home, you must submit a copy of the property deed, along with a copy of the discharge of mortgage. This will meet your required proof of residency for Column A.

Q. If I own my home, what do I need to bring to show proof of residency?
A. You will need a recent copy of your mortgage, a recent utility bill and a valid photo ID.

Q. What if I do not pay for utilities or if none of the utility bill are in my name?
A. If you live in a household where all utilities are listed in the name of the landlord or someone else, AND if this is listed on the lease, than you may submit proof of residency for Column B in the name of your landlord or the person who pays the bills.

Q. Is a cell phone bill an acceptable document to satisfy Column B?
A. No. Only a home telephone (land-line telephone) bill satisfies this requirement.

Q. What if I have recently moved and have not yet received any utility bills?
A. To fulfill the requirements of Column B, you must submit a work order from any utility company stating that your service has been ordered or installed.

Q. What if I cannot produce all the required proofs?
A. If your personal circumstances make it impossible for you to provide proof of residency from each of the three columns, consult with the Supervisor of Attendance. Bring copies of any proof of residency you have and describe the circumstances that prevent you from having the required proofs.

Q. What if I am an undocumented immigrant?
A. No child who actually lives in the City of Revere will be denied access to school because of his or her immigration status.

Q. Will documents that I submit to prove residency remain confidential?
A. All documents submitted to prove residency will be marked with the students name and considered part of his or her confidential record. The RPS will adhere to the standards of confidentiality set forth in state and federal laws governing the maintenance and disclosure of these records.

Q. How can I report a suspected violation of the residency requirements?
A. Families, staff, students and others can report possible residency violations by calling the Supervisor of Attendance, Douglas Goodwin at 781-485-8453.

Q. What are the consequences of residency fraud?
A. Any student who is discovered not to reside in the City of Revere will be dismissed from the Revere Public Schools. Additional penalties including fines and legal action may be imposed on families found to be in violation of the residency policy.
Revere Public Schools
Residency Statement

I/we, the parent(s), legal guardian(s) of ____________________________,
(Print student’s full name)
hereby certify as follows:

1. I/we wish to enroll the above named student in the Revere Public Schools. I/we understand that pursuant to Massachusetts law and Revere Public School Committee Policy, students who actually reside in the City of Revere may attend the Revere Public Schools (RPS) and students who do not actually reside in the City of Revere may not attend the Revere Public Schools.

2. I/we hereby certify that effective _________________________, 201__, the above named student is/will be residing at the following address in Revere, Massachusetts, with:

<table>
<thead>
<tr>
<th>Printed Name(s) of Parent(s)/Guardian(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
</tr>
<tr>
<td>-----</td>
</tr>
</tbody>
</table>

Home Telephone: ________________________
Cell Phone: ___________________________ Work Phone: ________________________

3. I/we acknowledge that I am/we are required to notify the Revere Public Schools 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 Revere Public Schools for the purpose of determining the above student’s eligibility to attend the Revere Public Schools on the basis of residency. If said student is enrolled in the Revere Public Schools based upon the information provided and it is subsequently determined that the student does not actually reside in Revere, I/we understand that the student’s enrollment in the Revere Public Schools will be promptly terminated and I/we will be jointly and severally liable to the Revere Public Schools for the student’s tuition for the full academic year(s).

5. I/we further certify that I am/we are the parent(s), or legal guardian(s) of the above student.

6. I/we understand that all applicants must reside in the City of Revere (Massachusetts General Laws, Chapter 76, sec 5 every person shall have a right to attend the public schools of the city 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 city 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 city of the improperly-attended public schools. No person shall be excluded from or discriminated against in admission to a public school of any city, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex, 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)
This form and proof of residency must accompany this form with at least one document from each of the following three columns: A, B, and C.

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
<th>Column C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence of Residency</td>
<td>Evidence of Occupancy</td>
<td>Evidence of Identification (Photo ID)</td>
</tr>
<tr>
<td>Record of recent mortgage payment and/or property tax bill</td>
<td>Recent bill dated within the past 45 days or evidence of a utility account established at Revere address with name</td>
<td>Valid Driver’s License</td>
</tr>
<tr>
<td>Copy of Lease <em>and</em> record of recent rental payment</td>
<td>- Excise Tax Bill</td>
<td>Valid MA Photo ID Card</td>
</tr>
<tr>
<td></td>
<td>- Gas Bill</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Oil Bill</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Electric Bill</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Home Telephone Bill</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(not cell phone)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Cable Bill</td>
<td></td>
</tr>
<tr>
<td>Landlord Affidavit <em>and</em> recent rental payment</td>
<td>Passport/Green Card</td>
<td></td>
</tr>
<tr>
<td>Section 8 Agreement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Residency Affidavit

Any applicant for the Revere Public Schools who cannot produce a property deed or lease must ask the owner where the applicant lives to complete and sign this legal affidavit.

