

### Pre-School Registration Information.

The Freetown-Lakeville Early Childhood Center is now accepting applications for the 2 and 4 year old role model students for the 2021-2022 school year.

Children must be Freetown-Lakeville residents and age 3 or 4 by Aug. 31, 2021

Registration packet are available on the Freetown Lakeville Regional School District webpage ([www.freelake.org](http://www.freelake.org)) as well as at Assawompset Elementary and Freetown Elementary School locations.

Please return the complication application packet and required documentation to Freetown Elementary School 43 Bullock Rd. E Freetown.

We will be accepting applications until February 26, 2021.

For any questions, please contact the Special Education Office at 508-923-2000 extension 1712.

**FREETOWN / LAKEVILLE EARLY CHILDHOOD CENTER**  
**PRESCHOOL PROGRAM REGISTRATION FORM**

This form needs to be printed, filled out and submitted to  
Freetown Elementary School 43 Bullock Rd, E. Freetown, Ma 02717

Child's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Child's Birth date: \_\_\_\_\_

Parent Names: \_\_\_\_\_

Siblings: \_\_\_\_\_ (name / age) \_\_\_\_\_ (name / age)

Pertinent Medical Information:  
\_\_\_\_\_  
\_\_\_\_\_

List any prior preschool experiences:  
\_\_\_\_\_  
\_\_\_\_\_

	YES	NO	Explain
Is your child's language fluent & intelligible to others outside the family?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is your child physically competent?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is your child completely toilet trained?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Will your child separate easily from a parent?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Will your child participate in group activities?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Will your child socialize among peers?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Will your child play independently for short periods of time?	<input type="checkbox"/>	<input type="checkbox"/>	_____



Why would you like your child to participate in a preschool program?

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The following forms must be returned to Freetown Elementary School by Friday, February 26, 2021

- Current Immunization Forms
- Birth Certificate
- Registration Forms
- Residency Documentation

Thank you for your interest in our program.

Children must be Freetown/Lakeville residents and age 3 by August 31, 2021 or age 4 by August 31, 2021.

**Prospective students' parents will be contacted once the student has been selected with more information.**

Class meets Monday, Tuesday, Wednesday and Thursday from 9:10-11:45 for the morning session and 12:45-3:15 for the afternoon session.

Transportation must be provided.

Tuition is \$14.00 per day. Payment is due quarterly. Tuition assistance forms are available to eligible families at the Special Education Office at 98 Howland Road, Lakeville, MA 02347.

For further questions, please contact the office at 508-923-2000 extension 1712.



# Freetown-Lakeville Regional School District Registration Forms

These forms should be used to register students at all Freetown-Lakeville Regional Schools.  
Parents will return forms and other documentation to the district school  
where they will enroll their child(ren).  
Only complete registration packets will be accepted for enrollment.



## Freetown-Lakeville Regional School District REGISTRATION CHECKLIST

All students who will be attending schools in the Freetown-Lakeville Regional School District, including those students registering for Preschool, must complete a registration packet that includes the information listed below and return it to the main office in the school in which their child/children will be attending.

- \_\_\_\_\_ COMPLETED STUDENT REGISTRATION FORM (form attached)
- \_\_\_\_\_ RELEASE OF INFORMATION (permission to accept student records from previous school - form attached)
- \_\_\_\_\_ HOME LANGUAGE SURVEY (form attached)
- \_\_\_\_\_ HEALTH AND EMERGENCY CONTACT INFORMATION (form attached)
- \_\_\_\_\_ ONE CALL NOW CONTACT INFORMATION (form attached)
- \_\_\_\_\_ SURVEY - MILITARY FAMILIES (form attached)
- \_\_\_\_\_ BUS TRANSPORTATION FORM (form attached)
- \_\_\_\_\_ ADDITIONAL FORMS (each school may have additional forms to be completed)

RESIDENCY DOCUMENTS (**Required** in accordance with SC policy JCA-1) – Four (4) documents required.

- \_\_\_\_\_ Affidavit of Residency (form attached)
- \_\_\_\_\_ Evidence of Residency (**one** of the following is **required**)
  - Record of recent Mortgage and/or Property Tax Bill
  - Copy of Lease and record of recent rental payment
  - Landlord Affidavit and recent rental payment
  - Section 8 agreement

- \_\_\_\_\_ Evidence of Occupancy (**one** of the following is **required**)
  - Recent bill dated within the past 60 days showing a Freetown or Lakeville address
  - Gas bill
  - Oil bill
  - Electric bill
  - Home telephone bill (not cell phone)
  - Cable bill
  - Excise Tax bill

- \_\_\_\_\_ Evidence of Identification - Registrant (**one** of the following is **required**)
  - Valid Driver's License
  - Valid MA Photo ID Card

