

W.E.B. Du Bois Regional Middle School

Seth Lewis Levin, Principal

Ellie Rizzo, Assistant Principal

P: 413.644.2300 F: 413.644.2394

Student Registration Packet

2026-2027

Date: _____

Grade Entering: _____

Student's Name: _____

Last

First

Middle

DOB: _____ Gender: ☐ Female ☐ Male ☐ Nonbinary City or Town of Birth: _____

Ethnicity: ☐ Yes ☐ No Is the student Hispanic or Latino?

Race: ☐ Asian ☐ Black or African American ☐ American Indian or Alaska Native

☐ Native Hawaiian/Other Pacific Islander ☐ White

Reason for Enrollment: ☐ Resident ☐ School Choice ☐ Tuition ☐ Foster Care

City/Town of Student's Residence: _____

Check all that apply to Student: ☐ IEP ☐ 504 Plan ☐ Title I Services ☐ English Language Learner Services

Is this student eligible for assistance as a member of a military family as defined by the Interstate Compact on Educational Opportunity for Military Children? Please read below.

☐ Yes ☐ No

In May 2012, as part of the VALOR Act, Massachusetts joined other states as part of the Interstate Compact on Educational Opportunity for Military Children. Please visit www.mic3.net for more information.

Eligibility for assistance under the Compact is children of:

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

Those not eligible for assistance under the Compact are children of:

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

Household #1

Home Address

Street: _____ City: _____

State: _____ Zip Code: _____

Mailing Address

Street: _____ City: _____

State: _____ Zip Code: _____

Contact #1 ☐ Check if Emergency Contact ☐ Check if Primary Contact ☐ Custodial Parent or Guardian

Name: _____ Relationship: _____

Last

First

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ E-mail: _____

Contact #2 ☐ Check if Emergency Contact ☐ Check if Primary Contact ☐ Custodial Parent or Guardian

Name: _____ Relationship: _____

Last

First

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ E-mail: _____

Household #2 (if child's second parent/guardian resides in different household)

Home Address

Street: _____ City: _____

State: _____ Zip Code: _____

Mailing Address

Street: _____ City: _____

State: _____ Zip Code: _____

Contact #1 ☐ Check if Emergency Contact ☐ Check if Primary Contact ☐ Custodial Parent or Guardian

Name: _____ Relationship: _____

Last

First

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ E-mail: _____

Contact #2 ☐ Check if Emergency Contact ☐ Check if Primary Contact ☐ Custodial Parent or Guardian

Name: _____ Relationship: _____

Last

First

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ E-mail: _____

Berkshire Hills Regional School District

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, _____ M ☐ F ☐
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, City and State, Country _____ Current Grade _____

Questions for Parents/Guardians

What is the native language(s) of each parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / guardian)	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?
Which other languages does your child know? (circle all that apply) _____ speak / read / write _____ speak / read / write	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 ☐ N ☐	Will you require an interpreter/translator at Parent-Teacher meetings? Y ☐ N ☐
Parent/Guardian Name: _____ Parent/Guardian Signature: X _____	Today's Date: _____ (mm/dd/yyyy)

NAME OF PERSON COMPLETING FORM IF NOT PARENT OR GUARDIAN:

OFFICE: If ANY language other than English is listed ANYWHERE on this form, send copy to:

Karen Luttenberger – Monument Mountain Regional High School
Diane Viggiano – W.E.B. DuBois Regional Middle School
Lydia Johnson – Muddy Brook Regional Elementary School

Maintain original in student's file. Thank you.

Revised 03/04/22

If there are individuals to whom the school SHOULD NOT RELEASE YOUR CHILD TO because there is a legal court document you MUST provide the school with a copy of this document.

PLEASE LIST BELOW:

Name(s): _____

Emergency Contact Information

In the event that we cannot reach you in an emergency or illness situation please list below in order of preference the persons to contact in addition to your family contact information. They will assume responsibility/transportation.

1. _____ Relationship: _____ Home #: _____ Cell #: _____ Work # _____

2. _____ Relationship: _____ Home #: _____ Cell #: _____ Work # _____

3. _____ Relationship: _____ Home #: _____ Cell #: _____ Work # _____

DO NOT RELEASE the FOLLOWING INFORMATION 2026-2027

Under Department of Education regulations, **the school may release for publication certain information concerning you/your child from time to time without first obtaining your consent, unless you indicate that we should not do so.** The information which may be released for publication includes only the students name, class, participation in officially recognized activities and sports, degrees, honors and awards, and post high school plans.

If you **DO NOT** want this information concerning you/your child to be released for publication without your consent during the school year, **check the box below and sign on the signature line.**

☐ Do **Not** release the following information: Honor Roll & Awards, Post High School Plans, Participation in Officially Recognized Activities & Sports, Degrees without contacting me for permission.

Guardians Signature: _____

Current Health Information

Grade: _____

2026-2027

Student Name: _____

DOB: _____

Physician: _____

Phone # _____

Additional Physicians child sees: _____

Dentist: _____ Phone # _____

Health Insurance: YES _____ Private _____ Public _____ (Mass Health, CMSP) NO _____

Need confidential assistance obtaining health insurance for your child? Contact Advocacy for Access at 413-854-9608

Child's Health Problems (Heart Condition, Diabetes, Asthma, Seizure Disorder, Other):

☐ Hearing Problems Left ear _____ Right ear _____ Hearing Aids _____

☐ Vision Problems Wears Eyeglasses _____ Wears Contact Lenses _____

Child's Allergies (food, insects, and medication, environmental) & describe child's reactions:

Names of any Medications taken regularly: _____

Any additional health information the school health office should be aware of: _____

I give permission for the school nurse to provide information relevant to my child's health condition to appropriate school personnel when necessary to meet my child's health and safety needs, and to exchange my child's information with medical authorities for the purpose of referral, diagnosis and treatment. I also give permission for ambulance transport to the hospital in the event that emergency treatment is determined necessary.

Parent/Guardian Signature _____ Date _____

Medications in School

Consent for Over the Counter (OTC) Medication to be given in School

Name of Student _____

I give permission to have the school nurse or school personnel designated by the school nurse give the following medications with dosage and times as per school physician protocols: (Circle medications to be given)

Advil (Ibuprofen)

Tylenol (Acetaminophen)

Tums (Calcium Carbonate)

If your child cannot swallow tablets, please provide liquid or chewable medicine.

I understand that **any medication** which needs to be administered at school, **other than the list above** will need to be **brought in by a parent** in the **original container** and requires a physician **order** to be dispensed by the school nurse or school personnel designated by the school nurse. Forms are available in the school health office and on the school's website.

Parent/Guardian Signature _____ Date _____

**ELECTRONIC INFORMATION RESOURCES
FOR STUDENTS
2026-2027**

Introduction

The electronic information resources are now available to qualifying students in the district. These resources include access to the Berkshire County Wide Area Network as well as Internet services. Electronics and Computer facilities are the hardware, software, network, and internet systems and equipment which may be located in the classrooms, hallways, computer and business labs, offices, teachers' rooms, network station areas and libraries. The District's goal in providing this service is to promote educational excellence by facilitating resource sharing, innovation and communication.

Scope

Internet access is coordinated through a complex association of government agencies as well as regional and state networks. With access to computers and people all over the world also comes the availability of materials that may not be considered to be of educational value in the context of the school setting. The BHRSD has taken available precautions to restrict access to controversial materials. However, on a global network it is impossible to control all materials and an industrious student may discover controversial information. The District firmly believes that the valuable information and interaction available on this worldwide network far outweigh the possibility that students may procure material that is not consistent with the educational goals of the Berkshire Hills Regional School District.

Purpose

In addition, the smooth operation of the network relies upon the proper conduct of the end students that must adhere to strict guidelines. These guidelines are provided so those students are aware of the responsibilities they are about to acquire.

