



# High School Registration Parent/Guardian/Caregiver Checklist

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

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School registration for new high school students takes place at the Student Registration Center. If you have any questions, you may contact us by phone at 617.349.6551 or by email at [welcome@cpsd.us](mailto:welcome@cpsd.us). Further information can also be found in the School Registration section of [www.cpsd.us](http://www.cpsd.us).

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## Required Forms: Please Complete & Sign

- 1. Registration Form
- 2. Home Language Survey
- 3. Health History Form
- 4. Records Release Form
- 5. CPS Annual Student Required Forms

## Required Documents: Please Submit When Applying

These documents must be submitted at the time of application with the above forms, 1 to 5. The Student Registration Center will make copies and return all original documents.

- 6. **Proof of Age** (birth certificate or passport)
- 7. **Proof of Address** – provide one of the following:  
Lease • Section 8 Agreement • Purchase & Sales Agreement • Mortgage Statement • Deed • Property Tax Bill • Notarized Letter from Landlord • Letter from Homeless/Transition Service Provider
- 8. **Proof of Occupancy** – provide one document dated within 30 days:  
Gas Bill • Oil Bill • Electric Bill • Cable Bill • Homeless/Transition Service Provider Letter
- 9. **Proof of Parent/Guardian/Caregiver Identity** – provide one of the following:  
Massachusetts Driver's License • Massachusetts Photo ID • Passport • Vehicle Registration • W-2 Form • Payroll Stub or Bank Statement Dated within 60 Days • Excise or Property Tax Bill
- 10. **Student Immunization Record** (Must be submitted to the SRC at the time of application)  
Please Note: In addition, you must provide your child's most recent physical exam record to the school nurse at the start of the school year.
- 11. **School Records** (for all prior grades, starting at grade 9)
- 12. **Discipline Record/Report**

## Additional Documentation – If Applicable

- Guardianship Papers or Notarized Caregiver Authorization Affidavit:** Provide if the person registering the student is other than the parent listed on the student's birth certificate.
- Doubling Up Form:** For the student and their family who are living with relatives/friends and is not named on the Proof of Address documents or Proof of Occupancy documents. Proofs of Address & Occupancy for person with whom you are staying are also required. (This form can be requested from the Student Registration Center.)
- Copy of Student's Individualized Education Program (IEP)** (will be forwarded to the Office of Student Services)
- Copy of Student's 504 Plan** (will be forwarded to the Office of Student Services)



Education History	<p>Name of Previous School Attended: _____</p> <p>City/State/Country: _____</p> <p>Was your child expelled from his/her previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state the reason for the expulsion: _____</p> <p>_____</p> <p>_____</p> <p>Please note that under the provisions of M.G.L.c. 71, sections 37H and 37H1/2, no school or school district is required to admit a student or provide educational services to a student who has been expelled from another school district for possession of a dangerous weapon, for possession of a controlled substance, for assault on school staff, or for having been convicted of a felony or felony delinquency complaint. Cambridge Public Schools will discharge any student it finds out has been expelled from a previous school for any of these reasons.</p> <p>Does your child currently receive Special Education Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy of your child's IEP.</p> <p>Does your child have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy to your child's 504 Plan.</p>															
	<p><b>Please list siblings (Brothers or Sisters)</b></p> <table border="1"> <thead> <tr> <th>Name</th> <th>Birth Date</th> <th>Grade</th> <th>School</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>____/____/____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>____/____/____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>____/____/____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Name	Birth Date	Grade	School	_____	____/____/____	_____	_____	_____	____/____/____	_____	_____	_____	____/____/____	_____
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I hereby certify that I can, and will upon request, substantiate all statements made on this application and that such statements are true, complete to the best of my knowledge and are made in good faith. I understand that if my child is not a resident of the City of Cambridge that he/she can not attend Cambridge Public Schools, and that Cambridge Public Schools will discharge any student it finds out is not a resident of the City of Cambridge.

I understand that after seven (7) years of my initial date of registration, or if I withdraw my child from CPS, my registration file will be destroyed but that I may claim my file from the Student Registration Center within the first seven years of my initial date of registration or my withdrawal of my child from CPS, whichever comes first.

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

Office Use Only: LEP Y N Score: \_\_\_\_\_ Language: Home \_\_\_\_\_ Primary \_\_\_\_\_ SEI ELL