



*Student  
Registration  
Packet  
2023-2024*

# Springfield International Charter School

Springfield, Massachusetts

Completed registration packets will include photocopies of:

- Certified birth certificate
- Current year's immunization record
- Proof of address (utility bill, mortgage/lease) as required
- Current Individualized Education Plan (IEP) or 504 Plan if applicable
- Proof of guardianship documentation (if not listed as parent on birth certificate) if applicable
- Last report card/transcript (High School Students Only)

## Student Registration Information

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

*First*

*Middle*

*Last*

Gender:  Male  Female

Non-binary

Date of Birth: \_\_\_\_\_ Grade (In Fall 2023): \_\_\_\_\_  
(Month/Day/Year)

Primary Language Spoken at Home: \_\_\_\_\_

Siblings at Springfield International Charter School *(Names and Grades)*:  
\_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Street, City, Zip Code)

Parent/Guardian Name: \_\_\_\_\_

Home Address *(if Different)*: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Student resides with:  Mother  Father  Both Other: \_\_\_\_\_

Home Address *(if Different)*: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

## Student Medical Information

### Physician's Information

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

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

Does your child currently have health insurance?  Yes  No

Name of Insurer: \_\_\_\_\_

### Health History

Does your child have:

Yes No

Completed Immunizations – Attach complete immunization records

Lead screening test- Included in physical examination record -Kindergarten Only

Allergies to food – Describe \_\_\_\_\_

Allergies to medication – Describe \_\_\_\_\_

Allergies to other – Describe \_\_\_\_\_

Emotional problems – If yes, does your child see an outside counselor \_\_\_\_\_

Medical Conditions – Describe \_\_\_\_\_

Take prescribed medications regularly – What medications \_\_\_\_\_ How often \_\_\_\_\_

Corrected vision – Glasses or Contact Lenses \_\_\_\_\_

Does your child need treatment for these allergies?  Yes  No Explain: \_\_\_\_\_

History of Anaphylaxis EpiPen®  Yes  No

Asthma/Reactive Airway Disease – List triggers \_\_\_\_\_

What is the current treatment plan? \_\_\_\_\_

Is there any other information that we should know about your child's health? Please describe.

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

# Springfield International Charter School

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## Release of Information

As parent/guardian of \_\_\_\_\_, who is enrolling at the Springfield International Charter School, I authorize the release of all school records and information.

Current school's name:

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Current school's address:

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I ask that

- Health records
- Transcripts
- Test records
- Individualized Education Plan or 504 Plan
- All Special Education forms, testing, reviews, etc.
- Any other relevant information

Be sent directly to: Springfield International Charter School  
160 Joan Street  
Springfield, MA 01129  
Fax 413-783-2555

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

# Springfield International Charter School

Springfield, Massachusetts

## Special Needs Survey

If your child currently receives services through an Individualized Education Plan (IEP) or 504 Plan, please complete this survey and release of information so we may begin planning for the necessary services.

Student Name: \_\_\_\_\_ Grade (In Fall 2023): \_\_\_\_\_

Current School: \_\_\_\_\_

Does your child currently have a(n):  Individualized Education Plan (IEP)  
 504 Plan

Briefly describe the disability and/or services required for your child.

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Parent/Guardian Name - Please Print \_\_\_\_\_

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

Date \_\_\_\_\_

# Springfield International Charter School

Springfield, Massachusetts

## Authorization for Release of Information

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

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

Current School: \_\_\_\_\_ Grade (In Fall 2023): \_\_\_\_\_

Send to  Receive from  Exchange with

### 1. Person or agency to whom the disclosure is to be made:

Name: Springfield International Charter School  
Address: 160 Joan St., Springfield, MA 01129  
Phone: 413-783-2600  
Fax: 413-783-2555

### 2. The information contained in student's records may be shared by fax, mail, or telephone. Specific type of information to be shared between Springfield International Charter School and above person:

- Multidisciplinary evaluation / IEP Report
- Mental health evaluation / treatment / psychiatric history
- Documentation of ADD / ADHD
- Summary of classroom performance / behavior
- Medical diagnosis / medication
- Other: \_\_\_\_\_

### 3. The purpose of the release and need for disclosure is:

- Educational assessment planning
- Progress / recommendations
- Service coordination
- Disability qualification
- Other: \_\_\_\_\_

### 4. Revocation of authorization: This authorization may be revoked by written notice. This authorization remains in effect until revoked in writing or for one year from the date of signature.

Exceptions are as follows: \_\_\_\_\_

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

(Parent/Legal guardian/Student over 18 years of age)

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Springfield International Charter School

Springfield, Massachusetts

## Miscellaneous Information Survey

Student's Name: \_\_\_\_\_ Grade (In Fall 2023): \_\_\_\_\_

### **Student Photographs**

The Springfield International Charter School has my permission to use photographs of the above-named student for marketing purposes. Such photographs may appear in newspapers, magazines, school website, brochures, slide shows, or other publicity materials without any compensation or prior approval.

