

HADLEY PUBLIC SCHOOLS

STUDENT ENROLLMENT FORM 2024-2025

DATE: ___ / ___ / ___

Grade Enrolling: _____

Hadley Elementary School
 21 River Drive
 Hadley, Massachusetts 01035
 (413) 584-5011 | fax (413) 582-6457

Hopkins Academy
 131 Russell Street
 Hadley, Massachusetts 01035
 (413) 584-1106 | fax (413) 582-6455

PLEASE PRINT CLEARLY. STUDENT NAME MUST BE THE SAME AS PROOF OF AGE.

STUDENT IDENTIFICATION

Student Last Name: _____

First Name: _____

Full Middle Name (req'd): _____

Student Common Name: _____

BIRTH AND ETHNIC DATA

Date of Birth: ___ / ___ / ___ Gender: Male Female Nonbinary

Race/Ethnicity (Check all that apply): Hispanic White Black or African American Asian

American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

City of Birth: _____

State of Birth: _____

Country of Birth: _____

IMMIGRATION AND LANGUAGE DATA

Please complete the following as required by the Massachusetts Department of Education.

Student's Country of Origin: _____
 (Country from which immigrant children have emigrated.)

Immigrant Status (Check if applicable)

An indication of whether a student is eligible for the Emergency Immigrant Education Program is, the student must not have been born in any State (any of the 50 states, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the Virgin Islands, the Northern Mariana Islands, or the territory of the Pacific Islands) and not having completed 3 full academic years of school in any state.

Migrant Status (Check if applicable)

An indication of whether an individual or a parent/guardian accompanying an individual maintains primary employment in one or more agricultural or fishing activities on a seasonal or other temporary basis and establishes a temporary residence for the purpose of employment.

Student's Primary Language: _____
 (Native language is the specific language or dialect first learned by an individual or first used by the parent/guardian with a child.)

PREVIOUS SCHOOL INFO
Previous School: _____
Previous District: _____
Previous City: _____
If student's previous school was not in the US, has your child ever attended school in the US and if so, how many months total? _____

STUDENT RESIDENCE		
Student Address: _____		
City: _____	State: MA	Zip Code: _____
STUDENT MAILING ADDRESS		
<input type="checkbox"/> Mailing Is Same as Residence		
Student Address: _____		
City: _____	State: MA	Zip Code: _____

PARENT/GUARDIAN INFORMATION		
<i>(* Indicates contact information used for school alerts and attendance notifications by email, phone and text. Please notify us if you would like to use alternate information.)</i>		
Parent/Guardian 1: _____ Relationship: _____		
Has legal custody of student <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Phone: () _____	*Cell Phone: () _____	
Work Phone: () _____	*Email: _____	
P/G 1 Address: _____		
City: _____	State: MA	Zip Code: _____
<input type="checkbox"/> Mailing Is Same as Residence		
<input type="checkbox"/> OR Mailing Address, City, State, Zip Code: _____		
Parent/Guardian 2: _____ Relationship: _____		
Has legal custody of student <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Phone: () _____	*Cell Phone: () _____	
Work Phone: () _____	*Email: _____	

Information is the same as P/G 1

P/G 2 Address: _____

City: _____ State: MA Zip Code: _____

Mailing Is Same as Residence

OR Mailing Address, City, State, Zip Code: _____

EMERGENCY CONTACTS *(Other than Parent/Guardian)*

Emergency Contact 1:

Relationship: _____

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

Comment:

Emergency Contact 2:

Relationship: _____

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

Comment:

Emergency Contact 3:

Relationship: _____

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

Comment:

Emergency Contact 4:

Relationship: _____

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

Comment:

STUDENT SERVICES

Has your student been screened/evaluated for Special Education or received any testing or services?

Yes. Please check if your child has an: IEP 504

No, student has not been screened/evaluated for Special Education or received any testing or services.