It is the responsibility of the applicant (not the person who completes this affidavit) to attach a record of recent rent payment, unless this affidavit affirms in #3 below that the tenancy does not require payment of rent.

I, ___________________________ hereby depose and state as follows: (Please complete all three items and sign below)

1. I am the owner of the property located in the City of Revere. The address is ___________________________.

2. ___________________________, who is the legal guardian/parent of ___________________________, leases/subleases this property as their principal residence from me, without a written lease, in a tenancy at-will, from month to month.

   (Please provide evidence of occupancy from column B)

3. CHECK ONE:

   The following party _____ leases or _____ leases with no payment of bills required.

   * (If you do not have a lease and do not pay bills, a notarized written document must accompany this Affidavit)

According to Massachusetts General Law Chapter 76, Section 5:

Every person shall have a right to attend the public schools of the town where he 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 privileges and courses of study of such public school on account of race, color, sex, religion, national origin or sexual orientation.

Signed under the pains and penalties of perjury, ___________________________ Signature

Print your name ___________________________ Print your address ___________________________

Telephone Number ___________________________ Notary

Information in this affidavit is subject to verification by a residency officer. This form will also be used as a release to speak with landlords, property managers and lessee.
Revere 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. Please note: 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.

<table>
<thead>
<tr>
<th>Student Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Name</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Country of Birth</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Start Date in New School (mm/dd/yyyy)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Questions for Parents/Guardians</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is the native language(s) of each parent/guardian? (circle one)</strong></td>
</tr>
<tr>
<td>(mother / father / guardian)</td>
</tr>
<tr>
<td>(mother / father / guardian)</td>
</tr>
<tr>
<td><strong>Which language(s) are spoken with your child?</strong></td>
</tr>
<tr>
<td>(included relatives - grandparents, uncles, aunts, etc. - and caregivers)</td>
</tr>
<tr>
<td><strong>Which language did your child first understand and speak?</strong></td>
</tr>
<tr>
<td><strong>Which language do you use most with your child?</strong></td>
</tr>
<tr>
<td><strong>Which other languages does your child know? (circle all that apply)</strong></td>
</tr>
<tr>
<td>(circle all that apply)</td>
</tr>
<tr>
<td>(circle all that apply)</td>
</tr>
<tr>
<td><strong>Which languages does your child use? (circle one)</strong></td>
</tr>
<tr>
<td><strong>Will you require written information from school in your native language?</strong></td>
</tr>
<tr>
<td><strong>Will you require an interpreter/translator at Parent-Teacher meetings?</strong></td>
</tr>
<tr>
<td><strong>Parent/Guardian Signature:</strong></td>
</tr>
<tr>
<td><strong>Today's Date:</strong> (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

Los reglamentos del Departamento de Educación Primaria y Secundaria de Massachusetts exigen que todas las escuelas determinen los idiomas que se hablan en los hogares de los estudiantes para así identificar sus necesidades específicas relacionadas con el idioma. Por favor, note: Esta información es esencial para que las escuelas puedan proveer instrucción que los estudiantes puedan aprovechar. Si en su hogar se habla otro idioma que no sea inglés, se requiere que el Distrito evalúe a su hijo más a fondo. Ayúdenos a cumplir con este importante requisito respondiendo a las siguientes preguntas. Gracias por su ayuda.

