



# ***Penn Brook School***

***“Where Learning Takes Root”***

68 Elm Street  
Georgetown, MA 01833  
978.352.5785  
www.pennbrookschool.net

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**Beth Benoit**  
*Principal*

**Amy Wahl**  
*Assistant Principal*

**Kate Donlin**  
*Assistant Principal*

## Welcome to the Penn Brook Elementary School

### ***Registration***

Enclosed you will find the necessary forms and/or documents that must be provided in order to register your child.  
Please return all forms and documents to the front office at the Penn Brook Elementary School.

- \_\_\_\_\_ Emergency Form
- \_\_\_\_\_ Residency Validation Documents  
*(policy and guidelines attached)*
- \_\_\_\_\_ Home Language Survey
- \_\_\_\_\_ Current Physical/Health Record
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Current passport size snapshot of your child 2 copies  
*(please put child's name on back of picture)*
- \_\_\_\_\_ Release of Student
- \_\_\_\_\_ Bus Registration

# Georgetown School District

## Registration, Health and Emergency Information Form

SCHOOL YEAR \_\_\_\_\_

*This form must be completely filled out, signed, and returned by the first day of school*

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Non Binary: \_\_\_\_\_ Place of Birth \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home#: \_\_\_\_\_

Address: \_\_\_\_\_ Check if New Address: \_\_\_\_\_

(Street) (Town) (Zip Code)  
Name and location of school last attended: \_\_\_\_\_ Grade: \_\_\_\_\_ Primary Language spoken in home: \_\_\_\_\_

Ethnicity: Please check Hispanic or Non-Hispanic then choose appropriate selection on second line: \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Non-Hispanic/Non-Latino

\_\_\_\_\_ American Indian or Native American \_\_\_\_\_ Asian \_\_\_\_\_ Black/African American \_\_\_\_\_ White \_\_\_\_\_ Native Hawaiian or other Pacific Islander

Do you have any other student in the Georgetown School District? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name(s) / Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Address (if different) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Address (if different) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Address (if different) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Child resides with: \_\_\_\_\_

### EMERGENCY INFORMATION

Name of friends/relatives who will assume responsibility/transportation of your child if you cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone \_\_\_\_\_

The following information is required for use in emergency situations only if parent/guardian cannot be located:

Physicians Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

SIGNATURE OF PARENTS Parent/Guardian \_\_\_\_\_

OR GUARDIAN Parent/Guardian \_\_\_\_\_

Please check all that apply to your child: - Heart Condition - Diabetes - Asthma - Seizure Disorder - ADD/ADHS - Migraines - Depression

• Other(Specify) \_\_\_\_\_

• Allergies (food, insects, medications, environment)

(Specify) \_\_\_\_\_

Please list all medications that your child takes

\_\_\_\_\_

• Hearing Problems (Specify) \_\_\_\_\_ Left Ear \_\_\_\_\_ Right Ear \_\_\_\_\_ Hearing Aide \_\_\_\_\_

• Vision Problems (Specify) \_\_\_\_\_ Wears Eyeglasses \_\_\_\_\_ Contact Lenses \_\_\_\_\_

Does your child have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Does your child have Dental Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_ Policyholder \_\_\_\_\_

Dental Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_ Policyholder \_\_\_\_\_

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety

needs. I give permission to exchange information with my child's primary care physician for the purposes of referral, diagnosis and treatment

I give permission for the school nurse to administer the age/weight appropriate dose of: \_\_\_\_\_ - Tylenol to my child

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

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

If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the school nurse (978-352-5790 ext. 3025) for more information about these programs. All communications will be confidential.



## INFORMATION FROM THE SUPERINTENDENT

### RESIDENCY VALIDATION

Please be advised that according to Massachusetts General Laws Chapter 75, Section 5, the Georgetown Public School District is not required to enroll a student who does not reside in our community. The only exception is those students legally enrolled through the state's school choice program.

If you are not a legal resident, it will be necessary for you to withdraw your child from the Georgetown School District and register him/her in the school district where you reside. It is important that you do this as soon as possible so that the transition to their new school will be a smooth one.

Under Massachusetts Laws Chapter 76, Section 5, only students who actually reside within Georgetown may enroll in the Georgetown School District. In order to verify residence within the Town, a student enrolling in the Georgetown School District must provide documentation of actual residence. In addition to providing such documentation at the time of initial enrollment, the school administration may request verification at any later time if there is doubt of actual residence. In addition, the School District will require the parents to pay in full to the Town of Georgetown if we determine that your child is residing in Georgetown for the sole purpose of attending school. The School District reserves the right to require additional information to establish residency.

