

TANTASQUA REGIONAL SENIOR HIGH SCHOOL  
 Office of Student Counseling  
 Telephone: (508) 347-7161  
 Fax: (508) 347-7340

**RELEASE/REQUEST FOR STUDENT RECORDS**

Student Name: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

To  From Tantasqua Regional Senior High School  
 Office of Student Counseling

To  From

\_\_\_\_\_  
 Name of school transferring from/to

\_\_\_\_\_  
 Address and phone number

Records requested		Date Received (For office use only)
	1) Official Transcripts/Grades	
	2) Current year's Courses and Grades at date of withdrawal	
	3) Copy of Student's Schedule for current year	
	4) Copy of either 8 <sup>th</sup> grade or high school MCAS Scores - SASID Code	
	5) Attendance Records	
	6) Discipline Record	
	7) Rank in Class/GPA (if available)	
	8) Standardized Test Scores	
	9) Health Records	
	10) All evaluation materials, recommendations & testing, including IEP, Section 504 Plan, Chapter 766 reports, or other Individual Accommodation Plans	
	11) Numeric to Letter Grade Conversion Chart	
	12) Explanation of Grading System/Explanation of Course Difficulty	

**TANTASQUA REGIONAL HIGH SCHOOL**  
**319 Brookfield Road Fiskdale, MA 01518**  
Registration Form

Student's Name: \_\_\_\_\_  
First Full Middle Last

Gender: \_\_\_\_\_ Year of Grad: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Mailing if different: \_\_\_\_\_

Phone: \_\_\_\_\_ Unlisted? Yes \_\_\_\_\_ No \_\_\_\_\_

Member of Military Family (see attached):

- No  
 Yes (01);  Yes (02);  Yes (03)

Guardian's Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
First Middle Last

Relationship to student: \_\_\_\_\_

Email: \_\_\_\_\_ Workplace: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Mailing if different: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Legal Status (circle one): Custodial parent, Non-custodial parent, Foster parent, other (specify)**

• Does this guardian have the right to dismiss the student?	<input type="checkbox"/> yes <input type="checkbox"/> no
• Does this guardian have the right to receive the student?	<input type="checkbox"/> yes <input type="checkbox"/> no
• Does this guardian live with the student?	<input type="checkbox"/> yes <input type="checkbox"/> no
• Does this guardian receive student's mail?	<input type="checkbox"/> yes <input type="checkbox"/> no

Guardian's Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
First Middle Last

Relationship to student: \_\_\_\_\_

Email: \_\_\_\_\_ Workplace: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Mailing if different: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Legal Status (circle one): Custodial parent, Non-custodial parent, Foster parent, other (specify): \_\_\_\_\_**

• Does this guardian have the right to dismiss the student?	<input type="checkbox"/> yes <input type="checkbox"/> no
• Does this guardian have the right to receive the student?	<input type="checkbox"/> yes <input type="checkbox"/> no
• Does this guardian live with the student?	<input type="checkbox"/> yes <input type="checkbox"/> no
• Does this guardian receive student's mail?	<input type="checkbox"/> yes <input type="checkbox"/> no

Please list other children in the household:

<i>NAME</i>	<i>Date of Birth</i>	<i>Grade</i>

**Emergency Contact #1:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell: \_\_\_\_\_

- Can dismiss student
- Can receive student
- Lives with student

**Emergency Contact #2:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell: \_\_\_\_\_

- Can dismiss student
- Can receive student
- Lives with student

**If there is a restraining order, any other custody orders, or a caregiver affidavit form, you must provide the school with a copy of the relevant court documents or forms.**

**Please answer BOTH questions 1 and 2.**

1. Is this student Hispanic or Latino? (*choose only one*)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

2. What is the student's race? (*choose one or more*)

- American Indian or Alaska Native (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.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

**School Transferred from:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Will your child be entering this school with:**

**An IEP?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**A 504 Plan?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Remedial services in math?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Remedial services in reading?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Does your child currently receive occupational therapy?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Does your child currently receive physical therapy?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Does your child currently receive speech services?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Does your child currently receive Counseling services?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Child is left handed** \_\_\_\_\_ **Child is right handed** \_\_\_\_\_

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

## Member of Military Family

An indication as to whether a student is eligible for assistance as a member of a military family as defined by the Interstate Compact on Educational Opportunity for Military Children.

What Children Are Eligible for Assistance Under the Compact? Please check the corresponding box on the registration form.