<table>
<thead>
<tr>
<th>Información del estudiante</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Apellido</strong></td>
</tr>
<tr>
<td><strong>Segundo nombre</strong></td>
</tr>
<tr>
<td><strong>Fecha de nacimiento (mm/dd/aaaa)</strong></td>
</tr>
<tr>
<td><strong>País de nacimiento</strong></td>
</tr>
<tr>
<td><strong>Fecha de matriculación inicial en CUALQUIER escuela de EE.UU. (mm/dd/aaaa)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Información de la escuela</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fecha de comienzo en la escuela nueva (mm/dd/aaaa)</strong></td>
</tr>
<tr>
<td><strong>Nombre de la escuela y ciudad anterior</strong></td>
</tr>
<tr>
<td><strong>Grado actual</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preguntas para los padres/encargados</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>¿Cuál es el idioma natual del padre/madre/encargado? (encierre en un círculo)</strong></td>
</tr>
<tr>
<td>(padre / madre / encargado)</td>
</tr>
<tr>
<td>(padre / madre / encargado)</td>
</tr>
<tr>
<td><strong>¿Qué idioma(s) se habla con su hijo?</strong></td>
</tr>
<tr>
<td>(incluye parientes - abuelos, tíos, tíos, etc. - y encargados del cuidado)</td>
</tr>
<tr>
<td><strong>¿Cuál fue el primer idioma que entendió y habló su hijo?</strong></td>
</tr>
<tr>
<td><strong>¿Qué idioma usa usted principalmente con su hijo?</strong></td>
</tr>
<tr>
<td><strong>¿Qué otros idiomas sabe su hijo? (encierre en un círculo todo lo que corresponda)</strong></td>
</tr>
<tr>
<td>(habla / lee / escribe)</td>
</tr>
<tr>
<td>(habla / lee / escribe)</td>
</tr>
<tr>
<td><strong>¿Qué idiomas usa su hijo? (encierre uno en un círculo)</strong></td>
</tr>
<tr>
<td><strong>¿Requerirá usted la información impresa de la escuela en su idioma natual?</strong></td>
</tr>
<tr>
<td><strong>Requerirá usted un intérprete/traductor en reuniones de padres y maestros?</strong></td>
</tr>
<tr>
<td><strong>Firma del padre/madre/encargado:</strong></td>
</tr>
<tr>
<td><strong>Fecha de hoy:</strong> (mm/dd/aaaa)</td>
</tr>
</tbody>
</table>
تقوم إدارة التعليم الابتدائي والثانوي بولاية ماساتشوستس المدارس التابعة لها بتقييم اللغة (اللغات) التي يستخدمها الطلاب في مدارسها وذلك بغض تقييم احتياجات اللغة الخاصة. وتقوم هذه المدارس بإرسال تقارير إلى الطلاب السابقين في حالة استعداد اللغة الأخرى غير الإنجليزية في المدرسة وتقوم لفترة زمنية من الفترة إذا كان معاً معًا في استعداد تلك اللغة المختلفة بجانب اللغة الأصلية. وتشترك على حسب تفاهمك.

**بيانات الطالب:**

<table>
<thead>
<tr>
<th>المدخلات المقدمة للمدرسة المقدمة</th>
<th>المدخلات المقدمة للمدرسة المقدمة</th>
</tr>
</thead>
<tbody>
<tr>
<td>اسم الطالب</td>
<td>اسم المدرسة</td>
</tr>
<tr>
<td>الجنس</td>
<td>المدخلات المقدمة للمدرسة المقدمة</td>
</tr>
</tbody>
</table>

**التاريخ وال⌈ملاحظات المقدمة للمدرسة المقدمة | المدخلات المقدمة للمدرسة المقدمة |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>تاريخ البدء في المدرسة المقدمة للمدارس المقدمة</td>
<td>المدخلات المقدمة للمدرسة المقدمة</td>
</tr>
</tbody>
</table>

**اللغة المقدمة للمدرسة المقدمة | المدخلات المقدمة للمدرسة المقدمة |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ما هي اللغة (اللغات) التي تستخدم بها؟</td>
<td>المدخلات المقدمة للمدرسة المقدمة</td>
</tr>
<tr>
<td>ما هي اللغة الأخرى التي يعرفها الطلاب؟</td>
<td>المدخلات المقدمة للمدرسة المقدمة</td>
</tr>
</tbody>
</table>

**التقديم إلى معلومات مكتوبة من المدارس المنحلة عنها؟**


**Os regulamentos do departamento de Educação Elementar e Secundária do Massachusetts exigem que todas as escolas determinem os idiomas falados no domicílio de cada aluno para identificar suas necessidades de idiomas específicos. Essa informação é essencial para que as escolas ofereçam instrução significativa para todos os alunos. Se o aluno usa um idioma que não seja inglês para falar em casa, o distrito precisará realizar uma avaliação mais detalhada do seu filho. Por gentileza, ajude-nos a atender esse requisito importante, respondendo às seguintes perguntas. Agradecemos a sua ajuda.**

**Informações do aluno**

- Nome: ___________________________
- Sobrenome: ______________________
- Data de nascimento (mm/dd/aaaa): __________
- Data do primeiro registro em QUALQUER escola norte americana (mm/dd/aaaa): __________

**Informações da escola**

- Data de início na nova escola (mm/dd/aaaa): __________
- Nome da escola e cidade antiga: ______________________
- Grau escolar atual: ______________________

**Perguntas para os pais/tutores**

- Quais são os idiomas nativos de cada pai/tutor? (c浦cole uma)
  - (mãe / pai / tutor) ______________________
  - (mãe / pai / tutor) ______________________

- Quais idiomas são falados com seu filho?
  - (inclui pais, irmãos, irmãos, etc.) ______________________
  - (inclui pais, irmãos, irmãos, etc.) ______________________

- Qual foi o primeiro idioma que seu filho compreendeu e falou?

