

BPS REGISTRATION DOCUMENT CHECKLIST

Before any student may register for a Boston Public School, the student’s parent/guardian must prove legal, primary residence in the City of Boston. All families must bring the following documents in person to a BPS Welcome Center as part of their registration process. Applications cannot be processed without these documents.

If the documents do not contain the parent or guardian’s name, additional legal guardianship verification is required:

- 1 Parent/Guardian’s Picture ID***
- 2 Student's birth certificate, passport or I-94 form****
- 3 Student’s up-to-date immunization record (see list below)**
- 4 Two proofs of residency (see below for a list of acceptable proofs of residency)**

If a medical accommodation is required, or your child has a disability, documentation must be provided.

**If the parent/guardian has had a recent name change, appropriate legal documentation is required.*

***Use of passport or I-94 form requires completion of BPS Parent Affidavit*

ACCEPTABLE PROOFS OF ADDRESS:

Proofs of address must include the name and current address of the student’s parent/guardian. Items cannot be from the same category.

- A **utility bill** (not water or cell phone) dated within the past 60 days
- A **current lease**, section 8 agreement or BPS residency affidavit
- A **deed or mortgage payment** dated within the past 60 days or a **property tax bill** dated within the last year
- A **W2 form** dated within the year, or a **payroll stub** dated within the past 60 days
- A **bank or credit card statement** dated within the past 60 days
- A letter from an **approved government agency*** dated within the past 60 days

***APPROVED GOVERNMENT AGENCIES:** Department of Revenue (**DOR**), Department of Children and Families (**DCF**), Department of Transitional Assistance (**DTA**), Department of Youth Services (**DYS**) or Social Security. Other communications on Commonwealth of Massachusetts Letterhead may also apply.

	K0/K1 (ages 3-4)	K2 (age 5)	Grades 1-6	Grades 7-12
Hepatitis B:	3 doses	3 doses	3 doses	3 doses
DtaP/DTP/DT/ Td/Tdap:	>4 doses DtaP/DTP	5 doses DtaP/DTP	>4 doses DtaP/DTP or 3 doses Td	4 doses DtaP/DTP or 3 doses TD; plus 1 dose Tdap
Polio:	3 doses	4 doses	>3 doses	>3 doses
Hib:	1 to 4 doses	n/a	n/a	n/a
MMR:	1 dose	2 doses	2 doses	2 doses
Varicella: (chickenpox)	1 dose	2 doses	2 doses	2 doses

For more information visit: www.bostonpublicschools.org/register

STUDENT REGISTRATION FORM

English 0947362185

FOR OFFICE USE ONLY

CASE ID

STUDENT ID

PLEASE USE PRINT

The Boston Public Schools welcomes all students and families. For this reason BPS does not collect or require information regarding student or parent/guardian citizenship or immigration status. All information collected during the registration process is for the purpose of ensuring appropriate assignment and services for your child.

We have recently added a new question about student ethnicity to help us better understand how our students self-identify and provide culturally relevant learning opportunities. **This question is optional. You may decline to answer.**

Why BPS is collecting this data:

- The current questions we ask about student race and ethnicity are very broad. This new question will help us gather more specific and more meaningful information.
- This question will help the district better understand who our students are and how they self-identify. This will allow BPS to provide better support and opportunities than we can with the current data.

How this data will be utilized:

- The same data privacy protections are in place for this information as for other student demographic information.
- This information will not affect school choice options or student assignment.

SPECIAL ACCOMMODATIONS

DOES YOUR CHILD HAVE AN IEP? (Check 'Yes' if any questions apply below)

Yes No

- Does your child have a disability?
- Did your child receive services in a small group that you have signed an agreement for?
- Do you remember having a yearly meeting with many people at the meeting?

DOES THE STUDENT HAVE A MEDICAL CONDITION?

