

Dr. Joseph Maruszczak, ED.D.
SUPERINTENDENT OF SCHOOLS

33 Water Street
SANDWICH, MA 02653
(508) 888-1054



Forestdale School

151 ROUTE 130
FORESTDALE, MASSACHUSETTS 02644
Tel: 508 477-6600 FAX: 508 477-7665

Christopher S. Dintino
PRINCIPAL

Kara M. Schofield
ASSISTANT PRINCIPAL

Jennifer Munk
DIRECTOR OF EARLY LEARNING

Welcome to the Forestdale School!

In order to register your student, the following documents must be completed and returned to the Forestdale School together with the required documents, which are also listed below. We do not accept partial or incomplete registration packets.

1. Forestdale School Student Registration. Please complete in full, sign, date and return.
2. Authorization to Release Student Records. If your student attended another school prior to registering here, please complete, sign, date this form and return. If your student did not attend another school prior to this registration, you may disregard this form.
3. Race/Ethnicity. Please complete and return.
4. McKinney-Vento Eligibility Questionnaire. Please complete, sign, date and return.
5. Home Language Survey. Please complete and return.
6. Health Status Worksheet. Please complete in full, sign, date and return.

Required documents:

7. Birth Certificate;
8. Most current physical;
9. Immunization record;
10. Two proofs of residency. A list of documents which are accepted as proof of residency is attached.

The registration packet together with all required documents may be returned as follows:

By Fax 508-477-7665

Email: sshaw@sandwich.k12.ma.us

cflannigan@sandwich.k12.ma.us

Drop off at Forestdale School or mail to: 151 Route 130, Forestdale, MA 02644

Please be reminded: Processing time for a single registration is approximately one week. Have your registration completed and turned in, as soon as possible.

School Year 2024-2025

Grades 1 & 2 begin Tuesday, September 3, 2024

Kindergarten Screening August 28, 2024 and August 29, 2024

Kindergarten Family Visit (one hour with parent(s) on Wednesday, September 4, 2024

Kindergarten begins Thursday, September 5, 2024

If you have any questions, please contact the office at 508-477-6600.

The Sandwich Public Schools does not discriminate on the basis of race, color, sex, gender identity, religion, national origin, sexual orientation, disability, or homelessness.



FORESTDALE SCHOOL
151 ROUTE 130
FORESTDALE, MA 02644
508-477-6600

School Year: 2023-2024 2024-2025 (PLEASE CIRCLE)

School Choice: Yes No
Enrollig in Grade: _____

FORESTDALE STUDENT REGISTRATION

Student's Legal Name _____
(Last) (First) (Middle) (Suffix Jr., IV, etc)

Date of Birth _____ Place of Birth (City, State) _____ Grade _____

Preferred Name: _____ Student's age _____ Gender: _____ Male _____ Female _____ NonBinary

Student's Address _____
(Number/Street) (Apt #) (City) (Zip)

Household Mailing Address (if PO Box is used) _____
(PO Box #) (City) (Zip)

Person Enrolling Student: _____ Relationship (if not listed below): _____

Household Parent/Guardian Information (please print):

Parent/Guardian #1 _____ Relationship to Student: _____

Phone of Residence P/G #1 _____ Cell Phone P/G #1 _____ Work Phone P/G #1 _____

Email of P/G #1 (please print clearly) _____

Parent/Guardian #2 _____ Relationship to Student: _____

Address of P/G #2(if different) _____

Cell Phone P/G#2 _____ Work Phone P/G #2 _____

Email of P/G #2 (please print early) _____

Emergency Contact Information (three minimum, if more, attach a separate sheet of paper) do not include parents/guardians

Emergency Contact #1 _____
Name Phone Relationship to student

Emergency Contact #2 _____
Name Phone Relationship to student

Emergency Contact #3 _____
Name Phone Relationship to student

School Previously Attended

Name Grade City State

STUDENT SERVICES

Does your child have a current 504? Yes _____ No _____ If yes, please provide the most recent copy. Does

your child have a current IEP? Yes _____ No _____ If yes, please provide the most copy.

Did your child participate in a gifted or talented program? Yes _____ No _____

Did your child participate in an English as a second language (ESL or ELL) program? Yes _____ No _____

ADDITIONAL STUDENT INFORMATION

Do you want your student to ride the bus? Please note that the bus is only available for residents of Sandwich. Yes _____ No _____

(Signature of the Person Enrolling Student)

Guardian/Parent in the Military (please check)

_____ Either parent or guardian is an active duty member of the uniformed services or National Guard and Reserve.

_____ Either parent or guardian is a veteran who has been medically discharged or retired for one year.

_____ Either parent or guardian died while on active duty

_____ None of the above

OFFICE USE ONLY:

RECEIVED: Birth Certificate _____ Two proofs of residency _____ Race/Ethnicity Form _____ McKinney/Vento Eligibility _____ Release of Records(if applicable) _____ Home Language Survey _____ Immunization Records _____ Health Status Worksheet _____ Physical _____

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PROOF OF RESIDENCY Accepted Documents List

You are required to provide 2 documents for proof of residency. Accepted documents are listed below. Please check or circle the documents you are supplying. Thank you.

Lease or Mortgage documents

Current Lease or rental contract. - must be notarized and you must have proof of a recent rental payment.

