



STONEHAM PUBLIC SCHOOLS  
149 FRANKLIN STREET  
STONEHAM, MASSACHUSETTS 02180  
(781) 279-3800

## Welcome to Stoneham Public Schools K-12 Registration

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<u>School</u>	<u>Grade</u>	<u>Telephone</u>	<u>Fax</u>
Colonial Park Elementary School	K-4	781-279-3890	781-279-3892
Robin Hood Elementary School	K-4	781-279-3870	781-438-8697
South Elementary School	K-4	781-279-3880	781-279-2104
Stoneham Central Middle School	5 - 8	781-279-3840	781-279-3843
Stoneham High School	9 - 12	781-279-3810	781-279-2070

We look forward to your child entering Stoneham Public Schools. Please take the time to read carefully through the following information – it should answer many of your important questions. Should you have any further questions, please do not hesitate to call your school office.

**REGISTRATION DOCUMENTS:** It is important that all documents, especially proof of residency, birth certificate and a recent physical exam and updated immunization information, are on file in the school prior to your child's entrance in September. **IMPORTANT: Only completed registration packets will be accepted.**

**IMPORTANT: What You Will Need:**

1. Registration packet (attached)
2. A copy of your child's recent physical exam and immunizations.
3. Birth Certificate
4. Three Proofs of residence must be submitted (See attached Policy 9-17.2)).
5. Please note: Proof of custody may be required if the person registering a student is not the person whose name is on the child's birth certificate.
6. Release of School Records from prior school, if any.

**GRADES K-12 APPLICATIONS SHOULD BE RETURNED TO YOUR DISTRICT SCHOOL. DURING SUMMER MONTHS, ELEMENTARY REGISTRATIONS SHOULD BE RETURNED TO:**

Office of the Superintendent  
Stoneham Public Schools  
149 Franklin Street  
Stoneham, MA 02180  
781-279-3802

# INCOMING KINDERGARTEN STUDENTS ONLY

## Early Childhood Education Experience Survey

Please check next to the option that best describes your child's preschool experience in the school year prior to entering Kindergarten. Select one option only, and indicate hours where applicable. Thank you!

Name of child: \_\_\_\_\_

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

- My child did not have any formal early childhood program experience
- My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.
- My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.
- My child did not have formal early childhood program experience but participated in **BOTH** Coordinated Family and Community Engagement (CFCE) **AND** Parent Child Home Program (PCHP) services.
- My child attended a Licensed Family Child Care Provider (indicate hours below)  
\_\_\_ for less than 20 hours per week  
\_\_\_ for 20+ hours per week
- My child attended a Center Based Program (indicate hours below)  
\_\_\_ for less than 20 hours per week  
\_\_\_ for 20+ hours per week
- My child attended **BOTH** a Licensed Family Child Care Provider AND a Center Based Program (indicate hours below)  
\_\_\_ for less than 20 hours per week  
\_\_\_ for 20+ hours per week

### **DEFINITIONS**

***Coordinated Family and Community Engagement (CFCE) Services:*** locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent-child activities).

***Parent Child Home Program (PCHP):*** home visiting model program funded through the Department of Early Education and Care.

***Licensed Family Childcare:*** refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families.

***Center-Based Care:*** refers to care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools.



# STONEHAM PUBLIC SCHOOLS

## Student Registration Information

(Please type or print clearly)

### OFFICE USE ONLY

SCHOOL: \_\_\_\_\_

- Birth Certificate  
 Immunization/PE Records  
 Proof of Residency

Student Information			
Legal Last Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	
Legal First Name		Home Phone	
Full Middle Name			
Student's Residential Address (Street address required)		Student's Mailing Address (if different from residence; P.O. Box)	
Date of Birth (MM/DD/YYYY)	City of Birth	State of Birth	Country of Birth
School		Entering Grade Level	Year of Graduation
Student Lives With? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> State Ward <input type="checkbox"/> Foster Home <input type="checkbox"/> Other – Please Specify:			

Parent/Guardian Information			
<b>Parent/Guardian 1</b> (Must match information provided on the Parent/Guardian Information Form)	Legal First Name		Middle Name
	Legal Last Name		Legal Status      Relationship
<b>Parent/Guardian 2</b> (Must match information provided on the Parent/Guardian Information Form)	Legal First Name		Middle Name
	Legal Last Name		Legal Status      Relationship

**Legal Status** = Custodial Parent, Non-Custodial Parent or Guardian; **Relationship** = Mother, Father, Grandparent, etc.