Yes No

PLEASE SELECT THE SCHOOL YEAR YOU ARE APPLYING FOR: 2021-2022

2020-2021

FIRST NAME

MIDDLE NAME

LAST NAME

GENDER*

- Male
 Female

DATE OF BIRTH

/ /
Month Day Year

GRADE

PLACE OF BIRTH

City State Country

STUDENT INFORMATION

YOU MUST ANSWER BOTH OF THE FOLLOWING TWO QUESTIONS (REQUIRED FOR STATE & FEDERAL DATA REPORTING PURPOSES):

1. Is your child of Hispanic or Latino origin?

- Yes No

2. What is your child's race? (Mark at least one; you may mark as many as apply)

- Asian Black Native American or Alaska Native Native Hawaiian or Other Pacific Islander White

We have added a new question about ethnicity. This new question will help the Boston Public Schools (BPS) better understand who our students are and how they self-identify. The information will allow BPS to focus supports and opportunities for our students.

3. Please indicate your child's background. You may choose more than one.

<input type="checkbox"/> Brazilian	<input type="checkbox"/> Barbadian	<input type="checkbox"/> Cabo Verdean	<input type="checkbox"/> English	<input type="checkbox"/> Chinese
<input type="checkbox"/> Colombian	<input type="checkbox"/> Cuban	<input type="checkbox"/> Kenyan	<input type="checkbox"/> French	<input type="checkbox"/> Indian
<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Dominican	<input type="checkbox"/> Moroccan	<input type="checkbox"/> German	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Honduran	<input type="checkbox"/> Haitian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Greek	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Mexican	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Somali	<input type="checkbox"/> Irish	
<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Other African	<input type="checkbox"/> Italian	
<input type="checkbox"/> Other Hispanic/Latinx	<input type="checkbox"/> Trinidadian		<input type="checkbox"/> Polish	
	<input type="checkbox"/> Other Caribbean		<input type="checkbox"/> Portuguese	
<input type="checkbox"/> Other			<input type="checkbox"/> Scottish	
			<input type="checkbox"/> Other European	
<input type="checkbox"/> Decline to answer				

The same data privacy protections are in place for this information as for other student demographic information. This information will not affect school choice options or student assignment. If the provided answer options do not reflect your ethnicity, please utilize the "other" options. This question is optional. You may decline to answer.

SIBLINGS WHO ARE EXISTING BPS STUDENTS

BPS STUDENT ID	SIBLING'S NAME	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>
BPS STUDENT ID	SIBLING'S NAME	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>
BPS STUDENT ID	SIBLING'S NAME	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>

HOME ADDRESS

STREET NO.	STREET NAME	APT. NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
SECTION OF CITY	ZIP CODE	MAIN PHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

MAILING ADDRESS (FOR BHA RESIDENTS ONLY)

STREET NO.	STREET NAME	MAILBOX NUMBER	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PARENT / GUARDIAN 1

FIRST NAME

LAST NAME

DATE OF BIRTH (OPTIONAL)

HOME PHONE NUMBER

WORK PHONE NUMBER

CELL PHONE NUMBER

E-MAIL ADDRESS

DOES THE STUDENT LIVE WITH YOU? YES NO

DO YOU WANT ACCESS TO THE SCHOOL PARENT PORTAL? YES NO

PARENT / GUARDIAN 2

FIRST NAME

LAST NAME

DATE OF BIRTH (OPTIONAL)

HOME PHONE NUMBER

WORK PHONE NUMBER

CELL PHONE NUMBER

E-MAIL ADDRESS

DOES THE STUDENT LIVE WITH YOU? YES NO

DO YOU WANT ACCESS TO THE SCHOOL PARENT PORTAL? YES NO

CAREGIVER (ONLY FILL OUT IF APPLICABLE)

FIRST NAME

LAST NAME

HOME PHONE NUMBER

WORK PHONE NUMBER

CELL PHONE NUMBER

E-MAIL ADDRESS

DOES THE STUDENT LIVE WITH YOU? YES NO

DO YOU WANT ACCESS TO THE SCHOOL PARENT PORTAL? YES NO

EMERGENCY CONTACT (OTHER THAN THE PARENT)

FIRST NAME

LAST NAME

HOME PHONE NUMBER

CELL PHONE NUMBER

PREVIOUS SCHOOL NAME

GRADE LEVEL

CITY

STATE

COUNTRY

FOR KINDERGARTEN STUDENTS ONLY

WAS YOUR CHILD IN A:

- HEADSTART
 PRIVATE PRESCHOOL
 PUBLIC PRESCHOOL
 LICENSED FAMILY DAYCARE
 FAMILY DAYCARE
 PLAY TO LEARN PROGRAM

Student Name _____ Date of Birth _____

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.