- (01) Active duty members of the uniformed services, National Guard and Reserve on active duty orders
- (02) Members or veterans who are medically discharged or retired for (1) year
- (03) Members who die on active duty

What Children Are Not Eligible for Assistance Under the Compact?

- Inactive members of the National Guard and Reserves
- Members now retired not covered above
- Veterans not covered above
- Dept. of Defense personnel, federal agency civilians and contract employees not defined as active duty

## 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		
<b>What is the native language(s) of each parent/guardian? (circle one)</b>  _____ (mother / father / guardian)  _____ (mother / father / guardian)	<b>Which language(s) are spoken with your child?</b> <i>(include relatives -grandparents, uncles, aunts, etc. - and caregivers)</i>  _____ seldom / sometimes / often / always  _____ seldom / sometimes / often / always	
<b>What language did your child first understand and speak?</b>  _____	<b>Which language do you use most with your child?</b>  _____	
<b>Which other languages does your child know? (circle all that apply)</b>  _____ speak / read / write  _____ speak / read / write	<b>Which languages does your child use? (circle one)</b>  _____ seldom / sometimes / often / always  _____ seldom / sometimes / often / always	
<b>Will you require written information from school in your native language?</b> Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Will you require an interpreter/translator at Parent-Teacher meetings?</b> Y <input type="checkbox"/> N <input type="checkbox"/>	
<b>Parent/Guardian Signature:</b>  X	_____ / _____ /20 _____ <b>Today's Date:</b> (mm/dd/yyyy)	

# **INTERNET ACCEPTABLE USE AGREEMENT FOR STUDENTS**

TANTASQUA REGIONAL SENIOR HIGH SCHOOL  
Brimfield, Brookfield, Holland, Sturbridge, Wales

## **INTERNET ACCEPTABLE USE AGREEMENT FOR STUDENTS**

**School Year 2020-2021**

Tantasqua/Union 61 is providing students (users) access to the district's electronic network. This network includes Internet access, computer services, videoconferencing, computer equipment and related equipment for educational purposes. The purpose of this network is to assist in preparing users for success in life and work in the 21st century by providing them with electronic access to a wide range of information and the ability to communicate with people throughout the world. This document contains the rules and procedures for users' acceptable use of the Tantasqua/Union 61 electronic network.

Violations of this policy may result in loss of access as well as other disciplinary or legal action. Users' violation of this policy shall be subject to the consequences as indicated within this policy as well as other appropriate discipline, which includes but is not limited to:

- Use of district network only under direct supervision
- Suspension of network privileges
- Revocation of network privileges
- Suspension of computer privileges
- Suspension from school
- Expulsion from school and/or
- Legal action and prosecution by the authorities

The particular consequences for violations of this policy shall be determined by the school administrators. The superintendent or designee shall determine when school expulsion and/or legal action or actions by the authorities are the appropriate course of action.

I have read and understand the **Tantasqua/Union 61 Acceptable Electronic Network Use Policy**  
(JNDB –TRSD amended adoption December 21, 2010)

Student's Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

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

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

Please check all that apply:

- \_\_\_\_ I give permission to release a project for use on the school website provided that only the first name and last initial of my child is used.
- \_\_\_\_ I give permission to release a photograph/video of my child for use on the school website provided that my child's name is not used.
- \_\_\_\_ Student is 18 years of age as of \_\_\_\_\_

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

**PUBLICITY RELEASE**

On occasion, there will be publicity concerning your child's school program. We would like your permission to release your child's photograph/video in conjunction with such publicity.

\_\_\_\_\_ I give permission to release a photograph/video and name of my child for school related publicity

\_\_\_\_\_ I don't give my permission to release a photograph/video and name of my child for school related publicity

\_\_\_\_\_  
**Student's Name**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

\*\*\*\*\*

**FOR OFFICE USE**

**HOMEROOM** \_\_\_\_\_

**BUS IN** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

**BUS OUT** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

**STAFF INITIALS OF RECEIPT** \_\_\_\_\_



**Affidavit of Student Residency**  
**Please initial each statement**

\_\_\_\_\_ I/we are the parent(s) or legal guardian(s) of \_\_\_\_\_ and wish to enroll student in the Tantasqua Regional School District.

\_\_\_\_\_ I/we understand that pursuant to the laws of the Commonwealth of Massachusetts and the policy of the Tantasqua Regional/Union 61 School Districts that only students who actually reside in the towns of Brimfield, Brookfield, Holland, Sturbridge and Wales may attend district schools.

\_\_\_\_\_ I/we hereby certify that the above named student is/will be residing at the following address:

Physical street address number/apt/unit \_\_\_\_\_

Physical town of residence \_\_\_\_\_

Effective Date \_\_\_\_\_

Home Telephone \_\_\_\_\_

Cell Telephone \_\_\_\_\_

Alternate Telephone \_\_\_\_\_

\_\_\_\_\_ I/we acknowledge that I am/we are required to notify the Tantasqua Regional/Union 61 School Districts for the purpose of determining the above student's eligibility to attend the district schools on the basis of residency. If said student is enrolled in the Tantasqua Regional/Union 61 Districts based upon the information provided and it is subsequently determined that the student does not actually reside in Brimfield, Brookfield, Holland, Sturbridge, or Wales I/we understand that the student's enrollment in the Tantasqua Regional/Union 61 School Districts will be promptly terminated and I/we will be jointly and severally liable to the Tantasqua Regional/Union 61 School Districts for the student's tuition for the full academic year(s).

\_\_\_\_\_ I/we further certify that I am/we are the parent(s) or legal guardian(s) of the above student.

\_\_\_\_\_  
Print parent/guardian full name and relationship

\_\_\_\_\_  
Print parent/guardian full name and relationship

\_\_\_\_\_ I/we understand that all applicants must reside in the town of Brimfield, Brookfield, Holland, Sturbridge, or Wales per MGL Ch.76 Section 5 which states that every person shall have a right to attend the public schools of the town where he/she actually resides, subject to the following section. No school committee is required to enroll a person who does not actually reside in the town unless said enrollment is authorized by law or by the school committee. Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly-attended public schools. No person shall be excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex, religion, national origin, sexual orientation or homelessness. Amended by st. 1971, c. 622, c.1; st. 1973, c.925, s. 9A, st. 1993, c. 282; st. 2004, c. 352, s. 33.

\_\_\_\_\_ I/we understand that a school selected must immediately enroll a homeless child or youth, even if the child or youth is unable to produce the records normally required for enrollment (such as previous academic records, records of immunization, and other required health records, proof of residency, proof of guardianship, birth certificates or other documentation), has missed application or enrollment deadlines during a period of homelessness, or has outstanding fees.

Under penalties of perjury I/We attest that the above information is correct and true.

\_\_\_\_\_  
Parent Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Guardian Signature

\_\_\_\_\_  
Date

Two forms documenting proof of residency – one from Category A and one from Category B – of the parents or guardian will also be required. Examples of these documents are:

Category A:

1. Current paid residential real estate tax bill (for the home in which you are residing).
2. Purchase and Sale Agreement
3. Rental or Lease Agreement

Category B:

1. Utility bill under parent/guardian name
2. Voter registration
3. Valid driver's license

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For School Use Only

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Received at School

Approved

# TANTASQUA REGIONAL SENIOR HIGH SCHOOL

## Handbook Acknowledgement Form

Brimfield – Brookfield – Holland – Sturbridge – Wales

SCHOOL YEAR 2020-2021

Tantasqua Regional Senior High School policy stipulates that both parents/guardian and students review the Student and Parent/Guardian Handbook. The handbook can be found on the website.

### **Signatures of both you and your child are required**

I have reviewed the Student and Parent/Guardian Handbook.

Parent/Guardian's signature: \_\_\_\_\_

Student's signature: \_\_\_\_\_

Student's Name: \_\_\_\_\_

**(PRINT STUDENT'S NAME)**

Massachusetts General Law c.76, s.5

All students, regardless of race, color, sex, gender identity, religion, national origin, sexual orientation, sexual orientation, disability, or homelessness, have equal access to the general education program and the full range of any occupational/vocational education programs offered by the district in compliance with MGL c.76, s.5

### *Student/Family Residence Questionnaire*

The McKinney Vento Homeless Education Act ensures the educational rights for students who are homeless.

Presently, are you and/or your family living in any of the following situations (check all that apply)?

- Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or FEMA trailer
- Waiting on foster care placement
- Sharing the housing of others due to loss of housing, economic hardship or similar situation?
- Living in a car, park, campground, abandoned building, or other inadequate accommodation?
- Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason?
- Living alone as a minor student(s) without an adult (unaccompanied youth)?

If you checked any box above please complete the remainder of this form. If you did not check any box above, you do not need to complete or submit this form.

Please list all children currently living with you.

First	Middle	Last	M/F	DOB	Grade	School Name

The undersigned parent/guardian certifies that the information provided above is accurate.

Print Parent/Guardian Name	Signature	Date
Home Phone	Work Phone	Cell Phone
Street Address	City/State	Zip Code

Your children have the right to:

Continue to attend school in the school attended before you became homeless (school of origin).

