

# Medway Public Schools Online Registration

## Directions for New Students

**BEFORE YOU BEGIN** - *You will need **electronic** copies of the following documents during the online registration process.*

- **Student Birth Certificate**
- **Proof of Residency** - recent utility bill, tax bill or signed purchase and sales agreement
- **Medical Forms** - latest **physical**, health condition diagnosis, **and immunization report (Visit Summary and/or Progress Notes from a doctor visit are not acceptable)**
- Parent Guardianship documents (**if needed** - court documents if divorced or separated, restraining orders, or foster parents)  
*Additional information needed before you begin*
- Emergency Contact Information for secondary emergency contacts

### Additional Notes:

- The online registration process should take approximately 30 minutes.
- We recommend using a pc or mac. The use of smart phones for this process may be extremely difficult and not compatible with all devices.
- The documents listed above will need to be uploaded while registering a **NEW** student. Existing students are already on file.
- **If you have children already in the Medway Public School System,** please **do not complete a NEW** student registration application. **Simply add the new student to your existing profile** by logging into your existing account, click MORE from the left menu, click Yearly Information Update, and during the process add the student as described in the **Step 2 - Online Registration Directions**, below.
- Each Pleat and Section of the application has an option to save your work. You can pause and return to this process at any time. **Please make note of your Application ID** in Step 1 below to return to your application at a later date/time.
- The screenshots below may not be up to date.
- Any questions, please email [parent@medwayschools.org](mailto:parent@medwayschools.org)

### Steps to complete this process:

- Step 1 - Begin The Registration Process
- Step 2 - Online Registration Directions
- Step 3 - Submit Your Application

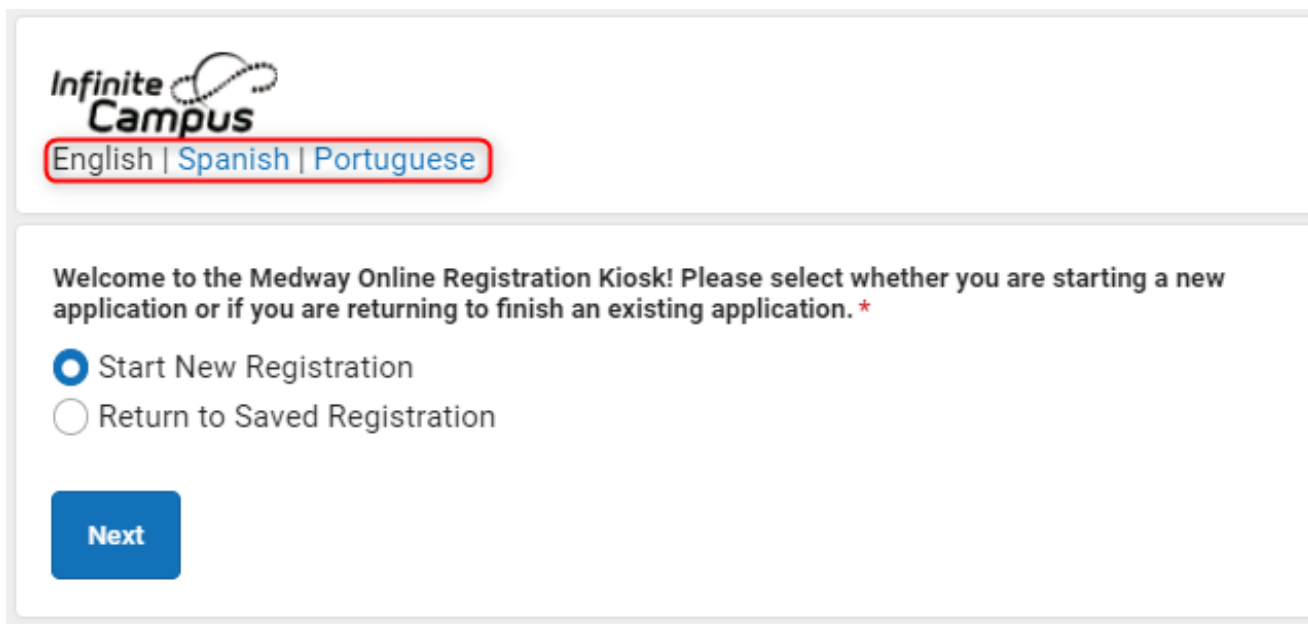
## Step 1 - Begin The Registration Process -

***If you have existing students in the district, skip to Step 2***

- Navigate to the kiosk site  
<https://medwayma.infinitecampus.org/campus/OLRLoginKiosk/medway>
- Click “**Start New Registration**”
  - Or “Return to Saved Registration” if you are continuing a previously started application.
- Click **Next**
- Choose the Registration Year “**2024-25 New Kindergarten Student Registration**”
- Complete the form to create an account and begin the registration process.
  - All fields are required to create an account
  - Be sure the registration year is listed as **24-25**
  - The captcha is case-sensitive
  - Click Begin Registration when complete
- After selecting **Begin Registration** make note of the application number and click confirm.
- Type Your Name to begin the registration process and click Submit.


### ***Screenshots:***

Choose your preferred language




The screenshot shows the Infinite Campus registration kiosk interface. At the top, the Infinite Campus logo is displayed. Below the logo, there is a language selection bar with three options: English, Spanish, and Portuguese. The Spanish option is highlighted with a red border. Below the language bar, a welcome message reads: "Welcome to the Medway Online Registration Kiosk! Please select whether you are starting a new application or if you are returning to finish an existing application. \*". There are two radio button options: "Start New Registration" (which is selected) and "Return to Saved Registration". At the bottom left, there is a blue button labeled "Next".

Choose 'Start New Registration'

  
English | [Spanish](#) | [Portuguese](#)


Welcome to the Medway Online Registration Kiosk! Please select whether you are starting a new application or if you are returning to finish an existing application. \*

☒ Start New Registration 

☐ Return to Saved Registration


[Next](#)

Choose '2024-2025 New Kindergarten Registration'

  
English | [Spanish](#) | [Portuguese](#)

What are you registering for? \*

☐ 2023-24 New Student Registration

☒ 2024-2025 New Kindergarten Student Registration 

[Next](#)

## Create Registration Account:



Please complete the information below to begin the registration process.

### Registration Year

2024-2025 New Kindergarten Student Registration

### Parent/Guardian First Name \*

Test

### Parent/Guardian Last Name \*

Testing

### Date of Birth (MM/DD/YYYY) \*

01/01/1980



### Email Address

register@gmail.com

### Previously Attended this District \*

No



I'm not a robot



reCAPTCHA  
Privacy - Terms

**Begin Registration**

***Type your name and select Submit to start***



Application Number: 1191

Welcome John Doe! Please type in your first and last name in the box below.

By typing your name into the box below you attest that you are the person authenticated into this application or an authorized user of this account, and the data you are entering/verifying is accurate and true to the best of your knowledge.

\*

Two red arrows are pointing towards the form elements. One arrow points to the text input field containing "john doe", and the other points to the "Submit" button.

Prepare the necessary documentation and when ready click “Begin Registration!” Please note that you can pause the application process at any time and return when ready, using the application number referenced above.



Welcome to Medway Online Registration. Before you begin, please gather the following:

- Household information -- address and phone numbers
- Parent information -- work and cell phone numbers, email addresses
- Student information -- demographic and health/medication information
- Emergency Contact - addresses and phone numbers.