Each student member applying for an account will review set guidelines regarding proper behavior and use of the network. The signature(s) at the end of this document is (are) legally binding and indicate(s) the party (parties) who signed has (have) read the terms and conditions carefully and understand(s) their significance and agree(s) to abide by these terms.

Terms and Conditions

1. Privileges: The use of electronic information resources is a privilege, not a right. Inappropriate use of these resources will result in the loss of computer services, disciplinary action, and/or referral to legal authorities. The systems administrator will close an account if necessary. An administrator or faculty member has the right to request, for cause, that the systems administrator deny, revoke, or suspend specific student accounts.
2. Acceptable Use: The use of an assigned account must be in support of education, business and/or research and within the educational goals and objectives of the Berkshire Hills Regional School District. Each student is personally responsible for this provision at all times when using the electronic information services.
 - a. Use of other organizations' networks or computing resources must comply with rules appropriate to that network.
 - b. Transmission of any material in violation of any United States or other states' organizations is prohibited. This includes, but is not limited to: copyrighted materials, threatening or obscene material or material protected by trade secrets.
 - c. Commercial activities by for-profit institutions are generally not acceptable.
 - d. Use of product advertisement or political lobbying, including lobbying for student body office, is prohibited.
 - e. Time and bandwidth are costly. While accessing the Internet, no games may be played.
 - f. Illegal activities of any kind are forbidden.
 - g. Do not reveal personal information, i.e., home address, phone numbers, password, or social security number; this also applies to others' personal information or that of organizations.
 - h. Do not use the network in any way that would disrupt network use by others, including the unauthorized installation of software that allows the download and sharing of MP3 files, videos, soundtracks, etc.
 - i. No personal disks may be used on any of the computers. You are authorized to use only the disks provided to you by your instructor or systems administrator. You are not permitted to copy your personal programs/games onto any of the computers in the networked labs, and you may not copy any programs installed on the network/computers onto your personal disks for your personal use.
 - j. No food or drink is permitted in networked labs or around any network resources.
 - k. Illegal installation of copyrighted software or files for use on BHRSD computers is prohibited.
3. Monitored Use: Electronic mail transmissions and other use of electronic resources by students shall not be considered confidential and may be monitored at any time by designated staff to ensure appropriate use for instructional and administrative purposes.

4. Network Etiquette: Each account holder is expected to abide by the generally accepted rules of student etiquette. These rules include, but are not limited to, the following:
 - a. Be polite. Never send, or encourage others to send abusive messages.
 - b. Use appropriate language. Remember that you are a representative of your school and district on a non-private system. You may be alone on a computer, but what you say and do can be viewed globally! Never use vulgar or any other inappropriate language.
 - c. Use electronic mail appropriately. Electronic mail (E-mail) is not guaranteed to be private. Everyone on the system has access to mail. Messages relating to or in support of illegal activities must be reported to the system administrator or school administration.
5. Vandalism: Vandalism is defined as any malicious attempt to harm or destroy property of another student or of any other agencies or networks that are connected to the Internet. Vandalism includes, but is not limited to, the uploading, downloading, or creation of computer viruses. It also includes any physical damage to computer hardware or software in the District.
6. Security: Security on any computer system is a high priority because there are multiple students. Once properly logged into the BHRSD network, do not leave your account/connection open or unattended. Do not use another individual's account. Unauthorized access to a computer system or part of a computer system that you do not have permission to use is known as electronic trespass and is illegal. If you identify a security problem, notify the system administrator or school administration at once.
7. Liability: The Berkshire Hills Regional School District makes no warranties of any kind whether expressed or implied, for the service it is providing. The district will not be responsible for any damages the students suffer while on the system. These damages include, but are not limited to, loss of data as a result of delays, non-deliveries, misdeliveries, or service interruptions caused by the system or your errors or omissions. Use of any information obtained via the information system is at your own risk. The Berkshire Hills Regional School District specifically denies any responsibility for the accuracy of information obtained through electronic information sources.