Receive transportation to the school of origin.

Enroll in school without giving a permanent address and attend classes while the school arranges for a school transfer, immunization records or other documents needed for enrollment.

Receive the same special programs and services, if needed, as provided to all other children served in these programs.

Have enrollment disputes quickly addressed.

**If you wish to have a copy of this document, please ask the staff person helping you today to make one.**

TRSD/U61 staff assisting with this process:

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Copies to:

1. TRSD/U61 Student Support Services office

2. School Nurse

**Tantasqua Regional High School**  
**VERIFICATION OF LIVING ARRANGEMENT**

Student's Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I understand that according to Massachusetts Statutes, every elementary and secondary school shall be free to all persons of school age who reside within the school district. However, the individual must truly live within the district, must physically live and sleep in the district, and be present for periods other than those in which school is in session such as: school breaks, summer, etc. I am currently residing at the address listed below and am NOT the primary resident/taxpayer of this property for reasons beyond obtaining educational benefits from TRSD/Union 61 Public Schools.

1. Name of Parent/Legal Guardian \_\_\_\_\_

(Important: Legal Guardianship requires additional documentation from court or agency)

Phone number \_\_\_\_\_ Email \_\_\_\_\_

2. Name of Parent/Legal Guardian \_\_\_\_\_

(Important: Legal Guardianship requires additional documentation from court or agency)

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Information of Primary Resident(s)/Taxpayer(s) with Whom Parent and Student are Living:

1. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Parent relationship to Resident/Taxpayer \_\_\_\_\_

Student relationship to Resident/Taxpayer \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Parent relationship to Resident/Taxpayer \_\_\_\_\_

Student relationship to Resident/Taxpayer \_\_\_\_\_

On what date did the Parent/Student establish residency at this address \_\_\_\_\_

Reason Parent/Student is residing with the Primary Resident/Taxpayer. Explain in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long will the Parent/Student continue this living arrangement? \_\_\_\_\_

Is student living in this arrangement solely for the purpose of attending TRSD/Union 61 Public Schools?

Yes \_\_\_\_\_ No \_\_\_\_\_

It is required that you provide **one** of the three from the list below, of the Primary Resident/Taxpayer for

**Proof of Residency:**

- Current Property Tax Statement
- Recent signed and dated Closing Statement for Home Purchase
- Current signed and dated Resident Lease (must include landlord’s name, address and phone number along with your information and effective date). If it is a month-to-month lease, you must be able to provide a current lease.

It is required that you provide **one** of the five from the list below, of the Primary Resident/Taxpayer for **Proof of Residency:**

- Current monthly utility bill
- Health Insurance Statement
- FoodShare/Quest Benefit Statement
- Medicaid/Badger Care Benefit Statement
- W2, Social Security or other county, state or federal benefit statement

I understand the information given in this certificate will be used by TRSD/Union 61 School Districts to verify that the child living with me is a resident within the boundaries of TRSD/Union 61 School Districts. I further understand that only children who are residents within the boundaries of the TRSD/Union 61 School Districts are entitled to attend TRSD/Union 61 School Districts free of tuition unless participating in a state approved transfer/choice program.

I hereby certify, under penalty of perjury, that the information furnished on this document is true and correct to the best of my knowledge and that TRSD/Union 61 School Districts may rely on this information to determine residency of my child.

1. _____	_____
Signature of Parent/Legal Guardian	Date
2. _____	_____
Signature of Parent/Legal Guardian	Date
1. _____	_____
Signature of Resident/Taxpayer	Date
2. _____	_____
Signature of Resident/Taxpayer	Date

**WITNESSING OF SIGNATURES & VERIFICATION OF PROOF OF RESIDENCY**

State of County of Subscribed and sworn to before me this day (                    ):  
M/D/Yr

Signature of Notary Public: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

**STAMP:**

All students, regardless of race, color, sex, gender identity, religion, limited English proficiency, national origin, sexual orientation, disability, or housing status, have equal access to the general education program and the full range of any occupational/vocational education programs offered by the district.

## BUS COMPANIES

*Please be advised that bus routes now appear on the Tantasqua district site under “bus routes” link.*

**YOU MUST CALL THE BUS COMPANY YOURSELF TO REGISTER YOUR CHILD FOR BUSSING.**

Brimfield, Brookfield, Holland and Wales

First Student Bus Company

413-245-1470

Sturbridge

Sturbridge Bus Company

508-347-8940