All applicants for enrollment must submit at least **one document each from Column A, B, and C** and any other documents that may be requested, including but not limited to those from Column A, B, or C (noted below). A parent, guardian, or student who is unable to produce the required documents should contact the Superintendent of Schools.

<b>Column A</b>	<b>Column B</b>	<b>Column C</b>
<p><b><u>Evidence of Residency</u></b></p> <p>Record of recent mortgage payment and/or property tax bill</p> <p>Copy of Lease and record of recent rental payment</p> <p>Landlord Affidavit and recent rental payment</p> <p>Section 8 Agreement</p>	<p><b><u>Evidence of Occupancy</u></b></p> <p>Recent bill dated within the past 60 days showing Georgetown address</p> <p>Gas Bill</p> <p>Oil Bill</p> <p>Electric Bill</p> <p>Home Phone Bill (Not Cell)</p> <p>Cable Bill</p> <p>Excise Tax Bill</p>	<p><b><u>Evidence of Identification</u></b></p> <p><u>(Photo ID)</u></p> <p>Valid Driver's License</p> <p>Valid MA Photo ID Card</p> <p>Passport</p>

## 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	F <input type="checkbox"/> M <input type="checkbox"/> Gender
_____ Country of Birth	____/____/____ Date Of Birth (mm/dd/yyyy)	____/____/____ Date first enrolled in ANY U.S. school (mm/dd/yyyy)	
School Information			
____/____/____ / 20____ Start Date in New School (mm/dd/yyyy)	_____ Name of Former School and Town	_____ Current Grade	
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?  _____ Seldom /Sometimes/often/always  _____ Seldom /Sometimes/often/always		
What language did your child first understand and speak?  _____	What language did 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? _____		
_____ X Parent/Guardian Signature	____/____/____ / 20____ Today's Date: (mm/dd/yyyy)		



# GEORGETOWN PUBLIC SCHOOLS

## RELEASE OF STUDENT RECORDS

In accordance with the Massachusetts Department of Education, Student Record Regulations

(603 CMR 23 00-23 12 dated 6/8/90), please include as soon as possible all academic records, achievement test scores, MCAS scores, Special Education records, attendance, health records, behavior and related information that may be helpful for the proper educational placement of this student. Massachusetts law requires that a transfer form must accompany these records.

Name of Student: \_\_\_\_\_  
(Last) (First) (Full Middle Name)

SASID# \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Current School: \_\_\_\_\_  
Name of School  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Telephone # Fax #

New School: Penn Brook Elementary School  
Name of School  
68 Elm Street  
Street Address  
Georgetown MA 01833  
City State Zip Code  
978-352-5785 978-352-5787  
Telephone # Fax #

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

\_\_\_\_\_  
Date

**Access to Records by Authorized School Personnel, Parents, and Eligible Students.** Student records can be accessed by authorized school personnel, parents, eligible students, and clerical personnel for clerical purposes. (23.02) Effective November 1998, Massachusetts Jaw has changed and now requires that non-custodial parents provide written verification in the form of a probate court order or judgment relative to custody of the child, specifying, in detail, that they have not been denied custody based on a threat to the safety of the child or the custodial parent.

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**FOR INDIVIDUAL SCHOOL USE ONLY**

\_\_\_\_\_  
Date of Authorization  
\_\_\_\_\_  
Date Records Mailed  
\_\_\_\_\_  
By

- \_\_\_\_\_ Records Included
- \_\_\_\_\_ Academic Records
- \_\_\_\_\_ Achievement Test Scores
- \_\_\_\_\_ MCAS Scores
- \_\_\_\_\_ Special Education Records
- \_\_\_\_\_ Attendance Records
- \_\_\_\_\_ Health Records
- \_\_\_\_\_ Behavior Records

# Georgetown Public Schools

## Bus Registration Form

### 2024-2025

If your child will be attending Georgetown Public Schools during the 2024-2025 school year and requires transportation, please fill out this form so your child can be entered into the transportation database. You will be notified if your child is eligible for a bus pass. To be eligible, you must reside at least 1.5 miles from the school or be in a safety zone. Please return this form to the Transportation Coordinator, Tracy Parker, Perley School Superintendent's Office, 51 North Street, Georgetown, MA 01833. You may also email this form to: [parkert@georgetown.k12.ma.us](mailto:parkert@georgetown.k12.ma.us), if you have any questions, you may also contact 978-352-5777 Ext. 142 for further assistance.

#### PLEASE PRINT CLEARLY

Date of Request/Registration: \_\_\_\_\_ Unique ID: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Grade Level for the 2024-2025 School Year: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street and house number address only. Example: 51 North Street)

Parent / Guardian Names(S): \_\_\_\_\_

Contact Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ & ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Email Address: \_\_\_\_\_ & \_\_\_\_\_  
(Please print clearly)

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Decision: