Greenfield Public Schools
Student Enrollment

Received Date:
School Attending:
Grade:
LASID:

Please use the following checklist to ensure the necessary documents are provided for student enrollment.

Parent/Guardian Identification
Please provide ONE of the following: ☐Driver's License ☐State or Government Issued ID ☐Passport

Proof of Residency
Please provide ONE (1) of the following from List A or TWO (2) from List B:

List A: ☐Lease ☐Utility Bill ☐Mortgage Statement ☐Official Rent Receipt ☐Landline Phone Bill

List B: ☐Driver's License ☐State or Government Issued ID ☐Paystub ☐Income Tax Form
☐Voter Registration ☐Car/Home/Renter's Insurance ☐Bank Statement

You may submit alternative information consistent with categories A & B above as proof of residency for the District's consideration. If the student's living situation meets the definition of homeless under the McKinney Vento Act, the student will be considered eligible for enrollment regardless of residency documentation.

Please inform the Registrar if the student is in a temporary living situation.

Student Age Documentation
Please provide ONE of the following:
☐Original Birth Certificate
☐Passport
☐State or Government Issued ID
☐Driver's License
☐Native American Tribal Documents
☐Adoption Record
☐Military Dependent Identification Card

Student Medical and Health Records
Please provide BOTH of the following:
☐Most recent physical
☐Immunization Records

Student Enrollment Forms
Please fill out ALL of the following forms:
☐Legal Guardian Affidavit
☐Student Demographics
☐Student Enrollment and Services History
☐Contacts
☐Housing Information and Residency Affidavit
☐Records Release
☐Home Language Survey
☐Student Health Forms

Students who qualify as Homeless, in Foster Care, or in Military Families are exempt from residency documentation in the enrollment process.

These forms are dual-sided

LEGAL GUARDIAN AFFIDAVIT

I, _____, the legal guardian of _____, am filling out the following
Name *Student Name*
enrollment forms to the best of my ability.

I am providing (check one of the following), as proof of identity:
☐Driver's License
☐State or Government Issued ID
☐Passport

Please initial whichever ONE (1) of the following is true of your legal guardianship:

____ I am the legal guardian of this student proved by my name on his/her/their birth certificate

____ I am the legal guardian of this student proved by court documents granting me guardianship that I have included with the enrollment paperwork.

____ I am the legal guardian of this student proved by a signed and notarized Massachusetts Caregiver Affidavit that I have included with the enrollment paperwork.

_____ _____
Signature *Date*

STUDENT DEMOGRAPHICS

Student Information

Last Name:	First Name:	Middle Name:

Date of Birth:	City of Birth:	State (or Country) of Birth:	Gender: ☐Female ☐Male ☐Non Binary

Student Residential Street Address:	Unit/Apt:	City:	State:	Zip:

Grade for 2026-2027 School Year: _____

Student Race/Ethnicity (Please check all that apply)

Please note that the Greenfield Public Schools are committed to ensuring that the school is free from discriminating in education and employment. These questions are taken from state reporting categories. We appreciate your cooperation.

Hispanic or Latino? ☐Yes ☐No

☐White ☐Black or African American ☐Asian

☐American Indian or Alaska Native ☐Native Hawaiian/Other Pacific Islander

Sibling Information – please list all siblings in household

First and Last:	Date of Birth:	Current Grade:
First and Last:	Date of Birth:	Current Grade:
First and Last:	Date of Birth:	Current Grade:
First and Last:	Date of Birth:	Current Grade:

Students Born in Other Countries

Country of birth:	Date first entered the United States:	Date first enrolled in U.S. Schools:
First native language/dialect:	Primary language/dialect spoken at home:	

STUDENT ENROLLMENT AND SERVICES HISTORY

School History – Schools Attended (last 3)

Grade(s)	Name of School	City/Town	State	Years Attended

If your student is an incoming Kindergartener who attended preschool/daycare/Headstart, please indicate Full or Part Time:

☐Full Time (20 hours per week or more)
☐Part Time (less than 20 hours per week)