In addition to the information above, the following documents are required:

- Proof of residency:
  - Utility bill
  - Signed Purchase and Sale (occupancy must take place within sixty (60) days)
  - Current Tax Bill
- Birth Certificate
- Copy of most recent physical exam - must be within the last year
- An immunization record from the physician.
- Previous school records release form (last report card if available)
- A copy of current 504/IEP plan (if applicable)
- Legal court documentation of guardianship (if applicable)- If divorced or separated, you will need to show legal or official court documentation indicating that you are the custodial parent and have physical custody of your child.

Before You Begin  
Collect the needed forms and information

**Please note that all of the above must be presented to complete the registration process:**

NO child will be able to register without all documentation.

You may save this application at anytime and return later.

Documents may be uploaded to this application electronically (preferred) or delivered to:

**Superintendent's Office**  
45 Holliston Street  
Medway, MA 02058  
Ph: (508)533-3222 x 3156

*Note: Required fields are marked with a red asterisk, and the district will receive the data exactly as it is entered. Please be careful of spelling, capitalization and punctuation. Dates should be entered as MM/DD/YYYY and phone numbers as xxx-xxx-xxxx.*

If you need assistance, please call (508) 533-3222 x3156 during business hours or leave a message and a representative will be back in touch with you the next business day.

Begin Registration!

## Step 2 - Online Registration Directions

Complete each pleat and section of the application as best you can. Required fields are marked with a Red Asterisk \*. After each section, click NEXT until all sections of the pleat are completed. When all sections are complete, click Save/Continue to move to the next pleat.

**NOTE** - If you have existing students at MPS, log in to the parent portal, click **MORE** from the left menu, then **Yearly Information Update**. Choose “**Begin Student Registration**” for the 24-25 school year. The system will open and review all tabs and information.

Choose “**Add A Student**” on the **Student** pleat. You will not see EXISTING students at this time. Only add **NEW** students to be registered.



Application Number: 1191

\* Indicates a required field

The screenshot shows the 'Student(s) Primary Household' pleat in the Infinite Campus Online Registration system. The pleat is divided into sections: Primary Phone, Home Address, Mailing Address, and Free & Reduced Lunch. The Primary Phone section is currently active, showing a form with a red asterisk indicating a required field. Red arrows and labels provide navigation instructions:

- Pleats**: Points to the progress bar at the top, which shows the sequence of pleats: Student(s) Primary Household, Parent/Guardian, Emergency Contact, Student, and Completed.
- Sections**: Points to the section headers within the pleat.
- NEXT Section**: Points to the 'Next >' button at the bottom of the Primary Phone section.
- Save/Continue**: Points to the 'Save/Continue' button at the bottom of the form.
- application number**: Points to the 'Application Number: 1191' text at the top right.
- Save/Continue to get to next pleat**: Points to the 'Save/Continue' button at the bottom of the form.

The Primary Phone section contains the following text: 'Primary Phone', '(508) 533 -3333 \*', and a 'Next >' button. The Home Address, Mailing Address, and Free & Reduced Lunch sections are currently collapsed.

## Primary Household: Home Address Section -

- Enter your address information. If it appears in the box in green as you start typing, you may click it to autocomplete the rest of the information.

▼ **Home Address**

\*Please verify or add the information below. Please update any information that is incorrect. Please do not enter the entire address into the street name field.  
**Example:** If you live at 1234 East Sesame Street, 1234 should be entered into the Street Number field, E should be entered into the first N,S,E,W field, Sesame should be entered into the Street Name Only field, and St should be entered in the St,Ave,Bldv,etc. field.

Street Number 45 *	N,S,E,W ▼	Street Name Only Holliston *	St, Ave, Blvd, etc. St ▼	N,S,E,W ▼	Apartment
City	State ▼ *	Zip *	Ext.	County	

Clear Address Fields

Click on your address if it appears in box

45 Holliston St, Medway, MA 02053

Your address as entered above  
45 Holliston St

◀ Previous   Next ▶

- Proof of Residency (recent utility bill or tax bill or purchase and sales agreement) will need to be uploaded at the end of the registration process.
- Click next to access the next section.

## Primary Household: Mailing Address Section -

Confirm the mailing address entered in the prior section is your primary address.

\* Indicates a required field

▼ **Student(s) Primary Household**   Parent/Guardian   Emergency Contact   Student   Completed

► Primary Phone

► Home Address

▼ **Mailing Address**

Please use the address editor below to enter your address. You will see the formatted postal address below in the viewer. Once your address appears as it should on U.S. Postal Mail, please click "Save".  
Please do not enter the entire address into the street name field.  
**Example:** If you live at 1234 East Sesame Street, 1234 should be entered into the Street Number field, E should be entered into the first N,S,E,W field, Sesame should be entered into the Street Name Only field, and St should be entered in the St,Ave,Bldv,etc. field.

☒ The household has no separate Mailing Address

◀ Previous   Next ▶

► Free & Reduced Lunch

Save/Continue



## Primary Household: Free & Reduced Lunch Section -

Click the link if you would like to access Free & Reduced Lunch Information.

This link provides information and forms needed to apply.

Click **Save/Continue** to access the next Pleat.

\* Indicates a required field

▼ Student(s) Primary Household    ◯ Parent/Guardian    ◯ Emergency Contact    ◯ Student    ◯ Completed

▶ Primary Phone

▶ Home Address

▶ Mailing Address

▼ Free & Reduced Lunch

[For Free and Reduced Information Click Here.](#)

Children need healthy meals to learn. Medway Public Schools offers healthy meals every school day. Your children may qualify for free meals or for reduced price meals. Please visit our web above link for more information.

or click **Save/Continue**

◀ Previous

**Save/Continue**

## Parent/Guardian Pleat -

Click OK to enter the parent/guardian information; complete all fields. Please note that Birth Date is not a required field for parents/guardians and can be removed at this step if you wish. Gender designation is required.

Click Next to complete the Contact Information Section. **DO NOT enter emergency contacts or siblings in this area.**

Parent/Guardian Name: John Doe

▼ Demographics

Enter the parent/guardian you wish to enter. Please review and complete the following:

First Name	John *
Middle Name	
Last Name	Doe *
Suffix	▼
Birth Date	01/01/1970
Gender	▼ *

☒ Please check this box if this person lives at the address listed below

1 Main St  
Medway, MA 02053

**Add Parent/Guardian Title**

Please add any Parent/Guardian including yourself in this area.

Ok

Next ▶

▶ Contact Information

Cancel    Save/Continue

## Parent/Guardian: Contact Info Section -

List your contact phone numbers, email, and preferred contact type. Please note at least one phone number is required.

Click Save/Continue when complete.

\* Indicates a required field

✓ Student(s) Primary Household ▾ Parent/Guardian ✓ Emergency Contact ✓ Student ➤ Completed

Parent/Guardian Name: John Doe

Demographics

Contact Information

\* This field is required

At least one Phone Number is required.

Enter the contact information and how you'd prefer to receive the different types of messages we will send you.

Contact Preferences

Emergency High Priority Attendance Behavior General Teacher Private

Cell Phone ( ) - -  
Work Phone ( ) - - x  
Other Phone ( ) - - x

Email \*jdoe@gamil.com

or

Has no e-mail

Secondary Email

☒ ☒ ☒ ☒ ☒ ☒ ☐

Description of Contact Preferences

**Emergency** - Marking this checkbox will use this method of contact for emergency messages

**High Priority** - Marking this checkbox will use this method of contact for messages labeled as High Priority Notification.