Emergency Contact Information		
<b>Local Emergency Contact #1</b> (a neighbor, close friend, or relative)	Name	Phone
	Address	Relationship
<b>Local Emergency Contact #2</b> (a neighbor, close friend, or relative)	Name	Phone
	Address	Relationship

## Other Information

Has the student previously attended school in Stoneham? <input type="checkbox"/> Yes (Check if yes)	Grade Level(s):
Has student previously attended another school? <input type="checkbox"/> Yes (Check if yes)	
Previous School and Address	<input type="checkbox"/> Public <input type="checkbox"/> Private / Parochial
Child's Primary Language:	Primary Language Spoken at Home:
Does your child receive special services? <input type="checkbox"/> Yes (Check if yes) Explain:	

## Siblings

Name	Age	School Attending	Grade Level	Lives with student?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Race & Ethnicity:** Every school district in Massachusetts is required to report to the Department of Elementary and Secondary Education student data by race and ethnicity categories that are set by the federal government.

**Is the student's Ethnicity Hispanic or Latino?** (Check one)

- Yes A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to Hispanic or Latino
- No Not Hispanic or Latino

**Student's Race** (Check one or more)

- American Indian or Alaskan Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation of community Attachment.
- Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinents 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 s 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.

## Additional Information

Please feel free to provide any additional information you would like to share:

Signature of Parent/Guardian	Date
Print Name	Relationship

**Please complete the Parent/Guardian Information form. Only one form is required per family. Supply with first student registered.**



# Stoneham Public Schools

## Parent/Guardian Information

Student Name	Age	School Attending	Grade Level
1.			
2.			
3.			
4.			
5.			
<b>Parent Current Military Status (If Applicable):</b>		Active Duty	Died on Active Duty
		Discharged/Retired (within one year)	

<b>Parent/Guardian 1 (Primary Contact)</b>	
Legal First Name:	Middle Name:
Legal Last Name:	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Guardian Email
Employer	
Relationship to Student**	Legal Status**
Can Dismiss Student from School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can Pick-up Student from School? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives Mail <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Default will be Guardian #1)</i>
Address	Same as student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone – Rank 1*	Phone – Rank 2*
Phone – Rank 3*	Phone – Rank 4*

*\*Stoneham Public Schools uses a school-to-parent communication system to send emergency, periodic and personalized messages by telephone. Please provide the numbers you want included in our system. The Rank 1 number will be used to contact the custodian parent/legal guardian for weather alerts,*

<b>Parent/Guardian 2</b>	
Legal First Name:	Middle Name:
Legal Last Name:	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Guardian Email
Employer	
Relationship to Student**	Legal Status**
Can Dismiss Student from School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can Pick-up Student from School? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives Mail <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Default will be Guardian #1)</i>
Address	Same as student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone – Rank 1*	Phone – Rank 2*
Phone – Rank 3*	Phone – Rank 4*

<b>Reference Key**</b>	
<b>Relationship</b>	Choose from: Mother, Father, Parent, Step Mother, Step Father, Step Parent, Foster Parent, Grandparent, Relative, Sibling, Neighbor, Friend, Other
<b>Legal Status</b>	Indicate "Custodial Parent" or "Non-Custodial Parent"; "Legal Guardian", "State Ward" or "Self" (18+ Yrs) <i>(Default = Custodial)</i>



## STONEHAM PUBLIC SCHOOLS STUDENT MEDICAL HISTORY

This information will be placed on the Massachusetts School Health Record and will follow your child throughout their school years. It will be kept confidential and stored in a locked file cabinet. If any of this information changes remember to notify your child's school nurse.