- Quais são os outros idiomas que seu filho conhece? (c浦cole todas as opções aplicáveis)
  - (pai / mãe / escrito) ______________________
  - (pai / mãe / escrito) ______________________

- Você deseja receber informações por escrito da escola em seu idioma nativo?
  - S __________
  - N __________

**Assinatura dos pais/tutores:**

- Data de hoje: (mm/dd/aaaa) __________
**Renseignements sur l'élève**

<table>
<thead>
<tr>
<th>Prénom</th>
<th>Second prénom</th>
<th>Nom</th>
<th>Date de naissance (mm/dd/aaaa)</th>
<th>Date de la première inscription dans une école américaine (mm/dd/aaaa)</th>
<th>Genre</th>
<th>F</th>
<th>M</th>
</tr>
</thead>
</table>

**Renseignements sur l'école**

<table>
<thead>
<tr>
<th>Date de commencement dans la nouvelle école (mm/dd/aaaa)</th>
<th>Nom de l'ancienne école et de la ville</th>
<th>Année actuelle</th>
</tr>
</thead>
</table>

**Questions pour les parents/tuteurs**

- **Quelle est la langue maternelle de chacun des parents/tuteurs? (encerclez une réponse)**
  - (mère / père / tuteur)
  - (mère / père / tuteur)  

- **Quelle(s) langue(s) parlez-vous avec votre enfant?**
  - (y compris les membres de la famille – grands-parents, oncles, tantes, etc. – et parents substitus)
  - rarement / parfois / souvent / toujours

- **Quelle langue votre enfant a-t-il apprise et parlée en premier?**

- **Quelles autres langues votre enfant connaît-il? (encerclez toutes les réponses applicables)**
  - parle / lue / écrit
  - parle / lue / écrit

- **Avez-vous besoin de renseignements écrits de l'école dans votre langue maternelle?**
  - Oui [ ]
  - Non [ ]

- **Avez-vous besoin de renseignements écrits de l'école dans votre langue maternelle?**
  - Oui [ ]
  - Non [ ]

- **Vous désirez un interpréte/traducteur présent pour les réunions entre parents-professeurs?**
  - Oui [ ]
  - Non [ ]

**Date aujourd'hui:** (mm/dd/aaaa)

---

**Vietnamese**

**Thông Tin về Học Sinh**

<table>
<thead>
<tr>
<th>Tên</th>
<th>Giới tính</th>
<th>Nữ</th>
<th>Nam</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Quốc Gia Nội Sinh</th>
<th>Ngày Sinh (mm/dd/yyyy)</th>
<th>Ngày đầu tiên được đánh vào BẤT KỲ trường nào khi Hoa Kỳ (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

**Thông Tin Về Trường Học**

<table>
<thead>
<tr>
<th>Ngày Bắt Đầu Học Cùng Mới (mm/dd/yyyy)</th>
<th>Tên của Trường và Thành Phố Của</th>
<th>Cáp Lớp Hiện Tại</th>
</tr>
</thead>
</table>

**Các Cầu Hỏi dành cho Phụ Huynh/Nguời Giám Hộ**

- **Ngôn ngữ ban đầu của người phụ huynh/giáo dục có gì? (không tròn một chữ)**
  - (mẹ / cha / người giám hộ)
  - (mẹ / cha / người giám hộ)

- **Con quấy gì đã hiểu và nói được ngôn ngữ nào trước tiên?**

- **Con quấy gì biết nhưng ngôn ngữ nào khác? (không tròn tất cả các chữ phù hợp)**
  - nói / đọc / viết
  - nói / đọc / viết

- **Liệu quấy gì có cần thông tin bằng văn bản của nhà trường bằng ngôn ngữ ban đầu của quấy gì không?**
  - Có [ ]
  - Không [ ]

**Chữ Ký của Phụ Huynh/Nguời Giám Hộ:**

<table>
<thead>
<tr>
<th>Ngày Hồi Này: (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------</td>
</tr>
</tbody>
</table>

---

**French/Français**

- **Le règlement du Massachusetts Department of Elementary and Secondary Education exige que toutes les écoles déterminent la cu les langues parlées au domicile de chaque élève afin d'établir ses besoins particuliers en matière de langue. Cette information est essentielle pour que les écoles puissent offrir un enseignement de qualité à tous les élèves. Si une langue autre que l'anglais est parlée à la maison, le District doit évaluer davantage votre enfant. Veuillez nous aider à répondre à cette exigence importante en répondant aux questions suivantes. Merci pour votre aide.**

