



# Hudson Public Schools

## PreK-12 Student Registration and Data

**REQUIRED REGISTRATION DOCUMENTS:** Current Physical, Immunizations, Birth Certificate, 3 Proofs of Residency, Transcripts/Grades, Discipline Record, Copy of I.E.P. for Special Education Student and State Transfer Form.

**PRECISA-SE DESTES DOCUMENTOS PARA A MATRICULA:** Atual Físico, Cartão de vacinas, Certidão de Nascimento, 3 Comprovantes de Residência, Histórico Escolar/Series, Notas das Disciplinas, Cópia do I.E.P. para Alunos da Educação Especial e Formulário de Transferência de Estado.

**DOCUMENTOS REQUERIDOS PARA MATRICULA:** Actual Físico, Vacunas, Certificado de Nacimiento, 3 Pruebas de Residencia/Dirección, Transcripciones/Calificaciones, Record de Disciplina, Cópia de I.E.P. para Estudiantes de Educación Especial, y Formulario de Transfer Estatal.

**Has this Student Previously Attended a Hudson School?**  **Yes** Sim)(Si)  **No** (Nao)  
 (Este Aluno já Estudou em Alguma Escola de Hudson?)( Ha asistido este estudante anteriormente a una escuela en Hudson?)

**Has Student Previously Attended a US or Massachusetts School?**  **No** (Nao)  **Yes** Sim)(Si) **Start date:** \_\_\_\_\_  
 (Este Aluno já Estudou em Alguma Escola em Massachusetts?)( Ha asistido este estudante anteriormente a una escuela en Massachusetts?)

**Last School:** \_\_\_\_\_ **School Address:** \_\_\_\_\_  
 (Ultima Escola)(Ultima Escuela) (Endereco da Escola)(Direccion de la Escuela)

**Has your child received any support services? Please check:**  Special Education Services  Title I  
 Speech Therapy  OT/PT  Early Intervention  ELL Support Services  504 Plan  
 (Seu Filho (a) recebeu qualquer apoio dos serviços? Por favor, marque:  Serviços de Educação Especial  Title I  Fonoaudióloga  OT/PT  Early Intervention  Serviços de Apoio ELL)  
 (Ha recibido su hijo(a) cualquier tipo de servicios de apoyo? Por favor marcar:  Servicios de Educación Especial  Titulo I  Terapia de Habla  OT/PT  Intervención Temprana  Servicios de apoyo ELL)

**Student Name:** \_\_\_\_\_  
**First** (Primeiro)(Nombre) **Middle**(Meio)(Segundo Nombre) **Last** (Sobrenome)(Apellido)

**Male** ( ) **Female** ( ) **Home Phone #** \_\_\_\_\_  
 (Masculino) (Feminino)(Femenino) (Telefone Residencial)(Detefono de la Casa)

**Home Address:** \_\_\_\_\_ **Apt. #** \_\_\_\_\_ **PO Box #** \_\_\_\_\_  
 (Endereco de Residencial)(Direccion de la Casa)

**City of Residence of Student:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
 (Cidade Residencial do Aluno)(Ciudad donde Reside/Vive el estudiante)

**Student Date of Birth: Month** \_\_\_\_\_ **Day** \_\_\_\_\_ **Year** \_\_\_\_\_  
 (Data de Nascimento do Aluno)(Fecha de Nacimiento del Estudiante)

**Place of Birth: City** \_\_\_\_\_ **State** \_\_\_\_\_ **Country** \_\_\_\_\_  
 (Local de nascimento)(Lugar de Nacimiento) (Cidade)(Ciudad) (Estado) (Pais)

**Primary Contact #1:** \_\_\_\_\_ **Primary Contact #2:** \_\_\_\_\_

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

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

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

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

**Work Telephone #** \_\_\_\_\_ **Work Telephone Number:** \_\_\_\_\_  
 (Numero do Trabalho)( Numero de teléfono del trabajo) (Numero do Trabalho)( Numero de teléfono del trabajo)

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

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

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

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

(Pela segurança de seu filho(a), a escola deve ter uma copia algum documento legal)( Para la seguridad de su hijo(a), hay papeleo legal del cual la escuela deba tener copias?)

