



Littleton Public Schools

33 Shattuck St. * P.O. Box 1486 * Littleton, MA 01460-4486*
Phone: (978) 540-2500 * Fax: (978) 486-9581 * : www.littletonps.org



KELLY R. CLENCHY, Ed.D., SUPERINTENDENT OF SCHOOLS

Elizabeth M. Steele, Interim Director of Curriculum
Justine A. Muir, Director of Pupil Personnel Services
Steven F. Mark, Business Manager

Natalie A. Croteau, Technology Systems Coordinator
Julie Lord, Instructional Technology Coordinator

The Littleton Public Schools would like to welcome you and your child(ren) to our school system. We have created a check-off sheet to assist in the registration process. Please make sure that all of the materials requested are included in order to complete the file.

Please complete and sign (if applicable) the attached forms below with your registration packet:

- _____ Student Registration Form
- _____ Emergency Contact Form
- _____ Verification of Residence Form
- _____ Release of Records Form (if applicable)
- _____ Home Language Survey
- _____ Responsible Use of Technology Policy
- _____ Student Emergency Health From

Please include the following information with your registration packet:

- _____ Health Records
- _____ Birth Certificate
- _____ Verification/Proof of Residency
- _____ Most Recent Report Card/Transcript from Previous School (if applicable)
- _____ Free/Reduced Lunch Form (if applicable) [Free/Reduced Form](#)
- _____ Custody/Court Order (if applicable)

If you have any questions, please do not hesitate to contact the school that you will be registering your child in.

Shaker Lane – 978-486-3959
Russell Street – 978-540-2520
Middle School – 978-486-8938
High School – 978-952-2555

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Our mission is to foster a community of learners who strive for excellence and prepare each student to be a successful, contributing citizen in a global society.

Littleton Public Schools Student Registration Form

Date: ___/___/___ School _____ Grade Entering _____

Student Information: *[please complete name as it appears on the Birth Certificate]*

First: _____ Full Middle Name: _____ Last: _____

Nickname *[if applicable]*: _____

Gender: *[Circle One]* M F N Date of Birth: ___/___/___ City, State of Birth: _____, _____

Country of Birth: _____ Date first enrolled in **ANY** US School: ___/___/___

Home Address: _____ City/Town: _____

Primary Contact Information: *[Circle One]* Mother Father Guardian

Name: _____ Home Phone #: _____ Cell #: _____

Email address: _____ Check if you authorize LPS to contact you via text message

Physical Address: *[if different than student's]* _____
Street City/Town, State Zip Code

Mailing Address *[if different than physical]* _____
Street City/Town, State Zip Code

Place of employment: _____ Work Phone #: _____

Secondary Contact Information: *[Circle One]* Mother Father Guardian

Name: _____ Home Phone #: _____ Cell #: _____

Email address: _____ Check if you authorize LPS to contact you via text message

Physical Address: *[if different than student's]* _____
Street City/Town, State Zip Code

Mailing Address *[if different than physical]* _____
Street City/Town, State Zip Code

Place of employment: _____ Work Phone #: _____

Parental Status: () Married () Divorced () Separated () Other _____

Child is living with: () Both Parents () Mother () Father () Other _____

*If child lives with one parent, does second parent want mailings (report card, etc.)? *[Circle One]* YES NO*

Custodial Parent(s): () Mother () Father () Other _____

Is there any court order in place? [Circle One] YES NO

Divorce Decree on file in school? [Circle One] YES NO

Military Family Status: *[please check one]*

- () Active Duty member of the uniformed services or National Guard and Reserve
- () Member or veteran who was medically discharged/retired within last year
- () Member who died on Active Duty
- () Not Military Family

Sibling Information:

Name: _____ [Circle One] M F N Grade: __ Date of Birth: __/__/____

Name: _____ [Circle One] M F N Grade: __ Date of Birth: __/__/____

Name: _____ [Circle One] M F N Grade: __ Date of Birth: __/__/____

Student's Educational Information:

Has student been enrolled in the State of Massachusetts before? [Circle One] YES NO