**If you need to speak privately with your child's school nurse, please call to schedule an appointment.**

### SECTION 1 - STUDENT INFORMATION

First Name: _____ Middle Name: _____			
Last Name: _____			DOB: _____
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Place of Birth (City/State): _____	
Street Address: _____ <small>(street/apt #)</small>	_____	_____	_____
_____	<small>(town &amp; state)</small>	_____	<small>(zip)</small>
Mailing Address: _____	_____	_____	_____
_____	<small>(P.O. Box #)</small>	_____	<small>(town &amp; state)</small>
_____	_____	_____	<small>(zip)</small>

### SECTION 2 - PARENT INFORMATION

Child lives with Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/>			
<b>Parent #1</b> Full Name: _____ Relationship: _____			
Phone (h): _____	(w): _____	(c): _____	
Parent #1 Address: _____ <small>(street/apt #)</small>	_____	_____	_____
_____	<small>(town &amp; state)</small>	_____	<small>(zip)</small>
Parent #1 Employer: _____			
<b>Parent #2</b> Full Name: _____ Relationship: _____			
Phone (h): _____	(w): _____	(c): _____	
Parent #2 Address: _____ <small>(street/apt #)</small>	_____	_____	_____
_____	<small>(town &amp; state)</small>	_____	<small>(zip)</small>
Parent #2 Employer: _____			
<b>Alternate Emergency Contact:</b> _____			Phone: _____

### SECTION 3 - HEALTH CARE PROVIDER INFORMATION

Does your child have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Doctor's Name: _____	Phone: _____
Doctor's Address: _____	
Dentist's Name: _____	Phone: _____
Dentist's Address: _____	

Please return form to the nurse at your child's school.

**STONEHAM PUBLIC SCHOOLS**

**STUDENT MEDICAL HISTORY**

**SECTION 4 - SIBLING INFORMATION**

Please provide the following information about your child's siblings (use additional paper if necessary):

<u>Name</u>	<u>Grade &amp; Building</u>	<u>Significant Medical History</u>

**SECTION 5 - MEDICAL INFORMATION**

Please explain any medical problems your child might have (or had): \_\_\_\_\_

\_\_\_\_\_

Please list any medication your child takes, the dose, and when it is taken (including prescription, over-the-counter, herbal, vitamins, etc.):

\_\_\_\_\_

Please list any allergies your child has (please be specific and explain how each allergy is managed):

\_\_\_\_\_

**SECTION 6 - EDUCATIONAL INFORMATION**

Is your child currently on an IEP or 504 Plan?  No  Yes, please explain:

\_\_\_\_\_

**SECTION 7 – STEP PARENT INFORMATION** ( Check if Not Applicable)

Child's step father's full name: \_\_\_\_\_

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

Child's step mother's full name: \_\_\_\_\_

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

If parents are separated, please list the parent your child does not live with:

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

**SECTION 8 – PARENT/GUARDIAN SIGNATURE**

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

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Stoneham High School**  
Attn: School Nurse  
149 Franklin Street  
Stoneham, MA 02180  
Tel. 781-279-3810 Ext. 317

**Stoneham Central Middle School**  
Attn: School Nurse  
101 Central Street  
Stoneham, MA 02180  
Tel. 781-279-3840

**Colonial Park Elementary**  
Attn: School Nurse  
30 Avalon Road  
Stoneham, MA 02180  
Tel. 781-279-3890

**Robin Hood Elementary**  
Attn: School Nurse  
70 Oak Street  
Stoneham, MA 02180  
Tel. 781-279-3890

**South Elementary**  
Attn: School Nurse  
11 Summer Street  
Stoneham, MA 02180  
Tel. 781-279-3890

Please return form to the nurse at your child's school.