**Attendance** - Marking this checkbox will use this method of contact for attendance messages.

**Behavior** - Marking this checkbox will use this method of contact for behavior messages.

**General** - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.

**Teacher** - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments.

**Private** - Mark if number or email should be listed as private

◀ Previous

Delete

Cancel

Save/Continue

Once your contact information has been entered, you will see it listed under the Parent/Guardian section with a green checkmark. You may add **an additional Parent/Guardian** by clicking Add New Parent/Guardian, or click Save/Continue to proceed.

✓ Student(s) Primary Household ▾ Parent/Guardian ➤ Emergency Contact ➤ Student ➤ Completed

Parent/Guardian

First Name	Last Name	Gender	Completed	
Mathew	Cerqua	M	✓	Edit/Review

Please list all primary Parent/Guardian's in this area.

**Yellow** - Indicates that person is missing required information. Select the highlighted row to continue.

✓ - Indicates that person is completed.

Add New Parent/Guardian

Back

Save/Continue

A highlighted Name indicates information is incomplete or needs review. Click Edit/Review to manage any changes. Items needing review will appear in red. As listed in the above image.

\* Indicates a required field



### Parent/Guardian

First Name	Last Name	Gender	Completed	
John	Doe	M		Edit/Review

Please list all primary Parent/Guardian's in this area.

**Yellow** - Indicates that person is missing required information. Select the highlighted row to continue.

✓ - Indicates that person is completed.

Add New Parent/Guardian

Back

Save/Continue

Highlight indicates the information needs to be reviewed

Click Save/Continue when all Parents/Guardians have been entered to access the next pleat.

## Emergency Contact Pleat -

Enter the emergency contacts in the same manner as parents/guardians. Completing all fields in the section tabs.

**DO NOT ENTER PARENTS/GUARDIANS OR SIBLINGS  
AS EMERGENCY CONTACTS**

To add a new contact, click the Add New Emergency Contact button:



### Emergency Contact

First Name	Last Name	Gender	Completed
------------	-----------	--------	-----------

In AN EMERGENCY, if parent/guardian cannot be contacted, please call one of the following Emergency Contacts listed. Proper identification will be required before a student is released to emergency contacts.

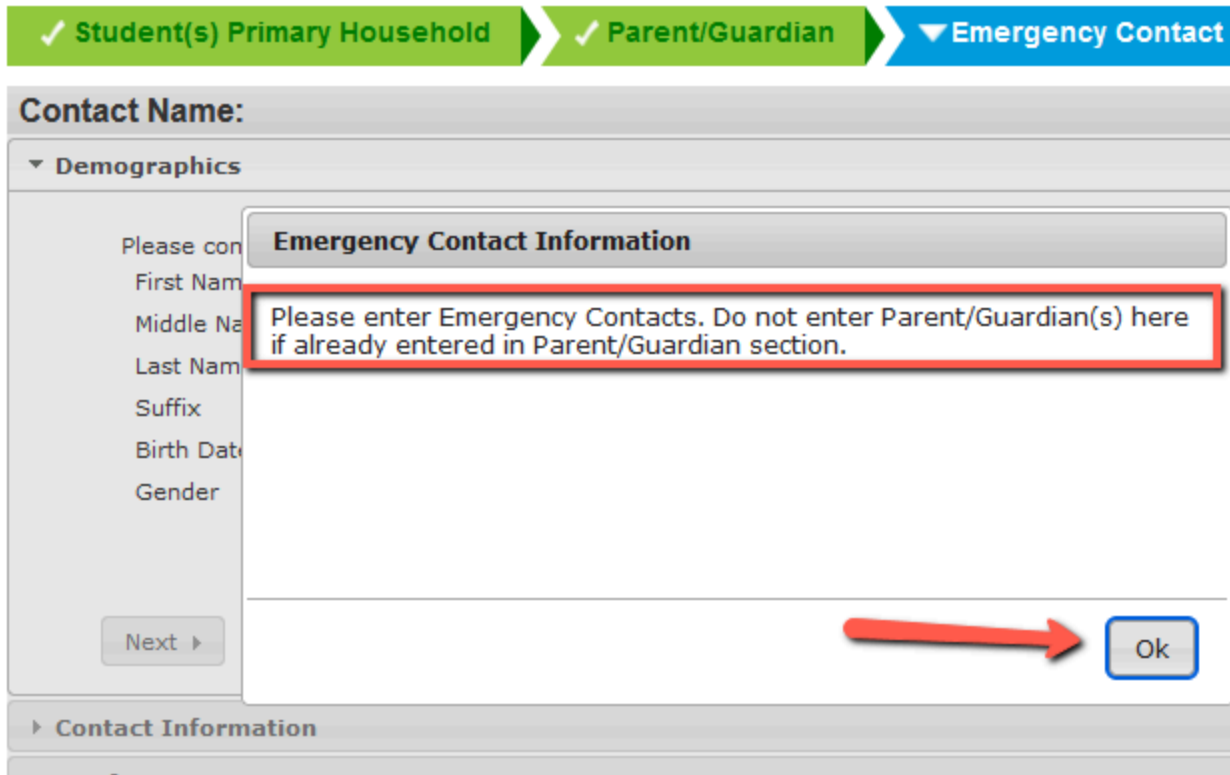
**Yellow** - Indicates that person is missing required information. Select the highlighted row to continue.

✓ - Indicates that person is completed.

The maximum number of Emergency Contacts is 3

Add New Emergency Contact

This popup will appear. Click Ok to continue.



✓ Student(s) Primary Household > ✓ Parent/Guardian > ▼ Emergency Contact

Contact Name:

▼ Demographics

Please enter Emergency Contacts. Do not enter Parent/Guardian(s) here if already entered in Parent/Guardian section.

First Name  
Middle Name  
Last Name  
Suffix  
Birth Date  
Gender

Next >

Ok

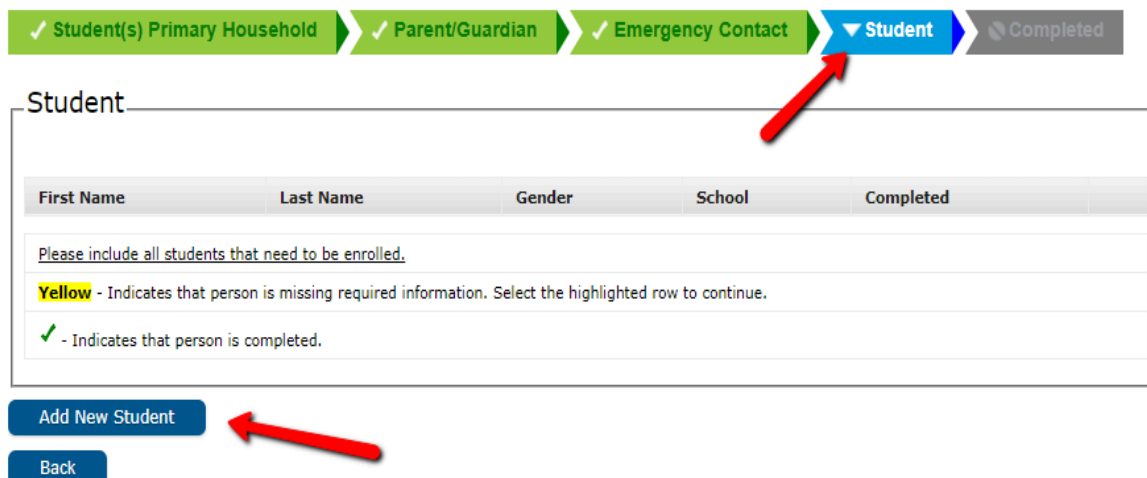
► Contact Information

Fill out the rest of the emergency contact's information.