	Please check all that apply:
	My child did NOT attend preschool, daycare, headstart, or any other program.
	My child attended preschool, daycare, or headstart in a school building.
	My child attended daycare in an individual's home.
	We participated in a Coordinated Family and Community Engagement (CFCE) program.
	We participated in a Parent Child Home Program (PCHP).
	OTHER (Please describe below):

Does your student have an Individualized Education Program (IEP)? ☐Yes ☐No ☐I don't know
Does your student have a 504 Plan? ☐Yes ☐No ☐I don't know
Does your student receive English Learner (EL) services? ☐Yes ☐No

Notes about Enrollment or Services History:

CONTACTS

Legal Guardian Information

Parent/Guardian #1 **Does this parent have custody? Please circle:** YES NO PARTIAL

Name:		Relationship to Student:	
Address:	City:	State:	Zip:
Email:	Cellphone:	Home Phone:	
Employer:		Work Phone:	

If mailing address is different than residential:

Street:

_____

City: _____ State: _____ Zip: _____

Parent/Guardian #2 **Does this parent have custody? Please circle:** YES NO PARTIAL

Name:		Relationship to Student:	
Address:	City:	State:	Zip:
Email:	Cellphone:	Home Phone:	
Employer:		Work Phone:	

If mailing address is different than residential:

Street:

_____

City: _____ State: _____ Zip: _____

Parent/Guardian Military Status

Does your student have a parent/guardian in the military? _____ Yes _____ No

If yes, who? Name:_____ Relationship to student:_____

If yes, please indicate which of the following is true of the parent/guardian in the military:

☐active duty member

☐veteran, retired or medically discharged in the last year

☐military member who died on active duty in the last year

If there is a custody arrangement for your child, please provide the legal paperwork along with this packet.

Emergency Contact Information

Emergency Contact #1 (In Case Parent/Guardian is Unavailable)

Name:			Relationship :
Address:	City:	State:	Zip:
Employer:	Work Phone:	Home Phone:	Cell Phone:

This Emergency Contact:

☐Lives with student
☐Is authorized to pick up student from school
☐Is authorized to receive information regarding the reason for school dismissal (emergency contact)

Emergency Contact #2 (In Case Parent/Guardian is Unavailable)

Name:			Relationship :
Address:	City:	State:	Zip:
Employer:	Work Phone:	Home Phone:	Cell Phone:

This Emergency Contact:

☐Lives with student
☐Is authorized to pick up student from school
☐Is authorized to receive information regarding the reason for school dismissal (emergency contact)

HOUSING INFORMATION and RESIDENCY AFFIDAVIT

Housing Information

The following questions are used to determine students' eligibility for services provided by the McKinney-Vento Act, 42 U.S.C. 11435.

Is the address you are residing at a temporary living arrangement?
☐Yes ☐No

If yes, is this temporary living arrangement due to loss of housing, economic hardship, or unsafe living conditions?
☐Yes ☐No

If you answered YES to both of these questions, please indicate which of the following describes your temporary living situation?
☐Sharing housing with another family (friends or family)
☐Hotel/motel
☐Shelter
☐Trailer, car, or campsite

Residency Affidavit

I attest that I, _____ am living at _____

in _____, as demonstrated by:

ONE (1) of the following from List A or TWO (2) from List B:

List A: ☐Lease ☐Utility Bill ☐Mortgage Statement ☐Official Rent Receipt ☐Landline Phone Bill

List B: ☐Driver's License ☐State or Government Issued ID ☐Paystub ☐Income Tax Form
☐Voter Registration ☐Car/Home/Renter's Insurance ☐Bank Statement

CHECK ALL THAT APPLY:

My student, _____, is living with:

☐me
☐another guardian, _____ at _____

I agree that, immediately upon any change in my residency or the residency of my student, I shall inform the District of the new address.

The facts set forth in this residency affidavit are true and complete. I understand that providing misleading or false information about residency is a criminal offense.

_____
Printed Name

_____ _____
Signature Date

Students who qualify as Homeless, in Foster Care, or in Military Families are exempt from residency documentation in the enrollment process.