Current Mortgage statement dated within 60 days of registration

Copy of recorded property deed

State/federal/municipal/city/town/county agency - issued documents

Medicaid statement dated within 60 days of registration

Court correspondence dated within 60 days of registration which shows street address

Current year Excise tax bill

Jury duty summons dated within 60 days

Property tax for the current year

Utility bill (electric, telephone, water, sewer, cable, satellite, heating) dated within 60 days (temporary bills are not accepted)

Cell phone bill dated within 60 days

RMV issued correspondence dated within 60 days and received via U.S. mail (including license/registration reminders)

Credit Card billing statement

Massachusetts RMV-issued documents

Valid Mass Driver's license/ID with current address (not a change of address sticker)

Current vehicle registration (with current address)

Payroll Stub (within the last 60 days with current address)

W-2 for the current year within 60 days of issue

Current SSA statement dated within 60 days

Insurance-related documents

Auto insurance policy for the current year

Homeowner's insurance policy for the current year

Financial documents

Bank statement that contains images of canceled personal checks dated within 60 days.

Current pension or retirement statement dated within 60 days

Current installment loan contract (car loan) dated within 60 days

Renter's insurance policy for the current year

Credit card billing statement

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Home Language Survey

Is English the first (Native) language of the student? _____

Is the student capable of performing ordinary classwork in English? Yes____ No____

What is the native languages of parent / guardian #1? _____

What is the native languages of parent / guardian #2? _____

Which languages are spoken with your child? (Please include ALL relatives, grandparents, uncles, aunts, caregivers) Also, how often is each language used?

Which Language did your child first understand and speak? _____

Which Language do you use the most with your child? _____

Which other languages does your child Know/ speak / read / write? _____

Which Language does your child use most often? _____

Will you require an interpreter or translator at Parent-Teacher meetings (other than English)? Yes____ No____

Will you require written information from your school in your native language (other than English)? Yes____ No____

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McKinney-Vento Eligibility Questionnaire

This questionnaire is intended to address the McKinney-Vento Act, Title X, Part C of the Elementary and Secondary Education Act (ESEA). The McKinney-Vento Act specifically states that enrollment barriers be removed to provide educational stability. Federal McKinney-Vento Assistance Act ensures education rights and protections for children and youth experiencing housing difficulties or loss of housing.

Please identify the student's current living arrangements. Please check all that apply:

_____ In a shelter, domestic violence shelter, group home, transitional housing, or FEMA trailer (not section 8 housing) In a foster home or awaiting foster care placement

_____ In a home of a friend or relative temporarily (due to lack of housing or financial conditions)

_____ In a motel/hotel

_____ In a place NOT considered traditional housing (car, campground, park, abandoned building)

_____ In your own home without adequate utilities (running water, heat, electricity)

_____ Living alone as a minor student(s) without an adult (unaccompanied youth)

_____ In a home of a friend or relative permanently

_____ In own home (includes Section 8 housing)

_____ I have a living arrangement that I believe qualifies me for McKinney-Vento education protections

I certify that the above information is correct to the best of my knowledge.

Parent/Guardian Signature

Date

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RACE/ETHNICITY

Is the student Hispanic or Latino?

A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Yes _____ No _____

Race Descriptions

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 in Africa.

Native American or Alaska Native: A person having origins in any of the original peoples of North and South America including Central America, and who maintains a tribal affiliation or a community attachment.

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.

Please select all that apply:

_____ Asian

_____ Black or African American

_____ Native American or Alaska Native

_____ Native Hawaiian or other Pacific Islander

_____ White

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Sandwich Public Schools
33 Water St.
Sandwich, MA 02563
Phone: 508-888-1054
Fax: 508-888-9505

Authorization to Release Student Records

Student Name _____ Grade _____

Home Address before moving to Sandwich _____

City _____ State _____ Zip Code _____

The above named student has been enrolled in:

_____ Forestdale School, 151 Route 130, Forestdale, MA 02644
Phone: 508-477-6600, Fax: 508-477-7665

_____ Oak Ridge School, 260 Quaker Meetinghouse Road, East Sandwich, MA 02537
Phone: 508-833-0111, Fax: 508-888-0911

_____ Sandwich Middle-High School, 365 Quaker Meetinghouse Rd., East Sandwich, MA 02537
Phone: 508-888-4900, Fax: 508-833-8392

Please send the student's records at your earliest convenience to the school address checked off above. Please send all records pertinent to this student, including:

Attendance records, Health records, Transcript information, Student grades, Standardized test scores, Special Education records (including IEP and Assessments), Discipline records and State Assigned Identification Number (SASID, if applicable).

Name and complete address of school student is transferring from:

School Name: _____

Street Address: _____

City, State and Zip Code: _____

Signature of parent/guardian _____ Date _____

Records request sent on: _____

Requested by: _____



Sandwich Public Schools

Health Status Worksheet

Please complete and sign:

Student: _____

Name: _____

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Dental Insurance: Yes No

Health Insurance: Yes No Name of Insurance Company: _____

Operations: _____

Accidents: _____

Allergies: _____

Does child wear eyeglasses? Yes No or have hearing loss Yes No

Is the child presently under the care of a physician who is a **specialist**? Yes No

If yes, please explain: _____

Does your child take any medication? Yes No

If yes, please explain: _____

Does your child have any physical handicap that might necessitate a change in the school program? Yes No

If yes, please explain: _____

Does your child have any on-going medical problems? (Asthma, diabetes, seizures, allergies, etc.) Yes No

If yes, please explain: _____

Any recommendations to be carried out at school?

I understand that the above information will be shared with teachers when appropriate.

Date: _____

Parent Signature