- |                                    |   |
|------------------------------------|---|
| _____ BIRTH CERTIFICATE (required) | _____ IMMUNIZATIONS & PHYSICAL EXAM (up to date - required) |
| _____ ACADEMIC RECORDS             | _____ 504 PLAN (if applicable)                              |
| _____ DISCIPLINE RECORDS           | _____ INDIVIDUAL EDUCATIONAL PLAN (if applicable)           |



# Freetown-Lakeville Regional Schools

## Student Registration Form

Please PRINT ALL INFORMATION ON THIS FORM

School	<input type="checkbox"/> ARHS <input type="checkbox"/> FLMS <input type="checkbox"/> GRAIS <input type="checkbox"/> AES <input type="checkbox"/> FES
Incoming Grade:	<input type="checkbox"/> PK <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

			<input type="checkbox"/> Female <input type="checkbox"/> Male
Student Last Name	Student First Name	Student Full Middle Name	Gender (Please Select)

Address #	Street	Town	Zip Code
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Mailing Address <i>(If different from residential address)</i>	Home Telephone Number
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City/Town of Birth <i>(NOT Town of Residence at time of birth)</i>	Date of Birth <i>(MM/DD/YYYY)</i>
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Student resides with *(check one)* :   
 Both Parents   
 Mother   
 Father   
 Other *(Please explain)*

Marital status of Parents *(check one)*:   
 Married   
 Divorced   
 Separated   
 Single   
 Deceased   
 Other *(Please explain)*

If divorced/separated, is student allowed to leave school with either parent?   
 Yes     No *(If NO, legal documentation is required)*

Parent / Guardian #1 Information			
Guardian #1 Full Name	Address (Street, City/Town, State, Zip)	Home Phone	Cell Phone

Email Address	Occupation/Place of Employment	Work Phone

<input type="checkbox"/> Yes <input type="checkbox"/> No Active Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No Discharged/Retired Military (> than 1 year)
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Parent / Guardian #2 Information			
Guardian #2 Full Name	Address (Street, City/Town, State, Zip)	Home Phone	Cell Phone

Email Address	Occupation/Place of Employment	Work Phone

<input type="checkbox"/> Yes <input type="checkbox"/> No Active Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No Discharged/Retired Military (> than 1 year)
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Name of student's siblings:

ETHNICITY of student <i>(check <u>one</u> only)</i>	<input type="checkbox"/> Hispanic or Latino ( <i>including Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race</i> ) <input type="checkbox"/> Not Hispanic or Latino
RACE of student <i>(check <u>one or more</u>)</i>	<input type="checkbox"/> White ( <i>a person having origins in any of the original peoples of Europe, the Middle East, or North Africa</i> ) <input type="checkbox"/> Black or African American ( <i>a person having origins in any of the black racial groups of Africa</i> ) <input type="checkbox"/> Asian ( <i>a person having origins in any of the original peoples of the Far East, South Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam for example</i> ) <input type="checkbox"/> American Indian or Alaska Native ( <i>a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment</i> ). <input type="checkbox"/> Native Hawaiian or Other Pacific Islander ( <i>a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands</i> )
Primary Language spoken at home	<input type="checkbox"/> English <input type="checkbox"/> Other ( <i>please state other language</i> ):

Is the student under the supervision of Department of Children and Families (DCF)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have a current Individualized Education Plan (IEP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have a current 504 Accommodation Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student previously attended school in Freetown-Lakeville?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of School student is transferring from	Address of School student is transferring from

Signature of Registrant	Relationship to Student

Office Use Only			
SASID	LASID	Date to Begin Enrollment	Proof of Residency



## Freetown-Lakeville Regional Schools Release of Information

I hereby authorize the Freetown-Lakeville Regional Schools and its personnel to accept from:

Name of School, Institution, Organization, Person, etc.
Street Address
City, State, Zip Code

Information in the school record of the named student as checked below:

- Academic Records
- Testing Records
- MCAS and other Assessment Records/Results
- Individual Education Plan (IEP) (if applicable)
- 504 Accommodation Plan (if applicable)
- Health Records
- Attendance Records
- Discipline/Suspension Records (or written statement if no occurrences)

Name of Student: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Required if student is under 18 years of age

Requesting School:

		Phone	Fax
<input type="checkbox"/> Apponequet Regional High School	100 Howland Road, Lakeville, MA 02347	508.947.2660	508.946.2350
<input type="checkbox"/> Freetown-Lakeville Middle School	96 Howland Road, Lakeville, MA 02347	508.763.5183	508.946.2050
<input type="checkbox"/> G.R. Austin Intermediate School	112 Howland Road, Lakeville, MA 02347	508.923.3506	508.947.0266
<input type="checkbox"/> Assawompset Elementary School	232 Main Street, Lakeville, MA 02347	508.947.1403	508.947.7068
<input type="checkbox"/> Freetown Elementary School	43 Bullock Road, East Freetown, MA 02717	508 763 5121	508 763 3986





# Freetown-Lakeville Regional Schools

## 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:

### Student Information

_____	_____	_____	__ F __ M
First Name	Middle Name	Last Name	Gender
_____	_____/_____/_____	_____/_____/_____	
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	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? <i>(include relatives - grandparents, uncles, aunts, etc. and caregivers)</i> _____ 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 language(s) does your child use? _____ seldom/sometimes/often/always _____ seldom/sometimes/often/always
Will you require written notification from your school in your native language? <input type="checkbox"/> Y <input type="checkbox"/> N	Will you require an interpreter / translator at parent-teacher meetings? <input type="checkbox"/> Y <input type="checkbox"/> N
X _____ Parent / Guardian's Signature	_____/_____/_____ Today's Date (mm/dd/yyyy)

### OFFICE USE ONLY: To Be Completed for ESL Teacher Only When Further Assessment is Required

School:  ARHS  FLMS  GRAIS  AES  FES

Incoming Grade:  PK  K  1  2  3  4  5  6  7  8  9  10  11  12

Homeroom Teacher's Name: \_\_\_\_\_

Parent / Guardian's Phone Number: \_\_\_\_\_



# Freetown-Lakeville Regional Schools

## Health and Emergency Contact Information

All students admitted into the Freetown-Lakeville Regional Schools must be in complete compliance with the Massachusetts Immunization Law. Please complete this form, sign, and return with student registration packet.

Student Information			
Student Last Name	Student First Name	Student Full Middle Name	
Address #	Street	Town	Zip Code
	<input type="checkbox"/> Female <input type="checkbox"/> Male		
Date of Birth (MM/DD/YYYY)	Gender (Please Select)	Grade	

Information Guardian #1			
Guardian #1 Full Name	Address	Home Phone	Cell Phone
Email Address	Occupation/Place of Employment	Work Phone	

Information Guardian #2			
Guardian #2 Full Name	Address	Home Phone	Cell Phone
Email Address	Occupation/Place of Employment	Work Phone	

Name of Student's Primary Health Care Provider		Phone Number	
Name of Student's Primary Health Care Provider		Phone Number	

Please list those other adults who have agreed to care for and/or transport your child in the event that the parent or guardian cannot be reached. Siblings must be listed if they are allowed to transport the child.		
Name:	Relationship:	Phone Number:

**PLEASE COMPLETE REVERSE SIDE**

Does your child have any known <b>food/substance</b> allergies? Allergic to: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Local reaction <input type="checkbox"/> Breathing Problem/ Life Threatening Reaction	Prescribed treatment?
Does your child have any known allergies to <b>medication</b> ? Allergic to: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Local reaction <input type="checkbox"/> Breathing Problem/ Life Threatening Reaction	Prescribed treatment?
Does your child have any known <b>insect</b> allergies? Allergic to: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Local reaction <input type="checkbox"/> Breathing Problem/ Life Threatening Reaction	Prescribed treatment?

Does your child have any medical concerns or is he/she under the care of a physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please explain:
Does your child have any disabilities (i.e. hearing loss, vision problems, orthopedic devices, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please explain:
Does your child need any medication during the school day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please explain:
Does your child need an inhaler during the school day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please explain:

Medications (including “over the counter” medications like Tylenol) will not be given to any student until a written order from a licensed physician and a consent form signed by the parent/guardian is on file with the school nurse. Students must not carry any type of oral medication at school or on the bus. Inhalers may be carried by the child only if approved by the physician, parent, and school nurse.

I give the Freetown-Lakeville Regional Schools permission to share this information with appropriate school or emergency personnel.

Signature of Parent/Guardian	Today's Date



# Freetown-Lakeville Regional Schools

## One Call Now Contact Information

Dear Parents/Guardians,

The Freetown-Lakeville Regional School District has implemented the One Call Now notification service (Integrity). This service allows the school to send a message to ALL of our students' parents/guardians on two contact numbers within minutes. This service can and will be used should an emergency occur as well as notification of school closings.

This system can only be as successful as the contact information we have been given for our students. In order for the message to be delivered successfully and in a timely manner, we are asking your help. We are asking you to please give us two (2) contact numbers that you would want to be called in the case of an emergency or no school announcement.

Please fill out the bottom of this page and contact the school immediately if your address or any of your phone numbers change.

Name of Student: \_\_\_\_\_

School:	Grade:
<input type="checkbox"/> Apponequet Regional High School <input type="checkbox"/> Freetown-Lakeville Middle School <input type="checkbox"/> G. R. Austin Intermediate School <input type="checkbox"/> Assawompset Elementary School <input type="checkbox"/> Freetown Elementary School	<input type="checkbox"/> PK <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

Contact Number (Include Area Code)	Contact Description
_ _ _ - _ _ _ - _ _ _ _	<input type="checkbox"/> Home Phone <input type="checkbox"/> Parent Cell <input type="checkbox"/> Parent Work <input type="checkbox"/> Other: _____
_ _ _ - _ _ _ - _ _ _ _	<input type="checkbox"/> Home Phone <input type="checkbox"/> Parent Cell <input type="checkbox"/> Parent Work <input type="checkbox"/> Other: _____
_ _ _ - _ _ _ - _ _ _ _	<input type="checkbox"/> Home Phone <input type="checkbox"/> Parent Cell <input type="checkbox"/> Parent Work <input type="checkbox"/> Other: _____

<b>Contact Email #1:</b>	
<b>Contact Email #2:</b>	



## Freetown-Lakeville Regional Schools Survey - Military Families

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Massachusetts has joined 46 other states in signing the Interstate Compact on Educational Opportunity for Military Children. This Compact is designed to help overcome educational transition issues faced by children of military families. It is a requirement of the MA Department of Elementary and Secondary Education for each school district to submit a report annually identifying our Military Families. Please complete this form and return it to your child's school.

Student Name:	
School:	
Grade:	

Please check the box that most accurately describes the above named child:

- Is a child of an active duty member of the Uniformed Services, National Guard, or Reserve on active duty orders.
- Is a child of a member or veteran who has been medically discharged or retired for (1) year.  
Date of Discharge: \_\_\_\_\_ Date of Retirement: \_\_\_\_\_
- Is a child of a member who died on active duty
- None of the above statements apply.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Freetown-Lakeville Regional Schools

## Residency Verification Form

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The adult registering the student must complete the following statement and return it to the school to initiate the registration process. It should be noted that the information provided may be verified and if found to be false will result in the dismissal of the student from the Freetown-Lakeville Schools.

### STATEMENT

Under penalty, I attest that \_\_\_\_\_ is residing with me, \_\_\_\_\_  
(Print Name of Student) (Print Name of Adult Registering Student)

at my legal address of: \_\_\_\_\_  
(Print Address of Adult Registering Student)

I further attest that \_\_\_\_\_ is not residing with me for the sole purpose of attending  
(Print Name of Student)

school in the Freetown-Lakeville Regional School District.

Sincerely,

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

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



## Freetown-Lakeville Regional Schools Bus Transportation Change Request

Per FLRSD School Committee Policy *EEA* "The major purpose of the school system's transportation services is to aid students in getting to and from school in an efficient, safe, and economical manner."

<b>School Year 2020-2021</b>					
<input type="checkbox"/> New Student <input type="checkbox"/> Change of Bus Assignment <input type="checkbox"/> Change of Bus Stop <input type="checkbox"/> Change for Safety <input type="checkbox"/> Other					
Student's Name				Date	
School		Grade		Teacher	
Explanation of Change Requested:					
Parent or Guardian					
Address					
Home Phone		Work Phone		Other Phone	
<b>FOR OFFICE USE ONLY</b>					
<input type="checkbox"/> Receipt by School ___AES___FES___GRAIS___FLMS___ARHS    Date: _____ Received by: _____					
<input type="checkbox"/> School Principal Signature: _____ Date: _____					
<input type="checkbox"/> Scanned & Emailed to K. Rezendes & Superintendents office    Date: _____					
<input type="checkbox"/> Ken Rezendes, First Student. ___Approved___Unable to Accommodate This Request <input type="checkbox"/> Additional Cost: _____ Date: _____					
<input type="checkbox"/> Safety Officer (If Request is for Safety Reason) _____ ( <i>Safety Assessment Attached</i> )    Date: _____					
<input type="checkbox"/> Approved <input type="checkbox"/> We are unable to accommodate this request					
Superintendent of Schools: _____				Date: _____	
Parents Notified: _____				Change Effective Date: _____	

- ❖ Students are transported to and from a bus stop close to their residence with a student assigned to one bus for the ride to school and one bus for the ride home.
- ❖ However, some change exceptions will be considered (i.e., safety reasons, in cases of emergencies, half year, yearlong).
- ❖ To ensure the safety and security of all students, daily, weekly and intermittent requests for bus changes (i.e., changes in pick up and drop off) will not be considered.
- ❖ To request a bus change, a parent/guardian must complete this bus transportation form and submit to the school office. Upon receipt, the request will be considered and parents will be notified by the office of the Superintendent of Schools as to whether the request is approved.