GREENFIELD PUBLIC SCHOOL
195 Federal Street, Suite 100, Greenfield, MA 01301
"The Greenfield Public School District is a place where every child is supported on their path to success."
Ph: 413-772-1300 / Fax: 413-774-7940

HEALTH/MEDICAL INFORMATION and Permission to Treat For School Nurse's Record

FIRST NAME: **MIDDLE NAME:** **LAST NAME:**

DOB: _____ **GRADE:** _____ **GENDER:** **MALE** _____ **FEMALE** _____ **NON-BINARY** _____

HOME ADDRESS:

Parent/Guardian #1:_____ **Phone: (H)** _____ **(cell)** _____

Parent/Guardian #2:_____ **Phone : (H)** _____ __ **(cell)** _____

Student lives with: Both Parents _____ **One Parent (specify):** _____**Other (specify):** _____

Student's Legal Guardian: Both Parents: _____ **Guardian (specify):** _____ **Other (specify):** _____

Pediatrician's Name _____ **Dentist Name** _____

Has your child had a routine physical examination within the last 12 months? **YES / NO**

(If your child is in Pre-K, K, grades 4, 7, 10 or new to the school district, please be sure to forward a copy of the most recent physical examination to the school nurse).

Has your child been diagnosed with any of the following health conditions:

	YES	NO	If YES, please describe:
ASTHMA			INHALER?
DIABETES			IF YES, SEE SCHOOL NURSE FOR CARE DETAILS PRIOR TO START OF SCHOOL.
ADD/ADHD			MEDICATION?
SEIZURE DISORDER			MEDICATION?
BLEEDING DISORDER			
SKIN CONDITION			
EYE/VISION PROBLEM			DO THEY WEAR GLASSES? FOR READING, DISTANCE OR BOTH?
EAR/HEARING PROBLEM			
FOOD ALLERGY SEASONAL ALLERGIES			
INSECT ALLERGY MIGRAINES			
DEPRESSION			
OTHER (SPECIFY)			

If your child is taking any medications other than what you have listed above, please provide medication name and reason for use:

_____

_____

_____

Does your child have health insurance? Please circle: Yes / No **Health Insurance Company:**
Physician's Information: Please provide your family physician's name and phone number.
If your child has allergies, do they require an EPI-PEN? YES / NO
Please add any other problems or comments you like to bring to the attention of the school nurse or physician. Please include any significant accidents, illnesses, surgeries, and or losses (death in family, a move, divorce, etc.) **in recent months that may affect your child's school experience.**

I give permission for the school nurse to administer the following medication (s) to my child: (Please circle yes or no)

Yes / No Ibuprofen **Yes / No** Benadryl **Yes / No** Tums **Yes / No** Cough Drops **Yes / No** Tylenol **Yes / No** Calamine **Yes / No** Bacitracin **Yes / No** Anbesol **Yes / No** Bactine **Yes / No** Aloe Gel **Yes / No** Sting Eze **Yes / No** EpiPen **Yes / No** First Aid Cream

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. **Yes / No**

I give permission to the school nurse to exchange information with my child's physician for the purpose of referral, diagnosis and treatment. **Yes / No**

If emergency treatment is immediately required, the school nurse and/or school administration will exercise their own judgment in calling 911 to transport the child to a hospital emergency department. Every effort will be made for prompt communication with the parent or guardian if this situation occurs.

EMERGENCY INFORMATION:

If my child becomes ill at school and requires dismissal, and the parent or guardian can not be reached, you are authorized to call the following individuals who will assume responsibility and arrange transportation. You may also release the reason for dismissal to the following individuals.

1. Name:	Relationship:
Phone:	Mobile:
2. Name:	Relationship:
Phone:	Mobile:
3. Name:	Relationship:
Phone:	Mobile:

Signature of Parent / Guardian: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

GREENFIELD PUBLIC SCHOOLS

195 Federal Street – Suite 100, Greenfield, MA 01301

"The Greenfield Public School District is a place where every child is supported on their path to success."

