

HADLEY PUBLIC SCHOOLS

STUDENT ENROLLMENT FORM 2025-2026

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**☐ Mailing Is Same as Residence**Student Address:****City:****State: MA****Zip Code:****PARENT/GUARDIAN INFORMATION***(* 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.)***Parent/Guardian 1:** _____ **Relationship:** _____Has legal custody of student ☐ **Yes** ☐ **No****Home Phone:** () _____***Cell Phone:** () _____**Work Phone:** () _____***Email:** _____**P/G 1 Address:** _____**City:** _____ **State:** MA **Zip Code:** _____☐ Mailing Is Same as Residence☐ **OR** Mailing Address, City, State, Zip Code: _____**Parent/Guardian 2:** _____ **Relationship:** _____Has legal custody of student ☐ **Yes** ☐ **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 2025-2026
1.	
2.	
3.	
4.	

Parent/Guardian Signature: _____

Date: _____

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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><i>A utility bill or work order dated</i> <i>within the past 60 days</i>, including:</p> <ul style="list-style-type: none">• Gas Bill• Oil Bill• Electric Bill• HOME telephone bill (not cell phone)• Cable Bill• Water Bill	<p>Valid driver's license</p> <p>Current vehicle registration</p> <p>Valid MA photo identification card</p> <p>Valid passport</p> <p><i>Dated within past year:</i></p> <p>W-2 form</p> <p>Excise (vehicle) tax bill</p> <p>Property tax bill</p> <p><i>Dated within the past 60 days.</i></p> <p>Payroll stub</p> <p>Bank or credit card statement</p>

****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)	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 - <i>grandparents, uncles, aunts, etc.</i> - 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/>.

HADLEY PUBLIC SCHOOLS

OFFICIAL REQUEST FOR RECORDS

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Hadley Public Schools requests the following school records for:

NAME OF STUDENT

DATE

PREVIOUS SCHOOL ATTENDED

STREET ADDRESS

CITY

STATE

ZIP

The above student is enrolling in the Hadley Public Schools District. Please send his/her complete records including the following information when applicable, to the appropriate Administrative Assistant of the above mentioned school.

- ◆ All transcript Information
- ◆ SAT and other College Board Scores
- ◆ Class Rank
- ◆ Grade Point Average
- ◆ Extracurricular Activities
- ◆ Attendance Record
- ◆ Teacher and Counselor Evaluations and Recommendations
- ◆ Current Health Records and up to date Immunizations
- ◆ Discipline Records
- ◆ MCAS or other standardized test scores
- ◆ Special Education Records
- ◆ Copy of 504
- ◆ DEPARTMENT OF EDUCATION DATA BASE ELEMENTS (State of MA only)

SIGNATURE OF PARENT/GUARDIAN

DATE

Early Childhood Education Experience Survey

Please check next to the option that best describes your child's preschool experience in the school year prior to entering Kindergarten. Select one option only, and indicate hours where applicable. Thank you!

Name of child: _____

Date of Birth: _____

☐

My child did not have any formal early childhood program experience

☐

My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.

☐

My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.

☐

My child did not have formal early childhood program experience but participated in **BOTH Coordinated Family and Community Engagement (CFCE) AND Parent Child Home Program (PCHP)** services.

☐

My child attended a Licensed Family Child Care Provider (**indicate hours below**)

___ for less than 20 hours per week

___ for 20+ hours per week

☐

My child attended a Center Based Program (**indicate hours below**)

___ for less than 20 hours per week

___ for 20+ hours per week

☐

My child attended **BOTH a Licensed Family Child Care Provider AND a Center Based Program** (**indicate hours below**)

___ for less than 20 hours per week

___ for 20+ hours per week

Definitions:

Coordinated Family and Community Engagement (CFCE) Services: locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent-child activities).

Parent Child Home Program (PCHP): home visiting model program funded through the Department of Early Education and Care.

Licensed Family Childcare: refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families.

Center-Based Care: refers to care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools.