

# NORTH ATTLEBOROUGH PUBLIC SCHOOLS

## STUDENT REGISTRATION

*Please check which school you are registering your student for:*

- Preschool**     
  **Elementary**     
  **Middle School**     
  **High School**

*If registering for Kindergarten*

- Full Day Kindergarten**     
  **Half-Day Kindergarten**

### HOW TO REGISTER:

<u>Preschool</u> Grade: PK	<u>Elementary</u> Grades: K-5	<u>Middle School</u> Grades: 6-8	<u>High School</u> Grades: 9-12
Early Learning Center Lynn Perreault Main Office 25 School Street N. Attleborough, MA 02760 Phone: 508-643-2145	Registration Office Sharon Chretien 45 South Washington Street Door D (Back of Building) N. Attleborough, MA 02760 Phone: 508-643-2178 X108 <i>By Appointment</i>	Middle School Guidance Office 564 Landry Avenue N. Attleborough, MA 02760 Phone: 508-643-2130	High School Guidance Office One Wilson W. Whitty Way N. Attleborough, MA 02760 Phone: 508-643-2120

## DOCUMENTATION REQUIRED FOR REGISTRATION

### CHECKLIST:

- Completed Registration Forms**
- Proof of Residency (see Residency Page)**
- Original Birth Certificate**
- Guardian/Custody Papers if applicable**
- Immunization Record**
- Physical Exam with Lead Test (within a year)**
- School Records (assessments, discipline, Individualized Educational Plan, progress reports, report cards, transcripts, etc.)**
- Free and Reduced Lunch Application**

Please call the main office at the school if you would like this document translated into a language other than English.  
 Por favor, contate a secretaria central da escola caso deseje que este documento seja traduzido para o português.  
 Por favor, llame a la oficina central de la escuela si usted desea que este documento sea traducido al español.  
 الرجاء الإتصال بالمكتب الرئيسي في المدرسة إذا أردتم ترجمة هذه الوثيقة إلى اللغة العربية.  
 請致電主要辦公室在學校，如果你想這份文件翻譯成英文以外的語言。

**NORTH ATTLEBOROUGH PUBLIC SCHOOLS  
STUDENT REGISTRATION**

**RESIDENCY DOCUMENTATION**

**“Proof from Group A and Group B must show current address”**

<b>Group A</b> <i>Must submit 1 proof</i>	<b>Group B</b> <i>Must submit 2 proofs</i>	<b>Group C</b> <i>Must submit 1 proof</i>
<p><b><u>Homeowners:</u></b></p> <ul style="list-style-type: none"> <li>● Current Mortgage Statement</li> <li>● Property Deed</li> <li>● Settlement Statement</li> <li>● Current Property Tax Bill</li> <li>● Current Property Water Bill</li> </ul>	<p><b><u>Utility or Insurance Bill</u></b> <i>Must be dated within the past 30 days</i></p> <ul style="list-style-type: none"> <li>● Bank Statement</li> <li>● Payroll Stub</li> <li>● Cable Bill</li> <li>● Electric Bill</li> <li>● Gas Bill</li> <li>● Oil Bill</li> </ul>	<p><b><u>Evidence of Identification</u></b> <i>(Photo ID)</i></p> <ul style="list-style-type: none"> <li>● Valid MA Driver’s License</li> <li>● Valid MA Photo ID Card</li> <li>● Valid Passport</li> <li>● Valid Other Government Issued Photo ID</li> </ul>
<p><b><u>Renters:</u></b></p> <ul style="list-style-type: none"> <li>● Current Lease</li> <li>● Signed and Notarized Landlord Living Agreement</li> </ul>	<ul style="list-style-type: none"> <li>● Home Telephone Bill (cellular is not acceptable)</li> <li>● Current Car Insurance Bill</li> <li>● Current Car Registration</li> <li>● Current Home/Renters Insurance Bill</li> </ul>	

*If you are unable to provide all of the information listed above please indicate this to the registrar. An additional appointment will need to be scheduled with School Administration to complete the registration process.*

# NORTH ATTLEBOROUGH PUBLIC SCHOOLS STUDENT REGISTRATION

## STUDENT INFORMATION

STUDENT INFORMATION		
<i>GRADE ENTERING</i>	<i>YOG</i>	<i>NA SCHOOL ENTERING</i>
TODAY'S DATE		
ENROLLMENT STATUS	<b>CHOOSE ONLY ONE:</b> <input type="checkbox"/> NEW STUDENT <input type="checkbox"/> RE-ENTRY (PREVIOUSLY ATTENDED) <input type="checkbox"/> EVALUATION ONLY	
STUDENT'S FIRST NAME		
STUDENT'S MIDDLE NAME		
STUDENT'S LAST NAME		
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
DATE OF BIRTH/AGE OF STUDENT	/   /	AGE OF STUDENT:
PLACE OF BIRTH	CITY:	STATE:                      COUNTRY:
GRADE ENTERING		
HOME ADDRESS		
CITY, STATE AND ZIPCODE	North Attleborough, MA 02760	
PHONE INFORMATION	HOME PHONE: (        )        —                      CELL PHONE: (        )        —	
ETHNICITY	<b>IS THE STUDENT HISPANIC OR LATINO?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
RACE	<b>WHAT IS THE STUDENT'S RACE (PLEASE CHECK ALL THAT APPLY)?</b> <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE	
STUDENT EDUCATIONAL SERVICES	<b>CHECK ALL THAT APPLY:</b> <input type="checkbox"/> ESL <input type="checkbox"/> IEP <input type="checkbox"/> TITLE I <input type="checkbox"/> 504 PLAN <input type="checkbox"/> NONE	
LANGUAGE SPOKEN AT HOME		
PARENT TRANSLATION SERVICES NEEDED	<input type="checkbox"/> YES <input type="checkbox"/> NO                      LANGUAGE:	
STUDENT LIVES WITH	<input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> STATE <input type="checkbox"/> GUARDIAN <input type="checkbox"/> FOSTER CARE	
DCF CUSTODY	IS THE CHILD IN DCF CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
FOSTER CARE	IS THE CHILD IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STATE WARD	IS THE CHILD A WARD OF THE STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
LAST SCHOOL ATTENDED		
ADDRESS OF LAST SCHOOL ATTENDED		
VALOR ACT (MILITARY FAMILY STATUS)		
VALOR ACT (MILITARY FAMILY STATUS)	<b>BASED ON THE FOLLOWING, IS YOUR CHILD CONSIDERED TO BE PART OF A MILITARY FAMILY?</b> <ul style="list-style-type: none"> <li>ACTIVE DUTY MEMBERS OF THE UNIFORMED SERVICES, NATIONAL GUARD AND RESERVE ON ACTIVE DUTY ORDERS</li> <li>MEMBERS OF VETERANS WHO ARE MEDICALLY DISCHARGED OR RETIRED WITHIN THE LAST 12 MONTHS</li> <li>MEMBERS WHO DIED ON ACTIVE DUTY</li> </ul> <input type="checkbox"/> YES <input type="checkbox"/> NO	



# NORTH ATTLEBOROUGH PUBLIC SCHOOLS STUDENT REGISTRATION

**FAMILY INFORMATION CONTINUED**

PLEASE LIST **ALL** BROTHERS/SISTERS WHO ATTEND NORTH ATTLEBOROUGH PUBLIC SCHOOL AND THE GRADE AND SCHOOL THEY ATTEND .

SIBLING INFORMATION (BROTHERS/SISTERS OF STUDENT)	
NAME OF SIBLING	FIRST: _____ LAST: _____
DATE OF BIRTH OF SIBLING	/ /
GRADE OF SIBLING	
NAME OF SCHOOL SIBLING ATTENDS	
NAME OF SIBLING	FIRST: _____ LAST: _____
DATE OF BIRTH OF SIBLING	/ /
GRADE OF SIBLING	
NAME OF SCHOOL SIBLING ATTENDS	

HEALTH INFORMATION	
NAME OF HEALTH INSURANCE PLAN	
NAME OF DENTAL INSURANCE PLAN	
STUDENT'S PRIMARY CARE PROVIDER	DOCTOR'S NAME: _____ PHONE NUMBER: (        ) _____
MEDICAL CONDITIONS/CONCERNS	
ALLERGIES	EPI-PEN: <input type="checkbox"/> YES <input type="checkbox"/> NO   ALLERGIES: _____
PLEASE LIST ALL MEDICATIONS THAT YOUR CHILD TAKES	MEDICATIONS: _____

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**YOUR SIGNATURE INDICATES THAT YOU HAVE RECEIVED ALL THE NECESSARY INFORMATION TO COMPLETE THIS REGISTRATION.**

FOR SCHOOL USE ONLY – BIRTH CERTIFICATE/PASSPORT: YES _____ NO _____ AFFIDAVIT OF RESIDENCY: YES _____	
CUSTODY/GUARDIANSHIP: YES _____ NO _____ N/A _____ PERMANENT _____ TEMPORARY _____ EXPIRES/REVIEWED _____	DCF FOLDER: YES _____ N/A _____
SCHOOL RECORDS EMAILED _____ FAXED _____ TO: _____ DATE _____	APPROVED BY: _____ DATE _____
EMAILED/FAXED TO: ELL _____ IT DEPARTMENT _____ SPECIAL EDUCATION _____	DATE: _____

# NORTH ATTLEBOROUGH PUBLIC SCHOOLS STUDENT REGISTRATION

## 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'S FIRST NAME: \_\_\_\_\_

STUDENT'S MIDDLE NAME: \_\_\_\_\_

STUDENT'S LAST NAME: \_\_\_\_\_

GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

AGE OF STUDENT: \_\_\_\_\_ GRADE ENTERING: \_\_\_\_\_ DATE FIRST ENROLLED IN ANY U.S. SCHOOL: \_\_\_\_\_

HOME LANGUAGE QUESTIONS	ANSWERS
1. WHAT IS THE NATIVE LANGUAGE(S) OF EACH PARENT/GUARDIAN?	MOTHER/GUARDIAN (CIRCLE): _____  FATHER/GUARDIAN (CIRCLE): _____
2. WHAT LANGUAGE DID YOUR CHILD FIRST UNDERSTAND OR SPEAK?	
3. WHAT LANGUAGE DO YOU USE MOST OFTEN WHEN SPEAKING TO YOUR CHILD AT HOME?	
4. WHAT LANGUAGE DOES YOUR CHILD USE MOST OFTEN WHEN SPEAKING TO FAMILY?	
5. WHAT LANGUAGE DOES YOUR CHILD USE MOST OFTEN WHEN SPEAKING WITH FRIENDS?	
6. WHAT LANGUAGE(S) DOES YOUR CHILD READ/WRITE?	
7. AT WHAT AGE DID YOUR CHILD START ATTENDING SCHOOL?	
8. HAS YOUR CHILD HAD ANY INTERRUPTIONS IN FORMAL SCHOOLING? IF SO, PLEASE EXPLAIN.	
9. WHAT LANGUAGE WOULD YOU PREFER FOR THE SCHOOL TO COMMUNICATE TO YOU ORALLY AND IN WRITING? <i>(PLEASE SPECIFY)</i>	

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RELATIONSHIP OF PERSON COMPLETING SURVEY: MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ GUARDIAN \_\_\_\_\_

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**NORTH ATTLEBOROUGH PUBLIC SCHOOLS  
STUDENT REGISTRATION  
STUDENT HEALTH SURVEY**

STUDENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GRADE: \_\_\_\_\_

**NONE**

<input type="checkbox"/>	01	ALLERGY: BEE STING	<input type="checkbox"/>	23	HOSPITALIZATION
<input type="checkbox"/>	02	ALLERGY: FOOD	<input type="checkbox"/>	24	HYPERACTIVE
<input type="checkbox"/>	03	ALLERGY MEDICATION	<input type="checkbox"/>	25	KIDNEY DISORDER
<input type="checkbox"/>	04	ALLERGY: POLLEN/DUST/HAY FEVER	<input type="checkbox"/>	26	MEDICATIONS NEEDED AT SCHOOL
<input type="checkbox"/>	05	ALLERGY: UNKNOWN CAUSES	<input type="checkbox"/>	27	MENSTRUAL CRAMPS (severe)
<input type="checkbox"/>	06	ANEMIA	<input type="checkbox"/>	28	MIGRAINE HEADACHES: MEDICATION
<input type="checkbox"/>	07	ARTHRITIS	<input type="checkbox"/>	29	MUSCULAR DYSTROPHY
<input type="checkbox"/>	08	ASTHMA MEDICATION required	<input type="checkbox"/>	30	NOSE BLEEDS (frequent)
<input type="checkbox"/>	09	BIRTH DEFECT/CHROMOSOME DISORDER	<input type="checkbox"/>	31	OSGOOD-SCHLATTER DISEASE
<input type="checkbox"/>	10	BLOOD DISORDER	<input type="checkbox"/>	32	PHYSICAL ACTIVITY LIMITATION
<input type="checkbox"/>	11	CANCER/LEUKEMIA	<input type="checkbox"/>	33	PREMATURE BIRTH
<input type="checkbox"/>	12	CEREBRAL PALSY	<input type="checkbox"/>	34	RHEUMATIC FEVER HISTORY
<input type="checkbox"/>	13	COLOR BLINDNESS	<input type="checkbox"/>	35	SCOLIOSIS
<input type="checkbox"/>	14	CYSTIC FIBROSIS	<input type="checkbox"/>	36	ULCER
<input type="checkbox"/>	15	DIABETIC: INSULIN DEPENDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	37	VISION IMPAIRMENT:
<input type="checkbox"/>	16	EATING DISORDERS: UNDER/OVERWEIGHT	<input type="checkbox"/>	38	OTHER (Please explain)
<input type="checkbox"/>	17	ENDOCRINE DISODERS			
<input type="checkbox"/>	18	EPILEPSY/SEIZURES: MEDICATION <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/>	19	GROWTH DISORDERS (Please explain under "Comments")			
<input type="checkbox"/>	20	HEAD INJURY			
<input type="checkbox"/>	21	HEARING LOSS <input type="checkbox"/> RIGHT EAR <input type="checkbox"/> LEFT EAR			
<input type="checkbox"/>	22	HEART DISEASE/DEFECT:			

Will these issues require nursing intervention during the school day?  YES  NO

Comments:

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**NORTH ATTLEBOROUGH PUBLIC SCHOOLS  
STUDENT REGISTRATION  
Early Childhood Education Experience Survey**

**Please complete this survey ONLY if you are registering your child for kindergarten.**

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 (e.g. parent/child playgroups, parent-child activities)
- My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services (home visit program)
- 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.



**NORTH ATTLEBOROUGH PUBLIC SCHOOLS**  
**STUDENT REGISTRATION**  
**McKinney-Vento Assistance Identification**

North Attleborough Public Schools shall provide an educational environment that treats all students with dignity and respect. All students that are homeless shall have equal access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and youth not living with a parent or guardian, applies to all services, programs, and activities provided or made available by North Attleborough Public Schools.

A student is considered “**homeless**” (*Fed. Law: U.S.C. 11431-11435*) if he or she is presently:

- sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
- have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
- living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings;
- migratory
- not in the physical custody of a parent or guardian (i.e. unaccompanied youth)

**Homeless Students Have Rights to:**

- **Immediate school enrollment:**  
A school must immediately enroll students even if they lack health, immunization or school records, proof of guardianship, or proof of residency.
- **Enroll in:**
  - \*the school he/she attended when permanently housed (school of origin)
  - \*the school in which he/she was last enrolled (school of origin)
  - \*any school that non-homeless students, living in the same attendance area in which the homeless child or youth is actually living, are eligible to attend.
- **Remain** enrolled in his/her selected school for as long as he/she remains homeless or, if the student becomes permanently housed, until the end of the academic year.
- **Priority** in certain preschool programs. Parents or guardians are encouraged to seek enrollment in these programs.
- **Obtain** information regarding how to get free school meals, transportation, programs and fees.
- **Transportation services:**  
A homeless student attending his/her school of origin has a right to transportation to go to and from school of origin as long as he/she is homeless. North Attleborough staff shall inform homeless parents/guardians or youth of transportation services to and from school and school- related activities.

If you desire additional information regarding McKinney-Vento Assistance, please contact the Assistant Superintendent’s Office at 508-643-2100 X206.



**NORTH ATTLEBOROUGH PUBLIC SCHOOLS  
STUDENT REGISTRATION**

**RELEASE FORM/RELEASE OF INFORMATION**

STUDENT'S FIRST NAME: \_\_\_\_\_

STUDENT'S MIDDLE NAME: \_\_\_\_\_

STUDENT'S LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE ENTERING: \_\_\_\_\_ ENROLLING: \_\_\_\_\_  
Month/Year

**PREVIOUS SCHOOL INFORMATION**

LAST SCHOOL ATTENDED: \_\_\_\_\_  
Name of School

SCHOOL'S ADDRESS: \_\_\_\_\_  
Street No. Street Name City/Town State Zip

SCHOOL'S PHONE NO.: (\_\_\_\_) \_\_\_\_\_ SCHOOL'S FAX NO.: (\_\_\_\_) \_\_\_\_\_

I authorize the North Attleborough Public Schools, as the system in which I am registering my child, to receive all pertinent school records including but not limited to:

- Official Permanent Record/Transcript (including a recent report card, academic level of achievement and explanation of the grading system used)
- Exit Grades
- Achievement and Aptitude Test Scores (including all MCAS scores)
- Attendance Records
- Discipline Records
- Medical Records (immunizations and physical exam information)
- Evaluation(s)/Special Education Records (I.E.P., etc.)/504 Plan if applicable
- Verbal/Written Communication

I also authorize the North Attleborough Public Schools to contact other sources to obtain information relative to my child's application.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE MAIL OR FAX ALL PERTINENT RECORDS TO:**

<p><b><u>Amvet Boulevard</u></b> 70 Amvet Boulevard N. Attleborough, MA 02760 Phone: 508-643-2155 Fax: 508-643-2184</p>	<p><b><u>Community School</u></b> 45 S. Washington Street N. Attleborough, MA 02760 Phone: 508-643-2148 Fax: 508-643-2179</p>	<p><b><u>Early Learning Center</u></b> 25 School Street N. Attleborough, MA 02760 Phone: 508-643-2145 Fax: 508-643-2188</p>
<p><b><u>Falls Elementary</u></b> 2 Jackson Street N. Attleborough, MA 02760 Phone: 508-643-2170 Fax: 508-643-2185</p>	<p><b><u>High School</u></b> One Wilson W. Whitty Way N. Attleborough, MA 02760 Phone: 508-643-2120 Fax: 508-643-2122</p>	<p><b><u>Joseph Martin</u></b> 37 Landry Avenue N. Attleborough, MA 02760 Phone: 508-643-2140 Fax: 508-643-2186</p>
<p><b><u>Middle School</u></b> 564 Landry Avenue N. Attleborough, MA 02760 Phone: 508-643-2130 Fax: 508-643-2134</p>	<p><b><u>Roosevelt Avenue</u></b> 108 Roosevelt Avenue N. Attleborough, MA 02760 Phone: 508-643-2151 Fax: 508-643-2187</p>	





**NORTH ATTLEBOROUGH PUBLIC SCHOOLS  
STUDENT REGISTRATION**

**COMPLETED FORM MUST BE RETURNED IN PERSON TO HUMAN RESOURCES WITH PHOTO IDENTIFICATION**

NORTH ATTLEBOROUGH PUBLIC SCHOOLS *School ORG. ID = NORMA12-00320*  
 HUMAN RESOURCES DEPARTMENT  
 John Woodcock Administration Building  
 6 Morse Street  
 North Attleborough, MA 02760

**REQUEST FORM  
 CORI (Criminal Offender Record Information)  
 SORI (Sexual Offender Record Information)**

**EMPLOYEE/APPLICANT/VOLUNTEER/SUBCONTRACTOR**

North Attleborough Public Schools is registered under the provisions of M.G.L. c.6, Sec. 172 to receive criminal offender record information (CORI) for the purposes of screening current and otherwise qualified prospective employees, subcontractors and volunteers. As a prospective or current employee, subcontractor or volunteer, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information System (DCJIS). I hereby acknowledge and provide permission to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing written notice of my intent to withdraw my consent. I understand that the District may conduct subsequent CORI checks within one year of the date of this form provided that I first receive written notice of this check. By signing below, I provide my consent to a CORI check and acknowledge that the information provided below is true and accurate. Additionally, I understand that the District will request and receive sexual offender record information (SORI) from the Massachusetts Sex Offender Registry Board (SORB) to determine if I pose an unreasonable risk to the children. I also understand that, if my position requires, I will be provided with information to on how to register for a fingerprint appointment in order that a national criminal history check may be conducted.

**Employee/Applicant/Volunteer/Subcontractor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**COMPLETE THE FOLLOWING INFORMATION (PLEASE PRINT)**

LAST NAME	FIRST NAME	MIDDLE NAME	XXX- SOCIAL SECURITY # (LAST 6 DIGITS REQUIRED)
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MAIDEN NAME (or other names by which you have been known)	MOTHER'S FULL MAIDEN NAME
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DATE OF BIRTH	PLACE OF BIRTH	FATHER'S FULL NAME
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CURRENT ADDRESS: _____ HOME PHONE # _____			
Street number/name	City/Town	State	Zip

FORMER ADDRESS: _____ CELL PHONE # _____			
Street number/name	City/Town	State	Zip

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. EYE COLOR: \_\_\_\_\_ RACE: \_\_\_\_\_

STATE DRIVER'S LICENSE #: \_\_\_\_\_ STATE OF ISSUE: \_\_\_\_\_

POSITION HELD / APPLIED FOR \_\_\_\_\_ SCHOOL / DEPARTMENT: \_\_\_\_\_ HIRE DATE: \_\_\_\_\_

IF VOLUNTEER CHECK HERE \_\_\_\_\_ STUDENT(S) NAME \_\_\_\_\_

**BELOW TO BE COMPLETED BY EMPLOYER**

The above information was verified by reviewing the following form(s) of government issued ID:

GOVERNMENT ISSUED ID: \_\_\_\_\_

\_\_\_\_\_  
 NAME OF VERIFYING EMPLOYEE (PRINT)

\_\_\_\_\_  
 SIGNATURE OF VERIFYING EMPLOYEE