Previous School Attended: _____ Grade Level _____

Previous School's Address: _____

Previous School's Phone #: _____ Date Last Attended: __/__/____

Special Services Received: *[Please check all those received past or present]*

Speech/Language ____ Remedial Reading ____ Title One ____ Physical Therapy ____

Occupational Therapy ____ Learning Center /Resource Room ____ Guidance ____

ELL ____

Parent/Guardian Signature _____ **Date:** __/__/____

**Littleton Public Schools
EMERGENCY Contact Form**

Contact 1 Information

Name: _____ Relationship to student: _____

Home #: _____ Email address: _____

** E-mail addresses are requested only for parents/guardians*

Cell #: _____

Work #: _____

Check if you authorize contact to pick up student

Contact 2 Information

Name: _____ Relationship to student: _____

Home #: _____ Email address: _____

** E-mail addresses are requested only for parents/guardians*

Cell #: _____

Work #: _____

Check if you authorize contact to pick up student

Contact 3 Information

Name: _____ Relationship to student: _____

Home #: _____ Email address: _____

** E-mail addresses are requested only for parents/guardians*

Cell #: _____

Work #: _____

Check if you authorize contact to pick up student

Contact 4 Information

Name: _____ Relationship to student: _____

Home Phone #: _____ Email address: _____

** E-mail addresses are requested only for parents/guardians*

Cell #: _____

Work #: _____

Check if you authorize contact to pick up student

Student Name: _____

**Littleton Public Schools
Verification of Residence**

All children who attend school must be residents of the Town of Littleton. The Littleton Public Schools require that all new students from preschool through grade twelve provide evidence of residency before admittance.

Child's Name ____/____/____
Date of Birth _____
Entering Grade

Parent/Guardian Name _____
Littleton Address

Parent/Guardian Signature

Proof of Residency (only 1 document listed below needed)

- **Utility Bill with Littleton Address**
- **Signed Lease**
- **Signed Purchase & Sale Agreement**
- **Settlement Document on New Home**
- **Property Tax Bill**
- **Property Deed**
- **Automobile Registration/Excise Tax Bill**

Verified by (School Official) ____/____/____
Date



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RELEASE OF RECORDS

Name of Student: _____

Date: _____

I grant permission to release the following records regarding my child:

- Cumulative Academic Records
- Attendance Records
- Medical Records
- ELL Testing/Records
- IEP/504 Plan
- Psychiatric Evaluations
- Discipline Records

Former School Name: _____

Address: _____

Fax Phone Number: _____

Parent/Guardian Signature _____

Please forward all records to:
(Circle and initial the appropriate school)

SHAKER LANE ELEMENTARY SCHOOL _____
35 Shaker Lane
Littleton, MA 01460
(FAX) 978-952-4550

LITTLETON MIDDLE SCHOOL _____
55 Russell Street
Littleton, MA 01460
(FAX) 978-952-4547

RUSSELL STREET ELEMENTARY SCHOOL _____
57 Russell Street
Littleton, MA 01460
(FAX) 978-952-4539

LITTLETON HIGH SCHOOL _____
56 King Street
Littleton, MA 01460
(FAX) 978-652-2555

Shaker Lane Elementary School (Pre-K-2)
Russell Street Elementary School (Grades 3-5)
Littleton Middle School (Grades 6-8)
Littleton High School (Grades 9-12)

Date Faxed: ____/____/____

Date Email: ____/____/____ (emailed to _____)

01.01.20

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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	F <input type="checkbox"/>	M <input type="checkbox"/>
		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 (mm/dd/yyyy)	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? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) _____ 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 languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____
Parent/Guardian Signature: X	_____ / _____ /20 Today's Date: (mm/dd/yyyy)



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Littleton Public Schools Responsible Use of Technology Policy

Purpose

The Littleton Public Schools shall provide access for Staff and Students to the District's systems, networks and devices, including access to external resources, for educational purposes. Educational purposes shall be defined as classroom activities, career and professional development, and research of an educational nature. This technology will be used to increase communication (Staff, Parent, Student and Community), enhance productivity, and assist in upgrading existing skills and acquiring new skills through a broader exchange of information. The Responsible Use Policy (RUP) applies to all usage of school-owned technology. Usage of Privately-owned technology while connected to the District network is also governed by the RUP. The acknowledgement of this policy as referenced in the District Student/Staff Handbooks will serve as the agreement.

Monitored Use / Privacy

Electronic mail transmissions and other use of electronic resources by Students and Staff shall not be considered confidential and may be monitored at any time by designated Staff to ensure appropriate use for instructional and administrative purposes. Access to the school network and the Internet is a privilege. Student or Staff privileges can be revoked at the discretion of the administration for violations of the Responsible Use Policy.

Liability

- The Littleton Public Schools shall not be liable for users' inappropriate use of electronic resources or violations of copyright restrictions, user mistakes or negligence, or costs incurred by users.
- The Littleton Public Schools shall not be responsible for ensuring the accuracy or usability of any information found on external networks.
- Littleton Public Schools assumes no responsibility for any loss or corruption of data resulting from the use of the District's IT resources.

Improper Use / Consequences:

All students and staff are responsible for adhering to this policy. Violations of this policy by students can include, but are not limited to the following disciplinary actions: restricting access to devices, disabling device features or applications, revocation of all network access, detention, suspension or exclusion from school as well as legal action by appropriate authorities in the case of violation of Massachusetts general law. Violations of this policy by staff can include, but are not limited to the following disciplinary actions: restricting access to devices, disabling device features or applications, revocation of all network access, as well as legal action by appropriate authorities in the case of violation of Massachusetts general law. The District's Bullying Prevention

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and Intervention Plan applies to online behaviors, and students and staff are expected to comply with all provisions of that policy. Students or parents should contact the district or school administration if they have any questions about this agreement or its implementation.