## Student Pleat -

When you reach the student pleat, Click **Add New Student** to begin adding your child(ren). Complete all sections for each child entering kindergarten.

NOTE - If you have children already in the Medway Public School System, please do not complete a **NEW** student registration application. Login to your existing account, click MORE from the left menu, Online Registration, and begin the registration process, following the steps listed below to add the student to your existing account profile.



✓ Student(s) Primary Household > ✓ Parent/Guardian > ✓ Emergency Contact > ▼ Student > Completed

Student

First Name	Last Name	Gender	School	Completed
Please include all students that need to be enrolled.				
Yellow - Indicates that person is missing required information. Select the highlighted row to continue.				
✓ - Indicates that person is completed.				

Add New Student

Back

It is important to complete all sections as thoroughly as possible. Documents are required to complete the registration application and need to be uploaded. Please refer to the packet notes for required documents to complete the registration application.

Please see the following images detailing the required student information sections.

## Student Pleat: Demographics Section

Fill in all required fields and click next to move to the next section.

✓ Student(s) Primary Household

✓ Parent/Guardian

✓ Emergency Contact

▼ Student

Completed

**Student Name:**

**▼ Demographics**

There will be a few steps for each student you enter. The first is general demographic information. Please verify or add the information below. Please update any information that is incorrect. Please enter the student's name exactly as it appears on the birth certificate. If your student has two last names, please enter both in the box marked "last name". Please enter both names without a dash in between.

Legal First Name	<input type="text"/>	*	Sex	<input type="text"/>	*	Enrollment Grade	<input type="text"/>	*
Legal Middle Name	<input type="text"/>	*	Birth Date	<input type="text"/>	*			
Legal Last Name	<input type="text"/>	*	Birth City	<input type="text"/>	*			
Suffix	<input type="text"/>		Birth State	<input type="text"/>				
Nickname	<input type="text"/>		Date Entered U.S.	<input type="text"/>				
Student Cell Number	<input type="text"/>							

Has this student ever attended Medway Public Schools?

☐ Yes

☐ No

Please complete all required fields in each of the remaining sections

Next ▶

**\*Information and screenshots regarding the remaining sections can be found at the end of this document\***

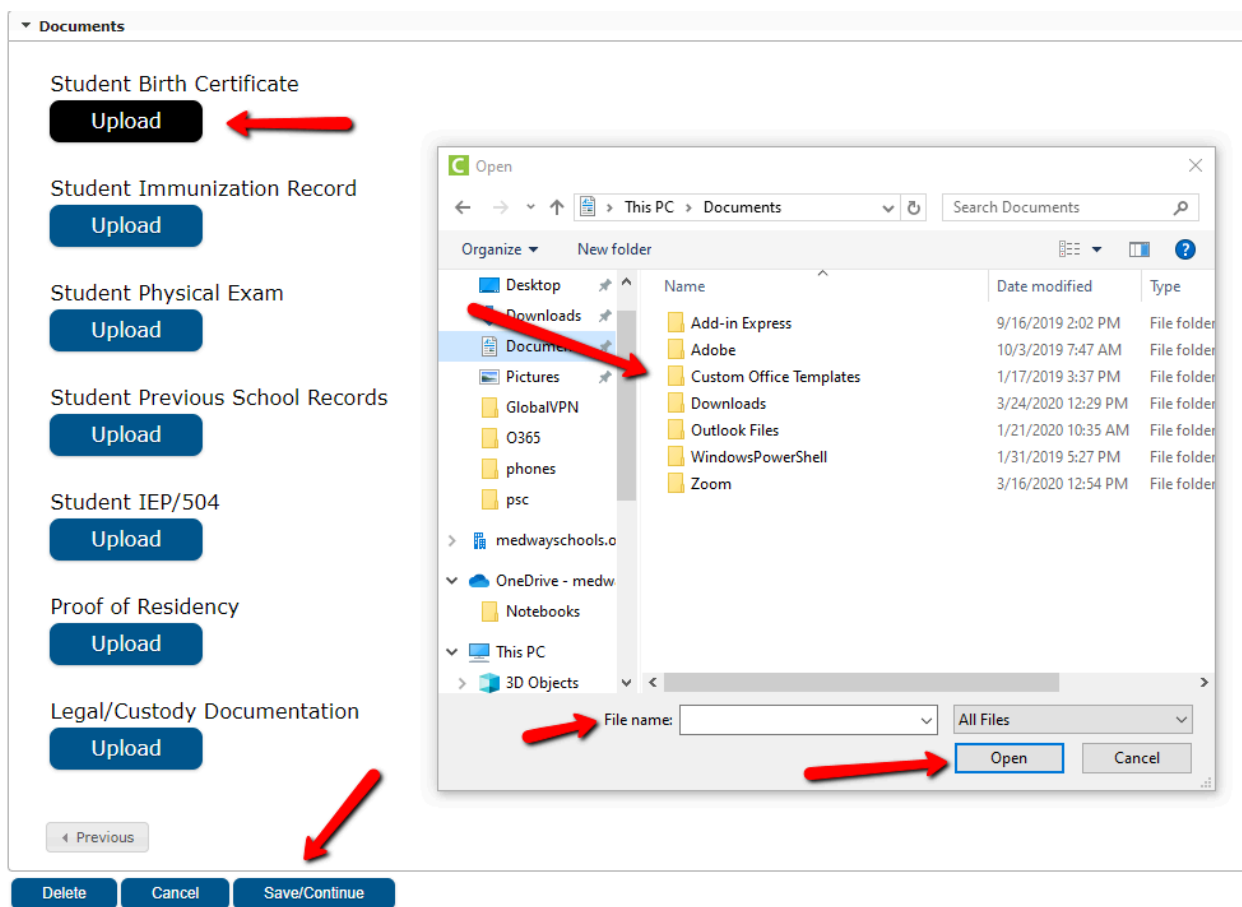
▶ Relationships - Parent/Guardians
▶ Relationships - Emergency Contacts
▶ Race Ethnicity
▶ Housing
▶ Student Services
▶ Language Information
▶ Family Military Status
▶ Health Services - Emergency Information
▶ Health Services - Over the Counter Medications
▶ Health Services - Medical or Mental Health Diagnoses
▶ Health Services - Medications
▶ Health Services - Vaccine Exemption
▶ Digital Learning Policies
▶ Documents

## To Upload Documents

At the end of the Student Pleat, you will need to upload various documents. To do this:

- Click Upload
- Navigate to the file location and select it
- Click Open - the document will upload
- Repeat this step for each document type

Documents can be in any format type. If you do not have access to a scanner, we suggest using a smartphone or mobile device with a camera to capture the images.