A. PLEASE ANSWER THE QUESTIONS BELOW.

I. What are the primary languages used in the home regardless of the language spoken by the student? *(Select up to three)*

- | | | | |
|------------------------------------|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Haitian-Creole | <input type="checkbox"/> Russian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Cape Verdean | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Toishanese | <input type="checkbox"/> H'Mong |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Greek | <input type="checkbox"/> Burmese | <input type="checkbox"/> Somali |
| <input type="checkbox"/> French | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Arabic | <input type="checkbox"/> Other _____ |
- (please specify)*

II. What is the language most often spoken by the student? *(Select only one)*

- | | | | |
|------------------------------------|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Haitian-Creole | <input type="checkbox"/> Russian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Cape Verdean | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Toishanese | <input type="checkbox"/> H'Mong |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Greek | <input type="checkbox"/> Burmese | <input type="checkbox"/> Somali |
| <input type="checkbox"/> French | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Arabic | <input type="checkbox"/> Other _____ |
- (please specify)*

III. What is the language that the student first acquired? *(Select only one)*

- | | | | |
|------------------------------------|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Haitian-Creole | <input type="checkbox"/> Russian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Cape Verdean | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Toishanese | <input type="checkbox"/> H'Mong |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Greek | <input type="checkbox"/> Burmese | <input type="checkbox"/> Somali |
| <input type="checkbox"/> French | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Arabic | <input type="checkbox"/> Other _____ |
- (please specify)*

B. CHECK THE LANGUAGE YOU UNDERSTAND BEST AND IN WHICH YOU PREFER TO RECEIVE SCHOOL COMMUNICATIONS *(Select only one)*

- | | | | |
|------------------------------------|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Haitian-Creole | <input type="checkbox"/> Russian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Cape Verdean | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Toishanese | <input type="checkbox"/> H'Mong |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Greek | <input type="checkbox"/> Burmese | <input type="checkbox"/> Somali |
| <input type="checkbox"/> French | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Arabic | <input type="checkbox"/> Other _____ |
- (please specify)*

Boston Public Schools (BPS) residency policy requires that a student must reside in the City of Boston in order to attend the Boston Public Schools.

I, the parent or legal guardian of this student, declare that the student is a legal resident of the City of Boston. I agree to notify the Boston Public Schools of any change in residence during the school year. I understand that students found to be in violation of the Residency Policy will be dismissed immediately from the Boston Public Schools and may be subject to penalties such as legal action, a fine based on the cost of educational services received, and the withholding of certain scholarships and prizes.

By signing your name below, you also certify that the residency information for your child that you have or will submit to the Boston Public Schools is complete and correct. The submission of false information is grounds for the rejection of your child's application and withdrawal of any assignment.

Parent/Guardian Signature: _____

Date: _____

Boston Saves (to determine eligibility, please refer to the grade level chart below)

Did you know your child has a savings account with \$50 for their future?

Boston Saves is a program run by the City of Boston (EDIC) to help BPS families save and plan for their children's futures. Each applicable grade level student (see chart below for eligible year) gets a savings account with \$50 for their college or career training. Families can take simple steps to earn even more money for their child's account. Learn more at www.BostonSavesCSA.org.

Do you agree to let BPS share the following information with the Boston Saves program staff: your email address and your child's name, school, grade, birth date, ZIP code, and state unique student identification number (SASID)?

- Yes, I agree to share this information.
- No, I do not wish to share this information.

School Year	Grade level(s) included for NEW Boston Saves accounts
2020-2021	Kindergarten (K2) - 1 st grade
2021-2022	Kindergarten (K2) - 2 nd grade
2022-2023	Kindergarten (K2) - 3 rd grade
2023-2024	Kindergarten (K2) - 4 th grade
2024-2025	Kindergarten (K2) - 5 th grade
2025-2026	Kindergarten (K2) - 6 th grade
2026-2027	Kindergarten (K2) - 7 th grade
2027-2028	Kindergarten (K2) - 8 th grade
2028-2029	Kindergarten (K2) - 9 th grade
2029-2030	Kindergarten (K2) - 10 th grade
2030-2031	Kindergarten (K2) - 11 th grade
2031-2032	Kindergarten (K2) - 12 th grade