

**Gateway Regional School District
12 Littleville Road
Huntington, MA 01050**

New Student Enrollment Requirements

The following documents are needed by the Gateway Regional School District to enroll a new student into our District:

- Original Birth Certificate and Social Security Number
- Immunization Records
- Transcript for grades 9-12/report cards for grades K-8
- Final/withdrawal grades from last school attended or home school grades
- Discipline Records
- Attendance Records
- Current IEP if applicable
- MCAS Scores or other State administered Standardized Test Scores
- Guardianship/Legal Custody documentation
- Students legal name must be used on all records/documents
- Gateway must have street names and house numbers used in all addresses

Registration Contact Information:

Littleville Elementary

Jodi Fairman, Secretary
4 Littleville Road
Huntington, MA 01050
413-685-1300
FAX: 413-667-5734

Chester Elementary

Andrea Jeffers, Secretary
325 Middlefield Road
Chester, MA 01011
413-685-1360
FAX: 413-354-9618

**Gateway Regional Middle,
JR & High Schools**

Jeanene Iglesias, Secretary
12 Littleville Road
Huntington, MA 01050
413-685-1107
FAX: 413-667-0259

Please note:

- If you are visiting Gateway Schools you will still need to have a follow-up meeting to officially enroll.
- If the offices are not open during the summer please leave a message at the appropriate school listed above and your call will be returned to set up a registration appointment.
- All records should be received prior to or brought with you to your registration appointment.
- All registration forms must be completed at the time of registration.
- No child will be allowed to attend school without proof of current immunizations.

Middle School-JR High and High School Guidance Counselors:

Julie Hall Case – Students Grade 9/10/11=A-K Grade 12 A-L (413-685-1108)
Meghan Wasiak – Grade 9/10/11-L-Z Grade 12 M-Z (413-685-1110)
Richard White – All students Grades 5-8 (413-685-1207)
Jeanene Iglesias – Guidance Secretary (413-685-1107)

Gateway Regional School District Verification of Residency and Enrollment

Student Name: _____ Birth Date: ____/____/_____

I _____ legally reside in the Gateway Regional School District.
(Parent/Legal Guardian Name)

I _____ will legally reside in the Gateway Regional School District on _____.
(Parent/Legal Guardian Name) (Date)

Address: _____ Home Phone: (____) _____

Please indicate social service agencies you are currently working with: _____

Step 1A: Residency Verification

You must provide documentation showing you **live at** the address listed above. Please check and provide two (2) of the following documents as well as a copy of a photo identification of the adult. You should black out account and social security numbers on the documents.

All documents must be current and show your name and address.

You must provide one (1) document from Category A and one (1) document from Category B.

Category A	Category B (please black out account numbers)	
Mortgage/Home Closing	Gas Bill Electric	Public Aid Card
Real Estate Tax Bill	Bill Water/Sewer	Medicaid Card
Signed Lease	Bill Cable Bill	Food Stamp Card
Lease Attestation	Phone Bill (no cell)	Credit Card Statement
Residency Affidavit	Vehicle Registration	Insurance Bill
Other*	Other*	Drivers License/State ID Card

***Please speak to the registration contact at the school if you are having trouble collecting all of the information Littleville Elementary 413-685-1300, Chester Elementary 413-685-1360, Gateway Middle/Jr/High School (413) 685-1107.**

The district may require a home visit and/or additional documentation to verify residency.

Step 1B: Alternate Residency Verification – Complete only if you are unable to complete Step 1A.

I am unable to provide two (2) of the above documents because: (check all that apply)

Our family has not had a permanent residence since ____/____/_____

Address of last permanent residence: _____

Last school attended: _____

Living in a shelter Sharing a house with others due to loss of housing, economic hardship or similar reason Living in a park or in a car Living in a hotel, motel, campground or other similar situation
 Living in abandoned apartment/building Disaster victim Unaccompanied Youth The child is awaiting DCF placement.

Other _____

Your child may qualify for additional services – please ask the registration staff for more information or contact the Pupil Services Office at 413-685-1017.

Student Name: _____ Birth Date: ____/____/____

Step 2: Relationship to Student

You must provide a certified, original birth certificate. A copy will be made and the original will be returned to you. If the birth certificate is not original at the time of registration, other proof of the child's identity and date of birth is required along with a signed, notarized affidavit.

Check one (1) below:

- I am the natural or adoptive parent listed on the birth certificate. (Please provide a copy of the custody agreement if applicable.)
- I was granted court-ordered guardianship (provide copy of court documentation).
- I receive public aid on behalf of the child (provide copy of documentation showing receipt of aid).
- I have assumed and exercise responsibility for the child and provide him/her with a fixed, nighttime abode (provide a copy of the Transfer of Parental Educational Rights Form signed by the biological or adoptive parent(s) or legal guardian).

Please check each of the following to be true and accurate:

- The child is living with me because _____
- I am at least 18 years of age
- The child eats and sleeps at my residence on a regular basis.
- The child is not living with me for the sole purpose of having access to the educational programs of the Gateway Regional School District.

Please list the names of any other children currently enrolled in the Gateway Regional School District.

_____	_____
_____	_____
_____	_____

Step 3: Affirmation and Warning (Must be completed in the presence of a District employee)

Please read the following statements and initial each.