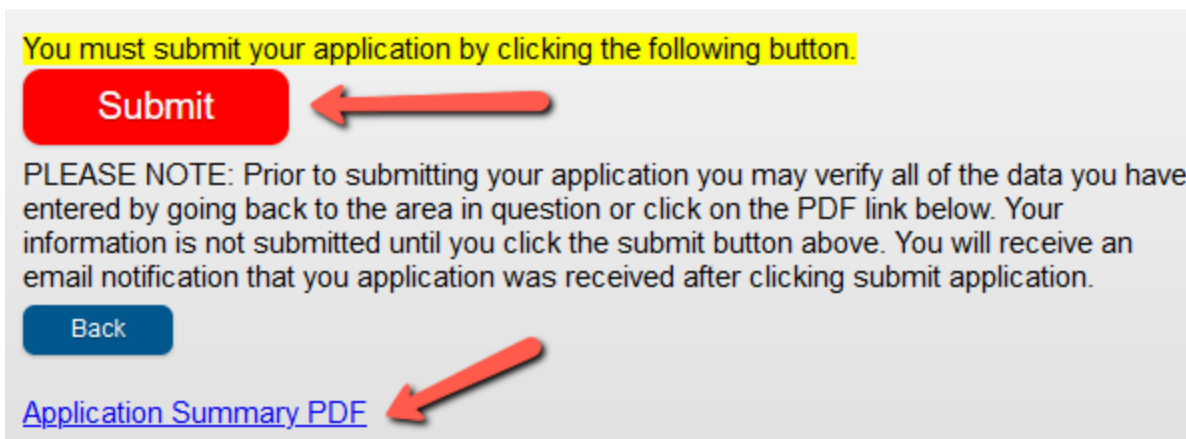


## Notes regarding Each Student Pleat Section:

- Demographics
  - Please complete all fields
- Race Ethnicity
  - Race/Ethnicity is not required by federal law but an answer must be provided by state regulations. It is acceptable to choose the defaults.
- Housing - Homeless / Foster Care status
- Student Services - Special Needs indicators
- Language Information - Student/Home/Preferred Communication Language
- DESE Early Childhood Experience Survey - required DESE Survey
- Relationships - Parent/Guardian relationship and contact sequence
- Family Military Status
- Relationships - Emergency Contact relationship and contact sequence
- Health Services
  - Emergency Information - Doctor / Dentist / Insurance information
  - Over the Counter OTC - medications the nurse may give your child
  - Medical/Mental Conditions - Add any allergies or conditions your child may have. Documentation is required.
  - Medications - List all daily medications your child may be taking NOT included in OTC.
  - Vaccine Exemption - Proof of vaccines is required for grades K, 4, 7, and 10, unless an exemption is requested per chapter 76, section 15, of the Mass General Laws.
  - Digital Learning Policies - Student and Parent Digital Acceptable Use Policy
- Save/Continue when complete

## Step 3 - Submit Your Application

When the application is complete, follow the prompts to submit the application for processing. Please print or save the available PDF copy of your application. This form does not need to be delivered to the school.



You must submit your application by clicking the following button.

**Submit**

PLEASE NOTE: Prior to submitting your application you may verify all of the data you have entered by going back to the area in question or click on the PDF link below. Your information is not submitted until you click the submit button above. You will receive an email notification that you application was received after clicking submit application.

**Back**

[Application Summary PDF](#)

If, for some reason, you can not complete the application in one sitting, return to the URL listed and select **Return To Saved Registration**. Use the registration number and your information to access and continue the registration entry process.

## Additional Information and Screenshots -

### Student Pleat: Demographics

#### ▼ Demographics

There will be a few steps for each student you enter. The first is general demographic information. Please verify or add the information below. Please update any information that is incorrect. Please enter the student's name exactly as it appears on the birth certificate. If your student has two last names, please enter both in the box marked "last name". Please enter both names without a dash in between.

Legal First Name	<input type="text"/>	*	Sex	<input type="text"/>	*	Enrollment Grade	<input type="text"/>	*
Legal Middle Name	<input type="text"/>	*	Birth Date	<input type="text"/>	*			
Legal Last Name	<input type="text"/>	*	Birth City	<input type="text"/>	*			
Suffix	<input type="text"/>		Birth State	<input type="text"/>				
Nickname	<input type="text"/>		Date Entered U.S.	<input type="text"/>				
Student Cell Number	<input type="text"/>							

Has this student ever attended Medway Public Schools?

- ☐ Yes  
☐ No

### Student Pleat: Relationships - Parent/Guardians

#### ▼ Relationships - Parent/Guardians

At least one person must be marked as 'Guardian'.\*

Name	Relationship*	Guardian	Mailing	Portal	Messenger	Secondary Household	Contact Sequence*	or	No Relationship
Mr. [REDACTED]	<input type="text"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="text"/>		<input type="checkbox"/>

#### Description of Contact Preferences

**Guardian** - Marking this checkbox will flag this person as legal guardian to the student.

**Mailing** - Marking this checkbox will flag this person to receive mailings for the student.

**Portal** - Marking this checkbox will flag this person as a portal account, and this person will be able to view student information within the portal for this student.

**Messenger** - Marking this checkbox will flag this person to receive messages from the District's messenger system.

**Secondary Household** - Marking this checkbox will indicate that the student has a secondary household membership with this person

**Contact Sequence** - Adding a sequence number on contacts will prompt district staff to contact these persons in the order that you specify. Parent/Guardians should start with a sequence of 1.

**No Relationship** - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists.

### Student Pleat: Relationships - Emergency Contacts

#### ▼ Relationships - Emergency Contacts

Name	Relationship*	Contact Sequence*	or	No Relationship
Ben Demers	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>

#### Description of Contact Preferences

**Contact Sequence** - Adding a sequence number on contacts will prompt district staff to contact these persons in the order that you specify. Parent/Guardians should start with a sequence of 1.

**No Relationship** - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists.



## Student Pleat: Race/Ethnicity

**▼ Race Ethnicity**

Is Hispanic/Latino ☐\*

\*Please check all that apply.

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

## Student Pleat: Housing

**▼ Housing**

Homeless Status

Is this student homeless?

☐ Yes, this student is homeless / doubling up.

☒ No, this student is not homeless / doubling up.

Is this student in foster care?

☐ Yes, this student is in foster care.

☐ No, this student is not in foster care.

I this student a ward of the state?

☐ Yes, this student is a ward of the state.

☐ No, this student is not a ward of the state.

## Student Pleat: Student Services

### ▼ Student Services

Does your student have an IEP? No ▾ \*

Has your student ever had a 504 Plan? No ▾ \*

Has your student previously received Title I services? No ▾ \*

◀ Previous

Next ▶

## Student Pleat: Language Information

### ▼ Language Information

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 Language English ▾ \*

What was the first language spoken by the student? English ▾ \*

What is the language most often spoken at home? English ▾ \*

What is the language most often spoken by the student with friends? English ▾ \*

Parent/Guardian Language English ▾ \*

◀ Previous

Next ▶

## Student Pleat: DESE Early Childhood Experience Survey (For Kindergarten Only)

### ▼ DESE Early Childhood Experience Survey

Please answer the following questions pertaining to Early Childhood Experiences, a survey collected by the Department of Elementary and Secondary Education

- ☐ My child did not have any formal early childhood program experience
- ☐ My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.
- ☐ My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.
- ☐ My child did not have formal early childhood program experience but participated in BOTH Coordinated Family and Community Engagement (CFCE) AND Parent Child Home Program (PCHP) services.
- ☐ My child attended a Licensed Family Child Care Provider for less than 20 hours per week
- ☐ My child attended a Licensed Family Child Care Provider for 20+ hours per week
- ☐ My child attended a Center Based Program for less than 20 hours per week
- ☐ My child attended a Center Based Program for 20+ hours per week
- ☐ My child attended BOTH a Licensed Family Child Care Provider AND a Center Based Program for less than 20 hours per week
- ☐ My child attended BOTH a Licensed Family Child Care Provider AND a Center Based Program for 20+ hours per week

#### Definitions:

**Coordinated Family and Community Engagement (CFCE) Services:** locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent-child activities).

**Parent Child Home Program (PCHP):** home visiting model program funded through the Department of Early Education and Care.

**Licensed Family Childcare:** refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families.

**Center-Based Care:** refers to care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools.

Instructions on how to answer the above questions can be found by clicking the link below:

[DESE Early Childhood Survey Guidance](#)

◀ Previous

Next ▶

## Student Pleat: Previous School

### ▼ Previous School

Please enter information regarding this student's prior schools.