Please note here if student has siblings enrolled in Hadley Public Schools:

Sibling Name	Grade 2024-2025
1.	
2.	
3.	
4.	

Parent/Guardian Signature: _____

Date: _____

HADLEY PUBLIC SCHOOLS
Proof of Age

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PLEASE PRINT CLEARLY.

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

Please select proof of age document presented at enrollment:

- Birth Certificate
- Religious, hospital, or physician's certificate showing date of birth
- An entry in a family bible
- An adoption record
- An affidavit from a parent;
- Previously verified school records
- Other: _____

Parent/Guardian Signature: _____

Date: _____

Staff Signature: _____
Date: ____/____/____

HADLEY PUBLIC SCHOOLS ENROLLMENT AND PROOF OF RESIDENCY

Before any student is enrolled in the Hadley Public Schools, the student's parent or legal guardian* must prove legal residence in the Town of Hadley. Families whose primary residence is outside of Hadley are not eligible to attend the Hadley Public Schools. (This policy does not apply to the School Choice program.)

Required for enrollment are:

- Documentation proving date of birth
- A physical examination by a physician performed within 12 months of the student's start date at our school, including up-to-date immunizations
- All applicants must submit at least **three proofs of residency**

The documents must be pre-printed with the name and address of the student's parent or guardian*. When registering a student for kindergarten, the Principal will confirm residency. When entering the Hadley Public Schools at any other grade level, the **three residency** documents must be presented to the building principal. These documents also will be required for any **change of address**.

All applicants must submit at least one document from <u>each</u> of the following columns:		
Column A	Column B	Column C
<ul style="list-style-type: none"> • Copy of Deed AND record of most recent mortgage payment • Copy of Lease AND record of most recent payment • Legal affidavit from landlord affirming tenancy AND record of most recent payment 	<p style="text-align: center;"><i>A utility bill or work order dated within the past 60 days, including:</i></p> <ul style="list-style-type: none"> • Gas Bill • Oil Bill • Electric Bill • HOME telephone bill (not cell phone) • Cable Bill • Water Bill 	<ul style="list-style-type: none"> Valid driver's license Current vehicle registration Valid MA photo identification card Valid passport <i>Dated within past year:</i> W-2 form Excise (vehicle) tax bill Property tax bill <i>Dated within the past 60 days.</i> Payroll stub Bank or credit card statement

**Legal guardianship (Physical Custody) requires additional documentation from a court or agency.*

This residency policy does not apply to homeless students.
Report residency fraud! You will remain anonymous - call 413-586-0822

****PLEASE MAKE A COPY OF EVERY DOCUMENT SUBMITTED****

Hadley Public Schools Home Language Survey

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 _____	Gender F <input type="checkbox"/> M <input type="checkbox"/>
Country of Birth _____	Date of Birth (mm/dd/yyyy) _____
Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____	
School Information	
Start Date in New School (mm/dd/yyyy) _____ / ____ / 20____	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? (include relatives -grandparents, uncles, aunts, etc. - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
What language did your child first understand and speak? _____	Which language do 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? _____
Parent/Guardian Signature: X _____	_____ / ____ / 20____ Today's Date: (mm/dd/yyyy)

**HADLEY PUBLIC SCHOOLS
MILITARY FAMILY STATUS FORM**

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In May 2012, as part of the VALOR Act, Massachusetts joined other states as part of the Interstate Compact on Educational Opportunity for Military Children. This information is being requested by the State and districts across the Commonwealth are being asked to report on this information.

Student Name: _____

Grade & Homeroom: _____

Are you (the parent/guardian) currently a member of the military? Yes No

If yes, what branch? _____

Are you active duty? Yes No

National Guard Reserve? Yes No

Are you a veteran? Yes No

Were you medically discharged? Yes No

Did a parent/guardian of the above named student pass away while on active duty? Yes No

Parent/Guardian(s) Name: _____

Parent/Guardian(s) Signature: _____

For more information, please visit <http://www.mic3.net/>.