## STONEHAM PUBLIC SCHOOLS

149 Franklin Street, Stoneham, MA 02180 781-279-3802 www.stonehamschools.org

# CONSENT FOR RELEASE OF SCHOOL RECORDS

The "Family Education Rights and Privacy Act of 1974" requires that a student's parents or legal guardians be aware that their child's records are being released to another school district.

**I hereby authorize the release of the school records for the following:**

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Current Grade: \_\_\_\_\_

### REQUEST RECORDS FROM:

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

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

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

Include the following information:

- Subjects, marks and credits earned
- Grades to date of withdrawal
- Standardized test results
- Attendance records
- Health records
- Educational plan and Special Education records (IEP, Behavior Plan, 504 Plan, ELL)
- Discipline records
- Other: \_\_\_\_\_

**RECORDS SHOULD BE SENT TO:** *(Check box for appropriate receiving school)*

**Stoneham High School**  
149 Franklin Street  
Stoneham, MA 02180

**Stoneham Central Middle School**  
101 Central Street  
Stoneham, MA 02180

**Colonial Park Elementary**  
30 Avalon Road  
Stoneham, MA 02180

**Robin Hood Elementary**  
70 Oak Street  
Stoneham, MA 02180

**South Elementary**  
11 Summer Street  
Stoneham, MA 02180

**Office of the Superintendent**  
**Stoneham Public Schools**  
149 Franklin Street  
Stoneham, MA 02180

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

\_\_\_\_\_  
Date



## 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)

## STONEHAM REGISTRATION AND RESIDENCY POLICY

### **Registration**

In order to register and attend the Stoneham Public Schools, a student must actually reside in the Town of Stoneham with a parent/legal guardian. "Residency" is defined as the place where a person has his/her permanent home, i.e., "the place where a person dwells and which is the center of his domestic, social and civil life."<sup>1</sup>For minor children, the legal residency is presumed to be the legal residence of the parent(s) or legal guardian(s) who has physical custody of the minor child.

Students who are visiting Stoneham are not eligible to attend the Stoneham Public Schools.

Please read below and provide documents as indicated:

1. Proof of Age (Original Birth Certificate or Passport)
2. Proof of Immunization (Medical/Health Record)
3. SPS Registration Form(s)
4. Proof of Residency/Occupancy (see Proof of Residency/Occupancy Documents Required for Registration – page 2)
5. **Joint Physical Custody**  
In cases of separation or divorce, physical custody agreements must be presented to the district school. Documentation must establish the student's residence is in Stoneham.

### **Residency Requirements**

The Stoneham Public Schools reserves the right to request proof of residency/occupancy when students are initially enrolled. The types of documents requested as proof of residency/occupancy are listed on page 2. Stoneham Public Schools also reserves the right to verify residency at the time of enrollment and during the academic school year. Since family situations can change, the Stoneham Public Schools reserves the right to request additional, updated information when warranted.

The Superintendent or his/her designee may initiate an investigation in conjunction with the School Resource Officer, including, but not limited to, a home visit to verify residency. If a student is found not to be actually residing in the Town of Stoneham, the student will need to enroll in the school district of the city/town where he/she actually resides. Factors that may trigger an investigation include, but are not limited to, the following: changes in residency not reported immediately to the school where the student is enrolled; mail returned to the school; incomplete or contradictory proofs of residency; or anonymous calls reporting suspected residency violations.

Families found to be in violation of these requirements will face strict penalties, including, but not limited to, immediate unenrollment from school; per diem charges for the education and related services accessed as a non-resident which are based on the per pupil cost to the district; and possible legal action.