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

Emergency Contact: \_\_\_\_\_

(Contato de Emergência)( Contacto en caso de emergencia)

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

Emergency Contact: \_\_\_\_\_

(Contato de Emergência)( Contacto en caso de emergencia)

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

Home Phone \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

(Liste o Nome dos Irmãos que Estudam na Escola Publica de Hudson e suas Series)( Hermanos(as) Matriculados en Las Escuelas Publicas de Hudson y Grado)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Race: (Check all that apply)  White  American Indian Alaskan Native  Hawaiian Native or Pacific Islander

Black  Asian

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

(Raça: (Escolha uma ou mais)  Branco  Nativo do Havaí ou Ilhas do Pacífico  Preto  Asiático  Índio Americano ou Nativo do Alasca  Espano ou Latino (Cuba, México, Porto Rico, America do Sul ou Central, ou outra cultura Espana ou origem, não dependendo de raça.))

(Raza: (Escoja una o más)  Blanco  Nativo de Hawaii o Islas Pacificas  Negro  Asiático  Indio Americano Indio o Nativo de Alasca  Hispano o Latino (Cubano,

Mexicano, Puertorriqueño, Suramericano o Centroamericano, o otra cultura o origen hispano, (sin importar la raza.))

Immigrant: Yes \_\_\_ No \_\_\_ Country of Origin: \_\_\_\_\_

**Military Family Status (Military Interstate for Children's Compact Commissions)**

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

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

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

**OFFICE USE ONLY**

LASID \_\_\_\_\_ SASID \_\_\_\_\_ School ID \_\_\_\_\_

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

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

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

## SCHOOL YEAR TRANSPORTATION

**If your child is eligible for transportation, will the school be transporting your child from your home address?**

Yes    No

A escola vai transportar seu filho (a) de sua residência?  Nao    Sim   Proveerá escuela la transportación para su hijo(a) desde su casa?  No  Si

**If no, please explain** \_\_\_\_\_

Se não, por favor, explique, Si no, por favor explicar

**Full address that we will transport to if other than home address. (Must be within school district bus route)**

O endereço complete se não for o de sua residência. (Deve estar dentro da escola autocarro distrito)

Dirección completa desde donde vamos a transportar si no es la del hogar. (Debe estar dentro de la ruta de autobús del distrito escolar)

**To School** \_\_\_\_\_

De casa para a escola   Para la escuela

**From School** \_\_\_\_\_

Da escola para casa   Desde la escuela

**Does your child have a daycare provider?**    No    Yes

Seu filho tem um daycare?

Não    Sim

Tiene su hijo (a) un proveedor de cuidado

No    Si

**Daycare Provider's Name (During the school year)** \_\_\_\_\_

Nome do responsável pelo daycare (Durante o ano escolar), Nombre del proveedor de cuidado (Durante el año escolar)

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

Endereco, Dirección

**Telephone:** \_\_\_\_\_

Telefone, Teléfono

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

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

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

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

### Eligible Riders

Parents can determine if their child is eligible to ride the bus to and from school by reviewing the policy below.

- All Kindergarten Students living more than a ½ mile from their assigned school will be eligible for transportation to and from school.
- All Elementary Students grades 1-4 living more than 1 mile from their assigned neighborhood school will be eligible for transportation to and from school.
- All Middle School Students grades 5-7 and High School Students grades 8-12 who live more than 1.5 miles from Quinn Middle School or Hudson High School will be eligible for transportation to and from school.
- Students that live closer to their assigned school than outline above will be considered walkers and not be eligible for transportation services.
- Safety issues are taken into consideration when determining transportation eligibility as well.

The state of Massachusetts has [transportation guidelines](#) that you can review. The Hudson Public School District has implemented its own transportation eligibility policy as outline above.