---

**Vietnamese**

- **Các quy định của Sở Giáo Dục Tiêu Học và Trung Học Massachusetts (Massachusetts Department of Elementary and Secondary Education) quy định tất cả các trường phải xác định (những) ngôn ngữ được sử dụng ở nhà của từng học sinh nhằm xác định các nhu cầu cụ thể về ngôn ngữ của các em. Thông tin này là cần thiết cho các trường để cung cấp chương trình giảng dạy phù hợp cho mỗi học sinh. Nếu ở nhà sử dụng một ngôn ngữ không phải tiếng Anh, Học Khứ phải đánh giá thêm về con của quấy vị. Vui lòng giúp chúng tôi đáp ứng yêu cầu quan trọng này bằng cách trả lời các câu hỏi sau đây. Xin cảm ơn sự giúp đỡ của quấy vị.**

---

**Vietnamese**

- **Thông Tin về Học Sinh**

<table>
<thead>
<tr>
<th>Tên</th>
<th>Giới tính</th>
<th>Nữ</th>
<th>Nam</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Quốc Gia Nội Sinh</th>
<th>Ngày Sinh (mm/dd/yyyy)</th>
<th>Ngày đầu tiên được đánh vào BẤT KỲ trường nào khi Hoa Kỳ (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

**Thông Tin Về Trường Học**

<table>
<thead>
<tr>
<th>Ngày Bắt Đầu Học Cùng Mới (mm/dd/yyyy)</th>
<th>Tên của Trường và Thành Phố Của</th>
<th>Cáp Lớp Hiện Tại</th>
</tr>
</thead>
</table>

**Các Cầu Hỏi dành cho Phụ Huynh/Nguời Giám Hộ**

- **Ngôn ngữ ban đầu của người phụ huynh/giáo dục có gì? (không tròn một chữ)**
  - (mẹ / cha / người giám hộ)
  - (mẹ / cha / người giám hộ)

- **Con quấy gì đã hiểu và nói được ngôn ngữ nào trước tiên?**

- **Con quấy gì biết nhưng ngôn ngữ nào khác? (không tròn tất cả các chữ phù hợp)**
  - nói / đọc / viết
  - nói / đọc / viết

- **Liệu quấy gì có cần thông tin bằng văn bản của nhà trường bằng ngôn ngữ ban đầu của quấy gì không?**
  - Có [ ]
  - Không [ ]

**Chữ Ký của Phụ Huynh/Nguời Giám Hộ:**

<table>
<thead>
<tr>
<th>Ngày Hồi Này: (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------</td>
</tr>
</tbody>
</table>
AUTHORIZATION FOR RELEASE OF INFORMATION

DATE: ___________________  DATE of BIRTH: ___________________

STUDENT NAME: ___________________

GRADE: _____ SCHOOL: ___________________

SCHOOL ADDRESS: ___________________

SCHOOL TEL: ___________________  FAX: ___________________

I, the parent/guardian, do hereby authorize the mutual exchange of ALL student records between the above named school and the Principal’s Office* of:

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>ADDRESS</th>
<th>TEL</th>
<th>FAX</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.C. Whelan Elem</td>
<td>107 Newhall St. Revere, MA 02151</td>
<td>781-388-7510</td>
<td>781-388-7511</td>
</tr>
<tr>
<td>Abraham Lincoln Elem</td>
<td>68 Tuckerman St. Revere, MA 02151</td>
<td>781-286-8270</td>
<td>781-286-8315</td>
</tr>
<tr>
<td>Beachmont Elem</td>
<td>15 Everard St. Revere, MA 02151</td>
<td>781-286-8316</td>
<td>781-286-8293</td>
</tr>
<tr>
<td>Garfield Elem</td>
<td>176 Garfield Ave Revere, MA 02151</td>
<td>781-286-8296</td>
<td>781-286-8128</td>
</tr>
<tr>
<td>Paul Revere Elem</td>
<td>395 Revere St. Revere, MA 02151</td>
<td>781-286-8278</td>
<td>781-286-2879</td>
</tr>
<tr>
<td>James J. Hill Elem</td>
<td>51 Park Ave., Revere, MA 02151</td>
<td>781-286-8284</td>
<td>781-286-8289</td>
</tr>
<tr>
<td>Garfield Middle</td>
<td>176 Garfield Ave Revere, MA 02151</td>
<td>781-286-8298</td>
<td>781-286-3557</td>
</tr>
<tr>
<td>Rumney Marsh Academy</td>
<td>140 American Legion Highway - Revere</td>
<td>781-388-3500</td>
<td>781-485-8443</td>
</tr>
<tr>
<td>Susan B Anthony Middle</td>
<td>107 Newhall St. Revere, MA 02151</td>
<td>781-388-7520</td>
<td>781-388-7521</td>
</tr>
<tr>
<td>SeaCoast High School</td>
<td>15 Everard St. Revere, MA 02151</td>
<td>781-485-2715</td>
<td>781-485-2718</td>
</tr>
<tr>
<td>*RHS Guidance Office</td>
<td>101 School St. Revere, MA 02151</td>
<td>781-286-8246</td>
<td>781-286-8308</td>
</tr>
</tbody>
</table>