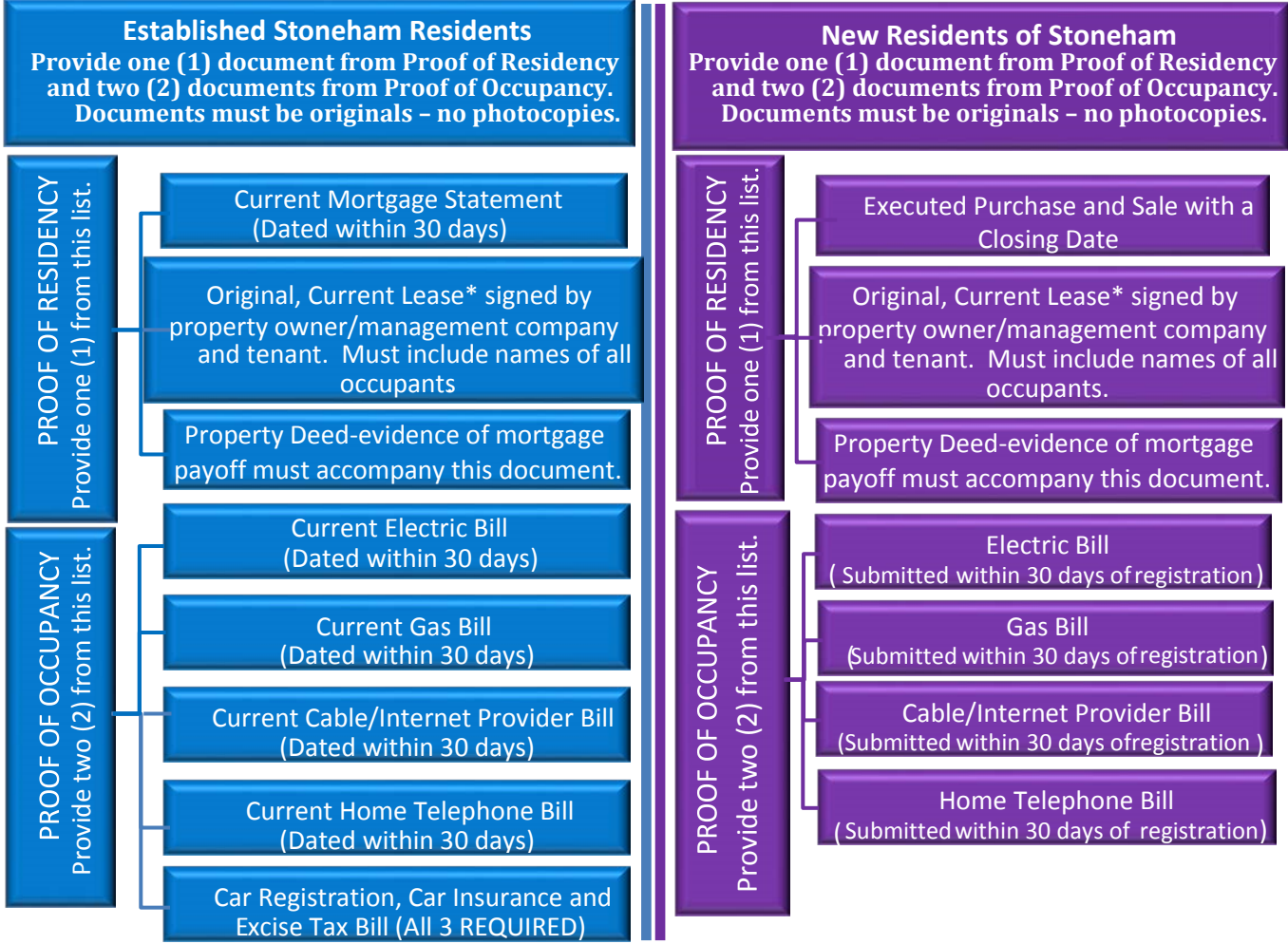
The following documents will be required as a proof of a physical address in Stoneham when new students are registered. P. O. Boxes will not be accepted with the exception of documented court related reasons.

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<sup>1</sup> See Teel v. Hamilton-Wenham Regional School District, 13 Mass. App. Ct. 345, 348 (1982)

## PROOF OF RESIDENCY/OCCUPANCY DOCUMENTS REQUIRED FOR REGISTRATION IN THE STONEHAM PUBLIC SCHOOLS

Below please find the required proof of residency and occupancy documents necessary for registration of all students. For families who do not have acceptable proof of residency and proof of occupancy, **Residency Certification Forms** are required (see below).