_____ I affirm that the information presented in this verification form, in connection with any investigation of my residency or the residency and custody of the student, is true, complete and accurate.

_____ I understand that M.G.L. c. 76, s.5 allows the school committee to obtain the full cost of any student's education from any adult who enrolled a student in the Gateway Regional School District, knowing that the student was not a resident.

____/____/____	_____	_____
Date	Adult Signature	Adult (Print Name)
____/____/____	_____	
Date	District Registration Official Signature	

Office Use Only	
<input type="checkbox"/> Form Complete	<input type="checkbox"/> Form Incomplete
____/____/____	_____
Date of Verification	District Registration Official Signature

Gateway Regional School District
2014-2015 Enrollment Application/Cumulative Record

Must be completed by parent or legal guardian only. Please Print.

STUDENT INFORMATION			
Student's Legal Name: (Last, First, Middle)		Grade:	Date of Enrollment:
Birth Date: (mm/dd/yyyy)	Gender:	Place of Birth: (City, State)	Social Security Number:
Race/Ethnicity: Confidential information needed for Federal and State Reports			
NOTE: YOU <u>MUST</u> CHOOSE ONE OPTION FOR BOTH ETHNICITY AND RACE, BUT SEVERAL MAY APPLY FOR RACE			
Ethnicity: Hispanic or Latino <input type="checkbox"/>	Not Hispanic or Latino <input type="checkbox"/>	Race: White: <input type="checkbox"/>	Black or African American: <input type="checkbox"/>
		Asian: <input type="checkbox"/>	American Indian or Alaska Native: <input type="checkbox"/>
		Native Hawaiian or Pacific Islander: <input type="checkbox"/>	
PRIMARY CONTACT INFORMATION			
Student's Primary Address Is With: (Circle All That Apply) Mother Father			
Step---Mother Step---Father Foster Parents Grandparents Other			
If Other, Please Explain:			
<input type="checkbox"/> Check if Divorced/Legally Separated <input type="checkbox"/> Check if Joint Custody <input type="checkbox"/> Check if Legal Guardian			
Primary Contact Name:		Relationship to Student:	
Residential Street Address:		City	State Zip
Mailing Address:		City	State Zip
Home Phone:	Cell Phone:		Daytime/Work Phone:
Email:			
Employer:		Employer City, State:	
Responsible Adult #2:		Relationship to Student:	
Home Phone:	Cell Phone:		Daytime/Work Phone:
Email:			
Employer:		Employer City, State:	
Guardian Alert:			
Are there any custodial documents (restraining orders, custody agreements, etc.) that the school needs to be made aware of?			
<input type="checkbox"/> YES <input type="checkbox"/> NO If YES please provide us with copies of the documents.			

SECONDARY CONTACT INFORMATION

PLEASE COMPLETE THIS SECTION **ONLY** IF PARENT/GUARDIANS LIVE APART FROM PRIMARY ADDRESS FOR STUDENT

Student's Secondary Address Is With: (Circle All That Apply) Mother Father
Step---Mother Step---Father Foster Parents Grandparents Other

If Other, Please Explain:

Primary Contact Name: Relationship to Student:

Residential Street Address: City State Zip

Mailing Address: City State Zip

Home Phone: Cell Phone: Daytime/Work Phone:

Email:

Employer: Employer City, State:

Responsible Adult #2: Relationship to Student:

Home Phone: Cell Phone: Daytime/Work Phone:

Email:

Employer: Employer City, State:

Emergency Contact Information (PLEASE list individuals other than parent/guardian)

Emergency Contact Name #1:

Relationship to Student: Daytime Phone:

Emergency Contact Name #2:

Relationship to Student: Daytime Phone:

Emergency Contact Name #3

Relationship to Student Daytime Phone:

Please list any siblings at home that are not currently of school age.

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Verification of Information: The information on this form is true and accurate as of this date.

Legal Parent/Guardian Name (Please Print) _____

Legal Parent/Guardian Signature _____ Date: _____

Home Language Survey

This Page Must Be Completed For the Pupil Services Department for all **NEW** Enrollments.

Student Name: _____

School Entering _____

Previous School Attended _____

Would you prefer oral and written communication from the school in English or in the home language?

English _____ Other (Specify) _____

Part I: Check the correct response for each of the following questions.

What language did the child first understand or speak?	English _____	Other (please specify)
What language do you use most often when speaking with the child at home?	English _____	Other (please specify)
What language does the child use most often when speaking to you at home?	English _____	Other (please specify)
What language does the child use most often to speak with sisters/brothers and friends?	English _____	Other (please specify)
What languages does the child understand?	English _____	Other (please specify)
What languages does the child speak?	English _____	Other (please specify)
What language does the child read?	English _____	Other (please specify)
What language does the child write?	English _____	Other (please specify)

Part 2: Responses to the following will be used for instructional planning.

At what age did the child start attending school? _____

Where did your child first attend school? _____

Is this the first time the child is in a school in the United States? Yes _____ NO _____

If No, where did the child go to school? _____

How long did the child attend school? _____

What language was used for instruction? _____

Has the child attended school in another country? Yes _____ NO _____

If Yes, where did the child go to school? _____

What language was used for instruction? _____

How long did the child attend school? _____

Did the child participate in any group experience prior to entering school (daycare, preschool)?

YES _____ NO _____

If Yes, what language was used? _____