STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SWAMPSCOTT PUBLIC SCHOOLS

CHECKLIST FOR FAMILIES OF NEW STUDENTS

* Registration Information Sheet
* Home Language Survey
* Residency Proof documents
	+ Mortgage/Lease document
	+ Payment Receipt
	+ Utility Bill with new address
	+ License with new address
* Copy of Birth Certificate
* Copy of Medical Records – including immunizations & Physical within 1 year
* School Nurse Health History & Medical Emergency Information Forms
* Request for Release of Records
* Student’s most recent Report Card
* One-time Consent to Access Mass Health Benefits
* Student Information Media Release Procedure

Kindergarten add on:

* Kindergarten Parent Questionnaire
* Preschool Questionnaire (filled out by preschool)
* Preschool Information Sheet
* Certification of Dental Care (filled out by Dentist)

If Applicable:

* Copy of Individual Education Plan
* Legal documents proving custody/custodianship/guardianship
* 7th Grade World Language Form

Contact: Donna McHugh dmchugh@swampscott.k12.ma.us 781-596-8800 x 1384

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 FOR OFFICE USE ONLY

Documentation Received:

Date:

School Assigned:

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_