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

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### **Arrival/Departure from School**

Please "X" the box that fits the student's arrival/departure from school needs.

- My child will be dropped-off and picked-up by a parent/guardian or approved adult.  
 My child will require bus transportation (if applicable).

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

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### **Student/Parent Handbook Acknowledgement**

I understand that it is my responsibility to read and understand the Student/Parent Handbook, which will be provided to me during the first week of school and will be available on the Springfield International Charter School website for my review. The handbook will contain all the rules and regulations of SICS, including but not limited to, the Anti-Bullying Policy, the Internet Use Policy and the Student Attendance Policy and Procedures. It will be my responsibility to sign the Acknowledgement page of the Student/Parent Handbook and return it to school with my child(ren) before the due date issued by SICS.

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

# Springfield International Charter School

Springfield, Massachusetts

## Emergency and Release of Student Contacts

Student's Name: \_\_\_\_\_ Grade (In Fall 2023): \_\_\_\_\_

Person(s) AUTHORIZED to pick up student from Springfield International Charter School (other than parent or guardian)

*\*\*Photo ID will be required for all person(s) picking student up from SICS.*

Person 1:

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Person 2:

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Person 3:

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Person 4:

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Person 5:

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ E-mail Address: \_\_\_\_\_



# Springfield International Charter School

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## Home Language Survey

State and federal law 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

Student's Name: \_\_\_\_\_ Gender:  Male  Female  
First Middle Last

Country of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(mm/dd/yyyy)

Date first enrolled in ANY U.S. school \_\_\_\_\_

### School Information

Start Date in New School \_\_\_\_\_  
(mm/dd/yyyy)

Name of Former School and Town \_\_\_\_\_ Current Grade \_\_\_\_\_

### Questions for Parents/Guardians

- What is the native language(s) of each parent/guardian?

\_\_\_\_\_ (mother /father /guardian) \_\_\_\_\_ (mother/ father /guardian)

- What language did your child first understand and speak? \_\_\_\_\_

- Which other languages does your child know?

\_\_\_\_\_ speak / read / write \_\_\_\_\_ speak / read / write

- Will you require written information from school in your native language?  Yes  No

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## Home Language Survey

- Which language(s) are spoken with your child (include relatives -grandparents, uncles, aunts, etc. - and caregivers)

\_\_\_\_\_ seldom/sometimes/often/always

\_\_\_\_\_ seldom/sometimes/often/always

- Which language do you use most with your child? \_\_\_\_\_

- Which languages does your child use?

\_\_\_\_\_ seldom/sometimes/often/always

\_\_\_\_\_ seldom/sometimes/often/always

- Will you require an interpreter/translator at Parent-Teacher meetings?  Yes  No

Parent/Guardian Signature: \_\_\_\_\_ Today's Date \_\_\_\_\_

(mm/dd/yyyy)

# Springfield International Charter School

Springfield, Massachusetts

## Race/Ethnicity Data Collection Form

Student's Name: \_\_\_\_\_ Grade (In Fall 2023): \_\_\_\_\_

Dear Parents and/or Guardians,

The U.S. Department of Education has issued guidelines regarding the collection of data on ethnicity and race for public school students. The federal government requires all states to collect this information and has developed reporting categories designed to provide a more accurate picture of the nation's ethnic and racial diversity.

We are asking the parents and guardians of all students to complete the brief form below to update information about their children's ethnicity and race. The federal government requires that both ethnicity and race be identified and provides only the categories listed. If you do not answer both questions, school personnel are required to make selections for you.

Student's Name: \_\_\_\_\_ Grade (In Fall 2023): \_\_\_\_\_

Is your child's native tongue a language other than English?  Yes  No

If yes, what is the language? \_\_\_\_\_

Is the primary language used in your child's home a language other than English?  Yes  No

If yes, what is the language? \_\_\_\_\_

### **Please Answer Both Questions:**

**1. Is your child of Hispanic/Latino origin? A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)**  Yes  No

*The above question is about ethnicity, not race. No matter what you selected above, please continue to answer the following checking one or more boxes to indicate what you consider your student's race to be.*

### **2. What is your child's race? (Please mark all that apply.)**

- American Indian or Alaska Native – a person having origins in any of the original peoples of North and South America (including Central America), who maintains a 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, Philippines, 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/Caucasian – a person having origins in any of the original peoples of Europe, the Middle East, North Africa

*I choose not to provide the above data for my child. I understand that Springfield International Charter School and the state of Massachusetts are required to provide this information to the federal government. I understand that Springfield International Charter School will be required to select race and ethnicity categories on my behalf. \_\_\_\_\_ (Please initial.)*

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