Carol M. Kruser, Superintendent of Schools Ph: 413-772-1300 / Fax: 413-774-7940

RELEASE OF RECORDS

I, _____ authorize the release of the records specified below and belonging to:

Student Name: _____ Date of Birth: _____

Cumulative academic record
Medical Records (immunizations, physical)
Special Education Records (current IEP, next IEP, and all evaluations/supporting documentation)
504 Plan (current 504, next 504, and all evaluations/supporting documentation)
English Learner Records
Birth certificate or other record of student age

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Please mail requested documents to the location indicated below:

☐ Federal Street School
125 Federal St
Greenfield, MA 01301
Phone: 413-772-1380
Fax: 413-772-1319

☐ Newton Elementary School
70 Shelburne Rd
Greenfield, MA 01301
Phone: 413-772-1370
Fax: 413-772-1332

☐ Greenfield High School
21 Barr Ave
Greenfield, MA 01301
Phone: 413-772-1350
Fax: 413-774-6204

☐ Greenfield Middle School
195 Federal St
Greenfield, MA 01301
Phone: 413-772-1350
Fax: 413-772-1367

☐ Four Corners Elementary School
21 Ferrante Dr
Greenfield, MA 01301
Phone: 413-772-1375
Fax: 413-772-1329

☐ Academy of Early Learning
1 Place Terrace
Greenfield, MA 01301
Phone: 413-772-1390
Fax: 413-772-1337

☐ Pupil Services Department
195 Federal St, Ste 100
Greenfield, MA 01301
Phone: 413-772-1327
Fax: 413-774-7940

Previous School Information

Previous School Name:			
School Address:	City:	State:	Zip:
Phone:	Fax:		

Language Survey

Massachusetts is home to speakers of many different languages. This Language Survey helps us learn about your child's English language skills and provide support to your child if necessary to help them learn English. Please answer the questions below. If your response to any of the questions in SECTION 1 is a language other than English, the school district will give your child a test to see if they may benefit from English language support.
If you need help completing this form, please ask for assistance.

Student Name:	_____
Grade:	_____
Date of Birth (mm/dd/yyyy):	_____
Name of Parent/Guardian #1:	_____
Name of Parent/Guardian #2:	_____
SECTION 1: These questions will help the school identify students who may need English language supports. If your response to any question 1-3 is a language other than English, your child will be tested on their use and understanding of English to determine if English language supports are needed.	1. Please list the language(s) that parents and/or primary caregivers use to communicate with your child at home. _____ 2. Please list the language(s) that your child currently uses to communicate with others. _____ 3. Please list the language(s) your child first understood and used to communicate. _____
SECTION 2: **Interpretation and Translation Services** This section will let the school know if you, the parents/guardians, need an interpreter or documents translated. *This section is for informational purposes only and is not used to identify if your child needs support to learn English.*	4. In what language(s) would your family prefer to receive written communication from the school? Parent/Guardian # 1: _____ Parent/Guardian # 2: _____ 5. Would you prefer for the school to arrange for an interpreter to be available to you free of charge during meetings and phone calls with the school about your child (including American Sign Language or other types of sign language)? _____ Yes _____No If yes, in which language(s)? Parent/Guardian # 1: _____ Parent/Guardian # 2: _____

SECTION 3 [Optional]: Prior Education This section will provide the school with background information about your student and their prior education. *This section is optional and is not used to identify if your child needs support to learn English.*	6. Please list the name and location of the last school your child attended. School Name: _____ City/town: _____ Country: _____ 7. How many years has your child attended school in the United States? (beginning with kindergarten) _____ Please list the date your child first started school in the United States, if known (mm/yyyy):_____ 8. Has your child ever attended school outside of the United States? _____Yes _____No _____Not sure If yes, for how many years? _____ In what language(s) did your child learn while attending school outside of the United States? _____ What is the last grade your child was enrolled in or completed?_____ 9. Has your child ever received support to improve their English in United States schools? _____Yes _____No _____ Not sure 10. Is there anything else you think is important for the school to know about your child? (for example, special interests, talents, or concerns you have about your child's experience in school?) _____ _____ _____
Parent/Guardian Name: Parent/Guardian Signature: Date (mm/dd/yyyy):	_____ _____ _____