#### School Information

School	<input type="text"/>	*
Address	<input type="text"/>	
City	<input type="text"/>	*
State	<input type="text"/>	▼ *
Country	<input type="text"/>	▼ *
Phone	( <input type="text"/> ) <input type="text"/> - <input type="text"/>	
Fax	( <input type="text"/> ) <input type="text"/> - <input type="text"/>	
Last grade completed	<input type="text"/>	▼

Medway Public Schools requests the following information regarding the above student in order to provide proper placement and programs.

- Mass Transfer Card - including SASID (if applicable)
- Academic Record - including Attendance
- Grades on Withdrawal - required if transfer does not occur at the end of a term or school year
- Psychological Records
- Standardized Tests
- Discipline Record
- Chapter 766 Reports - Individual Education Plan and most recent testing (if applicable)
- Health Records
- EL documentation including ACCESS for ELLs, WIDA Screener, WIDA MODEL, Reclassification form, progress reports, FELs monitoring
- Any other pertinent information concerning the child

**Your signature in the last section of this application will authorize the release of this information to Medway Public Schools**

## Student Pleat: Family Military Status

### ▼ Family Military Status

Is this student a child of an active duty member of the uniformed services, National Guard, or Reserve on active duty?

- ☐ Yes  
☐ No

Is this student a child of members or veterans who are medically discharged or retired within the last year?

- ☐ Yes  
☐ No

Is this student a child of a member who died on active duty?

- ☐ Yes  
☐ No

◀ Previous

Next ▶

## Student Pleat: Health Services - Emergency Information

### ▼ Health Services - Emergency Information

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to make whatever emergency arrangements are necessary.

☐ Yes

☐ No

A physical exam is required of all students newly entering Medway Public Schools as well as upon entering Kindergarten, and Grades 4, 7, and 10. Please ask your healthcare provider to supply you with a signed copy of the physical exam form with immunizations and upload it to the Documents tab of this application. I give permission to the school nurse to share my child's relevant health information with appropriate school personnel. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis, and treatment.

☐ Yes

☐ No

#### Medical Contacts

Primary Care Provider

Primary Care Phone

 (  )  - 

Dentist

Dentist Phone

 (  )  - 

Insurance Provider

Insurance Policy/ID Number

## Student Pleat: Health Services - Over the Counter Medications

### ▼ Health Services - Over the Counter Medications

The following over the counter medications are ordered by the school physician for student use on an as needed basis. Please indicate if you allow your child to receive these medications on a limited basis:

Aloe Vera	Yes ▾ *
Bacitracin	Yes ▾ *
Benadryl (elixir and tabs)	Yes ▾ *
Benadryl spray/ointment (supplied from home with parent consent)	Yes ▾ *
Benzalkonium Chloride	Yes ▾ *
Bug Spray (supplied from home with parent consent)	Yes ▾ *
Burn Gel/First Aid Ointment	Yes ▾ *
Calahist Clear Lotion	Yes ▾ *
Calamine/Caladryl lotion	Yes ▾ *
Contact Lens Solution	Yes ▾ *
Hand Sanitizer	Yes ▾ *
Heating pad	Yes ▾ *
Hydrocortisone Cream 0.5-1%	Yes ▾ *
Ibuprofen	Yes ▾ *
Isopropyl alcohol	Yes ▾ *
Moisturing Products	Yes ▾ *
Saline Solution 0.9%	Yes ▾ *
Sunblock (supplied from home with parent consent)	Yes ▾ *
Tums	Yes ▾ *
Tylenol	Yes ▾ *
Vaseline/Aquafor	Yes ▾ *

# Student Pleat: Health Services - Medical or Mental Health Diagnoses

▼ Health Services - Medical or Mental Health Diagnoses

All conditions must be accompanied by an official medical diagnoses report.

No medical or mental health conditions ☐

or

Condition* <div></div>	Comments and Instructions <div></div>	Remove Condition
Add Condition		

# Student Pleat: Health Services - Medications

▼ Health Services - Medications

No medications ☐

or

Medication* <div></div>	Where Taken* <div></div>	Medication Type* <div></div>	Comments and Instructions <div></div>	Remove Medication
Add Medication				

## Student Pleat: Health Services - Vaccine Exemption

### ▼ Health Services - Vaccine Exemption

Proof of vaccines is required for all students.

Do you request that your child be exempt from the vaccination and immunization requirements on medical and/or religious grounds in accordance with the provisions of chapter 76, Section 15, of the Mass General Laws?

**For a Definition of Allowable Exemptions (see [MGL c. 76 §§15, 15C, 15D; 105 CMR 220](#))**

- ☒ Yes, I request my child be exempt.  
☐ No, I do not request my child be exempt.

Please list the vaccine and immunization requirements you request your child be exempt from:

This decision is based on: (please check all that apply and upload supporting documentaiton in the **Documents** tab)

- ☐ **Religious Grounds** - A religious exemption is allowed if a parent or guardian provides a written statement that immunizations conflict with their sincere religious beliefs. This should be renewed annually at the start of the school year.  
☐ **Medical Grounds** - A medical exemption is allowed if a physician submits documentation attesting that immunization medically contraindicated. This must be renewed annually at the start of the school year.

I realize that according to the Massachusetts Department of Public Health, my child may be excluded from school and school functions should an outbreak of a communicable disease occur (parent/guardian initials)  \*

- ☐ \* By checking this box and providing my first and last name below, I agree that this is my electronic signature and is the legal equivalent of my manual signature on this application.

Parent First Name  \*  
Parent Last Name  \*  
Today's Date   \*

◀ Previous

Next ▶

## Student Pleat: Release Agreements

### ▼ Release Agreements

#### ☐ Authorization for Records Release

By checking this box and signing, I hereby grant release of student records information for the above student to Medway Public Schools. Please use your mouse to digitally sign the below.

**Parent Signature**  
Please sign on the line below

Clear

## Student Pleat: Digital Learning Policies

### ▼ Digital Learning Policies

[Click here to view the Medway Public Schools Digital Learning and Technology Acceptable Use Policy](#)

#### Student Acceptable Use Policy

☐ \* By checking this box and providing my first and last name in the fields below, I agree that I have read, understand, and will abide by the Digital Learning and Technology Acceptable Use Policy (#92). I further understand that any violation of the regulations is unethical and may constitute a financial expense and possible criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action and/or appropriate legal action may be taken. I also agree that my electronic signature is the legal equivalent of my manual signature on this application.

Student First Name  \*

Student Last Name  \*

#### Parent Acceptable Use Policy

☐ \* By checking this box and providing my first and last name in the fields below, I agree that I have read, understand, and will abide by the Digital Learning and Technology Acceptable Use Policy (#92). I further understand that any violation of the regulations is unethical and may constitute a financial expense and possible criminal offense. Should my child commit any violation, their access privileges may be revoked, school disciplinary action and/or appropriate legal action may be taken. I also agree that my electronic signature is the legal equivalent of my manual signature on this application.

Parent First Name  \*

Parent Last Name  \*

◀ Previous

Next ▶

## Student Pleat: Student Handbook Agreement

### ▼ Student Handbook Agreement

Please visit your child's school website to view the Student/Parent handbook. After reading, please fill out the following fields:

#### Student Handbook Agreement

☒ \* By checking this box and providing my first and last name, I agree that I have read, understand, and will abide by the Student Handbook

Student First Name  First Name \*

Student Last Name  Last Name \*

#### Parent Handbook Agreement

☒ \* By checking this box and providing my first and last name, I agree that I have read, understand, and will abide by the Student Handbook

Parent First Name  First Name \*

Parent Last Name  Last Name \*

◀ Previous

Next ▶

## Student Pleat: Documents

Click Upload

Navigate to the file location and select it

Click Open - the document will upload

- Repeat this step for each document type

Documents can be in any format type. If you do not have access to a scanner, we suggest using a smartphone or mobile device with a camera to capture the images.