Please forward the following information within three days:

___ Grades to Date ___ Transcript of Grades ___ Test Scores MCAS (WIDA – ACCESS Score)

___ Complete Health Records ___ Attendance Records ___ Discipline Records (see back)

(in accordance with MGL CH.71, SEC. 37L)

___ Core Evaluation, including IEP, 504 Plans and all assessments (if applicable)

SIGNATURE OF PARENT OR LEGAL GUARDIAN:

ADDRESS: ___________________

TEL: ___________________
DISCIPLINE RELEASE FORM

Under the Education Reform Act, M.G.L Chapter 71, Section 37 and 37L, we are requesting information relative to discipline. Please respond to the following questions regarding the below named student who is transferring into our school.

RE: ____________________________  D.O.B.: ____________________________

Transferring from: ____________________________

The above named student had no issue relative to discipline as defined by Section 37;37L of Chapter 71.

The above named student had issues relative to discipline as defined by Section 37;37L of Chapter 71. A copy of this discipline record has been attached to this form.

Signature: ____________________________

Position: ____________________________

School: ____________________________

Education Reform Act of 1993

Section 37, Section 37 L of said Chapter 71 of the General Laws, as appearing in the 1990 Official Edition, is hereby amended by adding the following:....

“A student transferring into a local school system must provide the new school system with a complete school record of the entering student. Said record shall include, but not be limited to, any incidents involving suspension or violations of criminal acts or any incident reports in which such student was charged with any suspended act.”
**ADDRESS/DIRECCIÓN**

Please provide us with census information for all residents at the above address including children. Once complete return the form to the Election department so that our files can be updated. **Board of Election Commissioners**

Por favor, proporcionenos la información para el censo de todos los habitantes en la dirección de arriba incluyendo los niños. Una vez completa, devuelva la forma al Departamento de Elecciones de modo que nuestros archivos puedan ser actualizados. **Junta de Comisionados de Elecciones**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Gender M/F</th>
<th>Date of Birth</th>
<th>Occupation</th>
<th>Child's School</th>
<th>Nationality</th>
<th>Apt. Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apellido</td>
<td>Primer Nombre</td>
<td>Inicial Segundo Nombre</td>
<td>Sexo M/F</td>
<td>Fecha de Nacimiento</td>
<td>Ocupación</td>
<td>Escuela del Niño</td>
<td>Si no es Ciudadano de Estados Unidos</td>
<td>Número de Apartamento</td>
</tr>
</tbody>
</table>

**Signature of respondent** ___________________________ **Today's date** ________________

Firma de quien responde ___________________________ Fecha de hoy ___________________________

Signed under the penalty of perjury Firmo bajo pena de perjurio
Revere Public Schools
Middle School Assignments

The Revere Public School District has three, district-wide middle schools. Assignment of students, including students new to the district, is based strictly on a lottery system.

Exceptions are made only for specialized programs that are housed in the Rumney Marsh Academy and Susan B. Anthony middle Schools. Assignment to these programs is determined by the student's Individualized Educational Plan (IEP).
IMPORTANT EFFECTIVE IMMEDIATELY

All visitors, including parents must present a photo ID in order to enter the school. No student will be dismissed early to any individual who does not present a photo ID and/or who is not listed on the student’s emergency form. If necessary, please update this form at the main office. This is a district-wide safety policy. There will be absolutely no exceptions. We appreciate your understanding of and adherence to these important safety measures.

IMPORTANTE Y EJECUTADO INMEDIATAMENTE

Todos los visitantes, incluyendo los padres, deberán presentar una identificación con foto a la persona/administración de seguridad escolar para poder entrar en la escuela. Ningún estudiante será entregado más temprano a ninguna persona que no presente un documento de identidad con fotografía y/o que no esté incluido en el formulario de emergencia del estudiante. Cuando sea necesario, actualice este formulario en la oficina principal con sus números de teléfono, direcciones y contactos de emergencia cuando cambien. Esto es una política de seguridad en todo el distrito. No habrá absolutamente ninguna excepción. Agradecemos su comprensión y el cumplimiento de estas importantes medidas de seguridad.