Guidelines for Responsible Use of Technology:

A. Devices. Students/Staff are prohibited from:

1. Sharing and/or using someone else's account and/or password.
2. Deleting or intentionally tampering with someone else's files, folders, or work.
3. Damaging or modifying devices, computer system, or network in any way.
4. Storing confidential or sensitive District information on portable external electronic storage media. Portable external electronic storage media includes but is not limited to USB or flash drives, CDs, removable hard drives.
5. Violating any federal, state, or local laws including, but not limited to, copyright, plagiarism, libel and slander laws.

B. Network. Students/Staff are prohibited from:

1. Sending inappropriate and unsolicited information through "spamming."
2. Downloading non-educational content such as streaming music, video, while utilizing the District network.
3. Viewing, sending, downloading inappropriate content or displaying offensive images or messages.
4. Attempting to override, disable, alter, or circumvent security restrictions, management systems, or network settings. Any attempt will be considered intentional damage.
5. Using the network for financial or commercial gain.

C. Social Media. Students/Staff are prohibited from:

1. Creating, sharing or posting audio, video, or any material of or created by another Student or Staff without permission.
2. Posting private information of another Student or Staff member.
3. Impersonating or attempting to impersonate another individual on any social media platform.
4. Engaging in any form of cyberbullying, harassment, or other malicious behavior.

Policy Amendment and Modifications

Littleton Public Schools reserves the right to modify or change this policy and related implementation procedures at any time.

COPPA (Children's Online Privacy Protection Act)

Congress enacted the Children's Online Privacy Protection Act, 15 U.S.C. §6501, et seq. (COPPA) in 1998. COPPA required the Federal Trade Commission to issue and enforce regulations concerning children's online privacy. The Commission's original COPPA Rule became effective on April 21, 2000. The Commission issued an amended Rule on December 19, 2012 that became effective on July 1, 2013. Littleton Public Schools works diligently to comply with COPPA requirements. Littleton Public Schools does not collect student personal

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information or transmit such information directly to online entities for the purpose of creating web-based accounts.

CIPA (Children's Internet Protection Act)

The Littleton Public Schools uses software designed to block access to certain sites and filter content as required by the Children's Internet Protection Act, 47 U.S.C. §254 (CIPA). Littleton Public Schools is aware that not all inappropriate information can be filtered, and the district will make an effort to correct any known gaps in the filtering of information without unduly inhibiting the educational use of age appropriate content by Staff and Students. Users will inform teachers or administrators of any inadvertent access to inappropriate material, in order that there is an appropriate modification of the filtering profile. Littleton Public Schools educates Students about appropriate online behavior, including interacting with other individuals on social networking web sites as well as cyberbullying awareness and response.

Educational Accounts for Students

Littleton Public Schools utilizes computer software applications and web-based services. These include Google Apps and other educational programs that provide web based tools and applications for learning. In order for our students to use these programs and services, certain identifying information, generally the student's name and email address must be provided to the web site operator. Under Federal law, these websites must provide parental notification and obtain parental consent before collecting personal information from children under the age of 13. The law permits schools such as Littleton Public Schools to consent to the collection of personal information on behalf of all of its students, thereby eliminating the need for individual parental consent given directly to the website operator.

Aspen

Littleton Public Schools uses a web-based school information management system, Aspen. This password protected family and student portal makes communication among Students, Parents, Teachers, and Administrators more efficient. It is used to maintain Student data including demographics, attendance records, schedules, grades and transcripts. Parents and Students in grades 6-12 are able to access online progress and grade reports, attendance records, and Student schedules with District-assigned usernames and passwords. Aspen provides Staff with the ability to share additional course information such as syllabi, study guides, class documents, assignments, homework, scheduled assessments, class updates, and assignment grades.

It is imperative that all Staff and Students be responsible for successfully logging out from any device and safeguarding their account information.

Updated June 2017
Approval date 6/8/2017
Approved by School Committee
Updated 7/24/2019

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STUDENT EMERGENCY HEALTH INFORMATION

Student's Name: _____ DOB: _____ Grade: _____

Medical Conditions: Please indicate if your child is currently receiving or has received medical care in the past for any medical conditions (i.e. heart disease, asthma, head injury, etc.): _____

Known Allergies: _____ No known allergies

Please list any medications that your child currently takes: _____

_____ Does your child have an EpiPen? Yes No

Emergency Contact Information:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

Health Insurance: Public _____
(example: Aetna, Private, BCBS, Signa or other)

Private _____ None
(example: MASSHealth or Children's Medical Security)

By signing below, I am confirming all of the above information concerning my child and I certify to the following:

- I give permission for the school nurse to share information relevant to my child's health with appropriate school personnel when needed to meet my child's health and safety needs.
- I give permission for the school nurse to seek medical attention for my child in the event of a medical emergency, accident or illness.

Parent/Guardian Name

Parent/Guardian Signature

Date

01.02.20

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