Documents

Student Birth Certificate

Upload

Student Immunization Record

Upload

Student Physical Exam

Upload

Student Previous School Records

Upload

Student IEP/504

Upload

Proof of Residency

Upload

Legal/Custody Documentation

Upload

Previous

Delete

Cancel

Save/Continue

Open

This PC > Documents

Search Documents

Organize New folder

Desktop

Downloads

Documents

Pictures

GlobalVPN

O365

phones

psc

medwayschools.o

OneDrive - medw

Notebooks

This PC

3D Objects

Name	Date modified	Type
Add-in Express	9/16/2019 2:02 PM	File folder
Adobe	10/3/2019 7:47 AM	File folder
Custom Office Templates	1/17/2019 3:37 PM	File folder
Downloads	3/24/2020 12:29 PM	File folder
Outlook Files	1/21/2020 10:35 AM	File folder
WindowsPowerShell	1/31/2019 5:27 PM	File folder
Zoom	3/16/2020 12:54 PM	File folder

File name:

All Files

Open

Cancel



# Registro en línea de las escuelas públicas de Medway

## Instrucciones para nuevos estudiantes

**ANTES DE COMENZAR:** *Necesitará copias electrónicas de los siguientes documentos durante el proceso de registro en línea.*

- **Certificado de Nacimiento del Estudiante**
- **Prueba de residencia** - factura de servicios públicos **reciente**, factura de impuestos o acuerdo de compra y venta firmado
- **Formularios médicos** - **último diagnóstico físico**, de condición de salud e **informe de vacunación (el resumen de la visita y/o las notas de progreso de una visita al médico no son aceptables)**
- Documentos de tutela de los padres (**si es necesario:** documentos judiciales si están divorciados o separados, órdenes de restricción o padres de crianza)  
*Información adicional necesaria antes de comenzar*
- Información de contacto de emergencia para contactos de emergencia secundarios

### Notas adicionales:

- El proceso de registro en línea debería tomar aproximadamente 30 minutos..
- **Recomendamos utilizar una PC o Mac. El uso de teléfonos inteligentes para este proceso puede resultar extremadamente difícil y no compatible con todos los dispositivos.**
- Los documentos enumerados anteriormente deberán cargarse al registrar un **NUEVO** estudiante. Los estudiantes existentes ya están archivados.
- **Si ya tiene hijos en el sistema de escuelas públicas de Medway,** por favor no complete la NUEVA solicitud de registro de estudiante. **Simplemente agregue el nuevo estudiante a su perfil existente iniciando sesión en su cuenta existente,** haga clic en MÁS en el menú de la izquierda, haga clic en Actualización anual de información y, durante el proceso, agregue al estudiante como se describe en el **Paso 2: Instrucciones de registro en línea**, a continuación.
- Cada Pliegue y Sección de la aplicación tiene una opción para guardar su trabajo. Puede pausar y regresar a este proceso en cualquier momento. **Tome nota de su ID** de solicitud en el Paso 1 a continuación para regresar a su solicitud en una fecha/hora posterior.
- Es posible que las capturas de pantalla siguientes no estén actualizadas.
- Cualquier pregunta, envíe un correo electrónico [parent@medwayschools.org](mailto:parent@medwayschools.org)

### Pasos para completar este proceso:

- Paso 1: comience el proceso de registro
- Paso 2: Instrucciones para el registro en línea
- Paso 3: envíe su solicitud

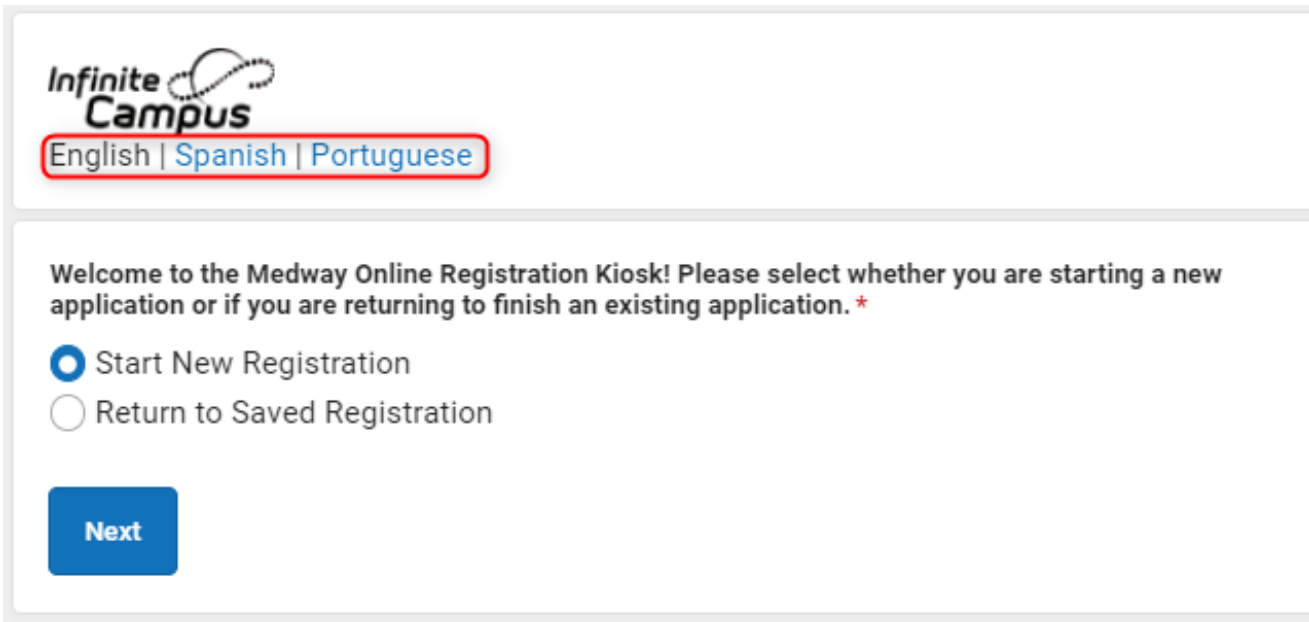
## Paso 1 - Comience el proceso de registro -

**Si tiene estudiantes existentes en el distrito, vaya al Paso 2**

- Navegar al sitio del quiosco  
<https://medwayma.infinitecampus.org/campus/OLRLoginKiosk/medway>
- Haga clic en "**Iniciar nuevo registro**"
  - O "Volver al registro guardado" si continúa con una solicitud iniciada anteriormente.
- Haga clic en **Siguiente**
- Elija el año de inscripción "**Registro de nuevos estudiantes de jardín de infantes 2024-25**"
- Complete el formulario para crear una cuenta y comenzar el proceso de registro.
  - Todos los campos son obligatorios para crear una cuenta.
  - Asegúrese de que el año de registro aparezca como **24-25**
  - El captcha distingue entre mayúsculas y minúsculas.
  - Haga clic en Iniciar registro cuando esté completo
- Después de seleccionar **Iniciar registro**, tome nota del número de solicitud y haga clic en confirmar.
- Escriba su nombre para comenzar el proceso de registro y haga clic en Enviar.