هام جدا وساري المفعول فورا

يجب على جميع الزوار، بما فيهم الأرلياء، تقديم بطاقة تعريف إلى عون الأمن بالمدرسة أو إلى أحد موظفي الإدارة الذي يسمح لهم بالدخول إلى مبنى المدرسة. لا يسمح لأي شخص بالانصرف في وقت مبكر مع أي شخص، لا يقدم بطاقة تعريف بصريته أو/أو مع أي شخص غير مسجل في قائمة إسماء الأشخاص للرحلات الطوارئ. يرجى تحديث بيانات هذه الإسماء بالكتاب الرئيسي للمدرسة كاسماء الأشخاص للإتصال في حالات الطوارئ وأرقام هواتفهم وعناوينهم. هذه سياسة الأمن والاستقرار على نطاق المنطقة بأسرها. وسوف لا يكون هناك إطالات أي إستثناءات. إذا تقدر تفهمكم والتزامكم بهذه التدابير الهمة التي تتعلق بالسلامة.

IMPORTANTE E DE EFEITO IMEDIATO

Todos os visitantes, incluindo pais, devem apresentar um documento com foto para adentrar a escola. Nenhum estudante será liberado previamente a nenhuma pessoa que não apresente identificação com foto e/ou a alguém que não conste no formulário de emergência do estudante. Se necessário, por favor atualize esse formulário no Escritório Principal. Esse distrito possui ampla política de segurança. Não haverá nenhuma exceção absolutamente. Apreciamos sua compreensão e adesão a essas importantes medidas de segurança.
IMPORTANT INFORMATION REGARDING
Free/Reduced Price School Lunch Meals
For Students New To Revere Public Schools

You must complete a NEW meal application immediately.

A student's lunch status **DOES NOT** transfer with them into a new school district.

- Please visit the Revere Public Schools website (www.reverek12.org)
- Under Parent Information click on meal applications
- Accept terms
- Complete online application

**It's simple, it's quick and it's free.**

All students must pay for their school lunch ($2.50 daily) until a lunch application is received, processed and approved.

Thank you
Need a **boost** to your food budget?

**You may be eligible for SNAP!**

The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program, not only helps you stretch your food dollar and buy nutritious foods, but also brings money into your local economy.

**Want to find out if you’re eligible? Want to apply?**

Call Social Service Outreach Liaison
Shane Johnson
781-485-8453
(se habla Español)

**Income Guidelines**

Income is just one of the eligibility factors considered in your application. If you meet these income requirements, it does not mean you are definitely eligible for SNAP benefits.
(Updated 02/18/19)

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Gross Monthly Income Limit (200% FPL)</th>
<th>There is no gross monthly income limit for elder (age 60+) and disabled households.</th>
<th>Special rules apply to elders (age 60+) and persons with disabilities with gross income above 200% FPL.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$2,082.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>$2,818.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>$3,555.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>$4,292.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>$5,028.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>$5,765.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>$6,502.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>$7,238.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Each additional member</td>
<td>$737.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This institution is an equal opportunity provider and employer.

*The SNAP logo is a service mark of the U.S. Department of Agriculture (USDA). USDA does not endorse any goods, services, or enterprises. In accordance with federal law and USDA policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.*
Você precisa de um **impulso** no seu orçamento alimentar?

**Você pode ser elegível para SNAP!**

O **Programa de Assistência Nutricional Suplementar (SNAP)**, mais conhecido como Programa Vale-Refeição, não somente te ajuda a aumentar seu valor para alimentação e compra de alimentos nutritivos, mas também traz investimento a economia local.

**Quer saber se você é elegível? Quer aplicar?**

**Ligue para o Contato do Serviço Social**

Shane Johnson  
781-485-8453  
(se fala Espanhol)

**Diretrizes de Renda**

Renda é somente um dos fatores de elegibilidade considerados na sua aplicação. Se você se enquadra em um dos requisitos de renda, não significa que você é definidamente elegível para os benefícios do SNAP.  
(Atualizado em 18/02/19)

<table>
<thead>
<tr>
<th>Tamanho da família</th>
<th>Limite de Renda Bruta Mensal (200% FPL)</th>
<th>Não há limite de renda bruta mensal para idosos (+60 anos) e deficientes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$2,082.</td>
<td>Regras especiais aplicam-se a idosos (+60 anos) e pessoas com deficiência com renda bruta acima de 200%FPL.</td>
</tr>
<tr>
<td>2</td>
<td>$2,818.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>$3,555.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>$4,292.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>$5,028.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>$5,765.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>$6,502.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>$7,238.</td>
<td></td>
</tr>
<tr>
<td>Membro adicional</td>
<td>$737.</td>
<td></td>
</tr>
</tbody>
</table>

Esta instituição tem oportunidade iguais para fornecedores e empregadores.