<b>RESIDENCY CERTIFICATION FORMS</b>	Required for established/new residents who do not have acceptable documentation of both Proof of Residency and Proof of Occupancy as detailed above & also for the following residency categories: <ul style="list-style-type: none"> <li>Tenant-At-Will</li> <li>Rental of Rooms in a Stoneham Residence</li> <li>Living with Family/Friends</li> <li>Live-in Employment e.g., Nanny, Caretaker, etc.</li> <li>Student Over Age 18 Living with Family/Friends</li> </ul> <p><b>A HOME VISIT WILL BE CONDUCTED AT AN UNSCHEDULED DATE/TIME.</b></p>
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\*Original, current lease must accompany all addendums for extending lease Terms.  
 \*Notarized letters from property owners will not be accepted in lieu of a lease.

Source	M.G.L. Chapter 76
First Reading	February 7, 2019
Second Reading	March 7, 2019
Adopted	March 7, 2019
Policy Cross Reference	9-16 9-17
Related Resources	SPS Registration Packet

# Parent(s)/Guardian(s) Residency Certification Requirements and Forms

These forms are required for established/new residents who do not have acceptable documentation of both Proof of Residency and Proof of Occupancy and for the following residency categories:

- Tenant-At-Will
- Living with Family/Friends
- Rental of a Room in a Stoneham Residence
- Live-in Employment e.g., Nanny, Caretaker, etc.

## **A HOME VISIT WILL BE CONDUCTED AT AN UNSCHEDULED DATE/TIME.**

In order to attend the Stoneham Public Schools, a student must actually reside in the Town of Stoneham. The residence of a minor child is presumed to be the legal, primary residence of the parent(s) or guardian(s) who have physical custody of the child.

In determining residency, Stoneham Public Schools reserves the right to request a variety of documentation and to conduct an investigation into where a student actually resides. Those families who cannot provide requested proof of residency will be referred for a residency check by the Stoneham Police Department, School Resource Officer. Because residency can, and does, change for students and their families during the course of the academic year, we may continue to verify residency after the commencement of classes and we may act upon anonymous tips received to conduct a residency verification investigation. It is also the responsibility of parent(s)/guardian(s) to notify school personnel immediately if a change in residency occurs. In addition to parent/guardian information, we also require information from the owner of the property and the resident(s) in shared tenancy where a family currently resides.

Families found to be in violation of the residency guidelines will face strict penalties, including, but not limited to, immediate unenrollment from school; per diem fines for the education and related services accessed as a non-resident which are based on the per pupil cost to the district; and possible legal action.

### **Directions:**

1. **Parent/Guardian Form** – the Parent(s)/Guardian(s) must complete all information and have the form notarized.
2. **Shared Tenancy Form** – If the family is residing with a tenant and not the property owner, the person whose name appears on the lease agreement must complete all information and have the form notarized.
3. **Property Owner Pre-registration Certification Form** – The owner of the property must complete all information and have the form notarized.
4. **Bring the original documents, completed and notarized**, to the school office where student(s) is/are to be registered or to the Stoneham Public Schools Superintendent's Office, 149 Franklin St. Stoneham, MA (office inside SHS).

**SPS Rev. 2019**

Parent(s)/Guardian(s) Residency Certification

# Parent(s)/Guardian(s) Residency Certification Form

## Parent(s)/Guardian(s) Information

Name	Relationship to Student
<b>Current Address</b>	
Expected Dates of Residency at Current Address	Home Phone
Cell Phone	Email Address
Do you pay utility bills (gas, electric, cable/internet) at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If <b>yes</b> , please provide two current utility bills dated within thirty (30) days.	
<b>Previous Address</b>	Country
Employer	Work Phone
Do you own a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, is the motor vehicle registered in the Town of Stoneham? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain _____	