Penalties

Failure to adhere to the above recommendations for proper use of the computer facilities in the BHRSD, will result in the following disciplinary actions or additional actions as deemed appropriate.

First Offense: Loss of student password for two weeks.

Second Offense: Loss of student password for one month, and the possibility of school suspension.

Third and Subsequent Offenses: Loss of student password for one semester and the possibility of school suspension.

The right of appeal to the Principal will be upheld in all offenses.

PARENT OR GUARDIAN CONSENT FORM 2026.2027

I have read the Berkshire Hills Regional School District's Electronic Information Resources Policy and understand that access to electronic information resources is designed for educational purposes. I understand that it is impossible for the District to restrict access to all the controversial materials and I will not hold the District responsible for controversial materials my student acquires utilizing the District's electronic information resources. I agree to report any misuse of the electronic information resources to the District's System Administrator or School Administration. Misuse comes in many forms, but can be viewed as any messages sent or received that include/suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, and other issues described previously.

I hereby give my permission for my student to access the District's electronic information resources. I understand that this permission shall remain effective during the time my student is enrolled as a student in Berkshire Hills Regional School District, or until I give the District written notice that the permission given is revoked. I further understand that any amendments or revisions to the Electronic Information Resources Policy will be printed in the Student Handbook and that no other notice of amendment or revision to the Electronic Information Resources Policy will be given to me unless it is to be effective prior to publication in the Students Handbook.

Student's Name (please print) _____

Parent/Guardian Name (please print) _____

Signature _____ Date _____

I do not give the Berkshire Hills Regional School District permission for my student to access the District's electronic information resources.

Student's Name (please print) _____

Parent/Guardian Name (please print) _____

Signature _____ Date _____

W.E.B. Du Bois Regional Middle School

2026.2027

Records Request Form

313 Monument Valley Road

Great Barrington, MA 01230

Phone: 413-644-2300 x2301 Fax: 413-644-2394

Email: debra.spence@bhrs.org

Name of Previous School _____

Address _____

Phone#: _____ Fax#: _____ Email Address: _____

REQUEST FOR STUDENT RECORDS

_____, who has enrolled in grade _____ has transferred to W.E.B. Du Bois Regional Middle School. Please fax, or email a copy of the student's last report card, immunization records, ELL records, IEP or 504 and mail cumulative information including test results, academic records, attendance records, discipline records, health and immunization records, and if the student was in a Special Education Program, all psychological evaluations to:

Debra Spence

Guidance Department

W.E.B. Du Bois Regional Middle School

313 Monument Valley Road

Great Barrington, MA 01230

Phone: 413-644-2300 x2301

Fax: 413-644-2394

Email: debra.spence@bhrs.org

AUTHORIZATION FOR RELEASE OF RECORDS

Parent /Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Guidance Department

1st request date: _____

2nd request date: _____

Berkshire Hills Regional School District

Great Barrington•Stockbridge•West Stockbridge

Religious Exemption / Vaccinations and Immunizations 2026-2027

I do not wish to have my child _____
vaccinated or immunized because such conflicts with my sincere, religious beliefs.

Parent's/Guardian's signature

Date

Please note:

Per the Massachusetts Department of Public Health, exclusion of students during disease outbreaks may occur when one or more cases of disease are present in a school. All susceptible, including those with medical or religious exemptions, are subject to exclusion as described in the Reportable Diseases and Isolation and Quarantine Requirements (105CMR 300.000).

The reporting and control of diseases identified as posing a risk to the public health is prescribed by State regulation and law. The Isolation and Quarantine Requirements establish isolation and quarantine requirements for cases of certain diseases and their contacts in certain high risk situations, including the school setting. Common childhood vaccine-preventable diseases identified that may occur in schools and require exclusion requirements include: Measles, Mumps, Rubella, Pertussis (whooping cough) and Varicella (chicken pox).