هل تحتاجون إلى تعزيز ميزانيتكم الغذائية؟
قد تكون مؤهلين للحصول على إعانة برنامج المساعدة الغذائية التكميلية؟

إن برنامج المساعدات الغذائية التكميلية، والذي كان يعرف سابقاً برامج المسكوك الغذائي، ليس فقط يساعدكم على الاستفادة من كل دولة مخصص للأغذية بشراء المزيد من الأطعمة المغذية، ولكنه يوفر أيضاً المال للاقتصاد المحلي.

هل تريدون معرفة ما إذا كنت مؤهلين؟ هل تريدون تقديم طلب؟
إتصلوا برقم الاتصال للخدمات الاجتماعية
Shane Johnson
781-485-8453
(لا يوجد بالإنجليزية)

إرشادات الدخل المالي
الدخل هو إحدى العوامل التي تحدد الأهلية ويؤخذ بين الاعتبار في طلبكم. لا تقلعون عن الشرط الذي هو شرط الدخل.
فهذا لا يعني أنكم مؤهلين بالتأكيد للحصول على إعانة إضافية.

<table>
<thead>
<tr>
<th>حجم العائلة</th>
<th>حد الدخل الشهري الإجمالي</th>
</tr>
</thead>
<tbody>
<tr>
<td>ليس هناك دخل ($200 من مستوى الفقر الفدرالي)</td>
<td></td>
</tr>
</tbody>
</table>

- ليس هناك حد للدخل الشهري الإجمالي للأشخاص المسنين (أكبر من 60 سنة) والأشخاص الموقوفين.|$2,082|
- تطبق قاعدة خاصة على المسنين (أكبر من 60 سنة) والمعوقين بإجمالي الدخل أعلى من 200% من مستوى الفقر الفيدرالي.|$2,818|
- 5$3,555|
- 4$4,292|
- 3$5,028|
- 2$5,765|
- 1$6,502|
- ليس هناك حد للدخل الشهري الإجمالي.$7,238|
- ليس هناك حد للدخل الشهري الإجمالي.$8,737|

هذه المؤسسة هي منصقة في تكافؤ الفرص لموربي الخدمة وأصحاب العمل.

*مشارع USDA هو علامة تجارية لوزارة الفلاحية الأمريكية (USDA)، كما أن USDA Policy للفلاحية هي علامة تجارية لوزارة الفلاحية.*
¿Necesita un impulso a su presupuesto de alimentos?

¡Puede ser elegible para SNAP!

El Programa de Asistencia Nutricional Suplementaria (SNAP), conocido formalmente como el Programa de Cupones para Alimentos, no solo ayuda a estirar el dinero de sus alimentos y comprar alimentos nutritivos, sino que también aporta dinero a su economía local.

¿Quieres saber si eres elegible? ¿Quieres aplicar?

Llame al Enlace de Servicio Social
Shane Johnson
781-485-8453
(se habla Español)

Pautas de ingresos

El ingreso es solo uno de los factores de elegibilidad considerados en su solicitud. Si cumple con estos requisitos de ingresos, no significa que definitivamente sea elegible para los beneficios de SNAP.

<table>
<thead>
<tr>
<th>Tamaño del hogar</th>
<th>Límite de ingreso mensual (200% FPL)</th>
<th>No existe un límite de ingresos mensuales brutos para las personas mayores (mayores de 60 años) y discapacitados. Se aplican reglas especiales a ancianos (mayores de 60 años) y personas con discapacidades con ingresos brutos superiores al 200% del FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$2,082.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>$2,818.</td>
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<td>7</td>
<td>$6,502.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>$7,238.</td>
<td></td>
</tr>
<tr>
<td>Cada miembro adicional</td>
<td>$737.</td>
<td></td>
</tr>
</tbody>
</table>

Esta institución es un proveedor y empleador que ofrece igualdad de oportunidades.

El logotipo de SNAP es una marca de servicio del Departamento de Agricultura de los EE. UU. (USDA). El USDA no respalda ningún bien, servicio o empresa. De acuerdo con la ley federal y la política del USDA, esta institución tiene prohibido discriminar por motivos de raza, color, nacionalidad, sexo, edad, religión, creencias políticas o discapacidad.