## I have legal custody of the following children who will reside with me at the above address:

Name	Date of Birth
Previous School	
Grade Level Completed	Date of Withdrawal

Name	Date of Birth
Previous School	
Grade Level Completed	Date of Withdrawal

Name	Date of Birth
Previous School	
Grade Level Completed	Date of Withdrawal

Name	Date of Birth
Previous School	
Grade Level Completed	Date of Withdrawal

**1. The parent(s)/guardian(s) and student(s) keep(s) their personal possessions at the address listed in this certification.**

Yes  No If No, please explain \_\_\_\_\_

**2. The parent(s)/guardian(s) and student(s) return(s) to the address listed in this certification at the end of each school day and spend(s) the evening/night.**

Yes  No If No, please explain \_\_\_\_\_

**3. The parent(s)/guardian(s) and student(s) receive(s) his/her mail at the address listed in this certification.**

Yes     No    If No, please explain \_\_\_\_\_

**4. The parent(s)/guardian(s) and student(s) stay(s) at the address listed in this certification over weekends, holidays, and vacation periods.**

Yes     No    If No, please explain \_\_\_\_\_

**For Students in Grades 9 - 12**

**5. Does the student own a motor vehicle?**

Yes     No

**6. If Yes, is the motor vehicle registered in the City of Stoneham?**

Yes     No    If no, please explain \_\_\_\_\_

I have read and understand the registration and residency requirements for school entrance and the submission of Registration Certification Forms. I am aware that a home visit will be conducted at an unscheduled time. It is my obligation to inform my child's school if there is a change in the residency of my family or guardianship of my child.

I swear under pains and penalties of perjury that the answers above are true and accurate.

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

\_\_\_\_\_  
**Date**

**COMMONWEALTH OF MASSACHUSETTS, MIDDLESEX, SS.**

Commonwealth of Massachusetts County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(\_\_\_\_\_), personally appeared before me, the undersigned notary public, and proved through satisfactory evidence of identification, which were \_\_\_\_\_,

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
(Please print or stamp name)

\_\_\_\_\_  
Notary Seal

# Shared Tenancy Residency Certification Form

**\*In addition to the information below, please provide a copy of your lease signed by yourself and property owner/management company and two current utility bills dated within 30 days.**

## Tenant Information

Name	Relationship to Family	
Address		
Home Phone	Cell Phone	Email Address

I am the tenant living at \_\_\_\_\_, Stoneham, MA and acknowledge that the following persons will be residing with me at the above address and the minor children will be registering for school in Stoneham:

**Name of Parent(s)/Guardian(s)** \_\_\_\_\_

Home Phone	Cell Phone	Email Address
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## Please list all minor children living with the Parent(s)/Guardian(s) listed above.

Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth

## Expected dates of residency for this family at the address listed above:

<b>From:</b>	<b>To:</b>
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I swear under pains and penalties of perjury that the answers above are true and accurate. I understand that it is my obligation to inform the Stoneham Public Schools if there is a change in the residency of this family.

\_\_\_\_\_  
**Signature of Tenant**

\_\_\_\_\_  
**Date**

## COMMONWEALTH OF MASSACHUSETTS, MIDDLESEX, SS.

Commonwealth of Massachusetts County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_

Personally appeared before me, the undersigned notary public, and proved through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

(Please print or stamp name)

Notary Seal

**SPS Rev. 2019**

Parent(s)/Guardian(s) Residency Certification



# Property Owner Residency Certification Form

## Property Owner Information

Name \_\_\_\_\_ Relationship to Family \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

I am the owner of the property at \_\_\_\_\_, Stoneham, MA and

acknowledge that the following persons will be residing at the above address and the minor children will be registering for school in Stoneham:

Name of Parent(s)/Guardian(s)		
Home Phone	Cell Phone	Email Address

### Please list all minor children living with the Parent(s)/Guardian(s) listed above.

Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth

### Expected dates of residency for this family at the address listed above:

From:	To:
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I swear under pains and penalties of perjury that the answers above are true and accurate. I understand that it is my obligation to inform the Stoneham Public Schools if there is a change in the residency of this family.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

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