### *Capturas de pantalla:*

Elige tu idioma preferido



The screenshot shows the Infinite Campus registration kiosk interface. At the top, the Infinite Campus logo is displayed. Below the logo, there is a language selection bar with three options: English, Spanish, and Portuguese. The Spanish option is highlighted with a red border. Below the language bar, a welcome message reads: "Welcome to the Medway Online Registration Kiosk! Please select whether you are starting a new application or if you are returning to finish an existing application. \*". There are two radio button options: "Start New Registration" (which is selected) and "Return to Saved Registration". At the bottom left, there is a blue button labeled "Next".

Eliza 'Iniciar Nuevo Registro'



English | [Spanish](#) | [Portuguese](#)

Welcome to the Medway Online Registration Kiosk! Please select whether you are starting a new application or if you are returning to finish an existing application. \*

- ☒ Start New Registration
- ☐ Return to Saved Registration

Next

Eliza 'Registro de Nuevo jardín de infantes 2024-2025'



English | [Spanish](#) | [Portuguese](#)

What are you registering for? \*

- ☐ 2023-24 New Student Registration
- ☒ 2024-2025 New Kindergarten Student Registration

Next

## Crear cuenta de registro:



Please complete the information below to begin the registration process.

Registration Year

2024-2025 New Kindergarten Student Registration

Parent/Guardian First Name \*

Test

Parent/Guardian Last Name \*

Testing

Date of Birth (MM/DD/YYYY) \*

01/01/1980



Email Address

register@gmail.com

Previously Attended this District \*

No



I'm not a robot



reCAPTCHA  
Privacy - Terms

Begin Registration


***Escriba su nombre y seleccione Enviar para comenzar***

Welcome John Doe! Please type in your first and last name in the box below.

By typing your name into the box below you attest that you are the person authenticated into this application or an authorized user of this account, and the data you are entering/verifying is accurate and true to the best of your knowledge.

john doe

Submit



Prepare la documentación necesaria y cuando esté listo haga clic en "¡Comenzar registro!" Tenga en cuenta que puede pausar el proceso de solicitud en cualquier momento y regresar cuando esté listo, utilizando el número de solicitud mencionado anteriormente.



Welcome to Medway Online Registration. Before you begin, please gather the following:

- Household information -- address and phone numbers
- Parent information -- work and cell phone numbers, email addresses
- Student information -- demographic and health/medication information
- Emergency Contact - addresses and phone numbers.

In addition to the information above, the following documents are required:

- Proof of residency:
  - Utility bill
  - Signed Purchase and Sale (occupancy must take place within sixty (60) days)
  - Current Tax Bill
- Birth Certificate
- Copy of most recent physical exam - must be within the last year
- An immunization record from the physician.
- Previous school records release form (last report card if available)
- A copy of current 504/IEP plan (if applicable)
- Legal court documentation of guardianship (if applicable)- If divorced or separated, you will need to show legal or official court documentation indicating that you are the custodial parent and have physical custody of your child.

Before You Begin  
Collect the needed forms and information

**Please note that all of the above must be presented to complete the registration process:**

NO child will be able to register without all documentation.

You may save this application at anytime and return later.

Documents may be uploaded to this application electronically (preferred) or delivered to:

**Superintendent's Office**  
45 Holliston Street  
Medway, MA 02058  
Ph: (508)533-3222 x 3156

*Note: Required fields are marked with a red asterisk, and the district will receive the data exactly as it is entered. Please be careful of spelling, capitalization and punctuation. Dates should be entered as MM/DD/YYYY and phone numbers as xxx-xxx-xxxx.*

If you need assistance, please call (508) 533-3222 x3156 during business hours or leave a message and a representative will be back in touch with you the next business day.

Begin Registration!

## Paso 2: Instrucciones para el registro en línea

Complete cada pliego y sección de la solicitud lo mejor que pueda. Los campos obligatorios están marcados con un asterisco rojo \*. Después de cada sección, haga clic en SIGUIENTE hasta que se completen todas las secciones de la declaración. Cuando todas las secciones estén completas, haga clic en Guardar/Continuar para pasar al siguiente pliego.

**NOTA:** Si tiene estudiantes en MPS, inicie sesión en el portal para padres, haga clic en **MÁS** en el menú de la izquierda y luego en **Actualización de información anual**. Elija "**Comenzar registro de estudiantes**" para el año escolar 24-25. El sistema abrirá y revisará todas las pestañas y la información.

Elija "**Agregar un estudiante**" en la declaración de **Estudiante**. No verá estudiantes EXISTENTES en este momento. Solo agregue **NUEVOS** estudiantes para registrarse.

**Infinite Campus Online Registration**

\* Indicates a required field

Application Number: 1191

▼ Student(s) Primary Household

Parent/Guardian

Emergency Contact

Student

Completed

Primary Phone

Primary Phone

(508) 533 -3333 \*

Next >

Home Address

Mailing Address

Free & Reduced Lunch

Save/Continue

application number

Sections

Pleats

Save/Continue to get to next pleat

NEXT Section

## Hogar principal: Sección de domicilio -

- Ingrese la información de su dirección. Si aparece en el cuadro verde cuando comienzas a escribir, puedes hacer clic en él para autocompletar el resto de la información.

▼ Home Address

\*Please verify or add the information below. Please update any information that is incorrect. Please do not enter the entire address into the street name field.  
**Example:** If you live at 1234 East Sesame Street, 1234 should be entered into the Street Number field, E should be entered into the first N,S,E,W field, Sesame should be entered into the Street Name Only field, and St should be entered in the St,Ave,Bldv,etc. field.

Street Number 45 *	N,S,E,W ▼	Street Name Only Holliston *	St, Ave, Blvd, etc. St ▼	N,S,E,W ▼	Apartment
City	State ▼ *	Zip *	Ext.	County	

Clear Address Fields

Click on your address if it appears in box

45 Holliston St, Medway, MA 02053

Your address as entered above  
45 Holliston St

◀ Previous   Next ▶

- Se deberá cargar un comprobante de residencia (factura reciente de servicios públicos o factura de impuestos o acuerdo de compra y venta) al final del proceso de registro.
- Haga clic en siguiente para acceder a la siguiente sección.

## Hogar principal: Sección de dirección postal -

Confirme que la dirección postal ingresada en la sección anterior sea su dirección principal.

\* Indicates a required field

▼ Student(s) Primary Household   Parent/Guardian   Emergency Contact   Student   Completed

► Primary Phone

► Home Address

▼ Mailing Address

Please use the address editor below to enter your address. You will see the formatted postal address below in the viewer. Once your address appears as it should on U.S. Postal Mail, please click "Save".  
Please do not enter the entire address into the street name field.  
**Example:** If you live at 1234 East Sesame Street, 1234 should be entered into the Street Number field, E should be entered into the first N,S,E,W field, Sesame should be entered into the Street Name Only field, and St should be entered in the St,Ave,Bldv,etc. field.

☒ The household has no separate Mailing Address

◀ Previous   Next ▶

► Free & Reduced Lunch

Save/Continue



## Hogar Principal: Sección de Almuerzo Gratis y Reducido -

Haga clic en el enlace si desea acceder a información sobre almuerzos gratuitos y a precio reducido.

Este enlace proporciona información y formularios necesarios para presentar la solicitud.

Haga clic en **Guardar/Continuar** para acceder al siguiente pliego.

\* Indicates a required field

▼ Student(s) Primary Household ► Parent/Guardian ► Emergency Contact ► Student ► Completed

► Primary Phone

► Home Address

► Mailing Address

▼ Free & Reduced Lunch

[For Free and Reduced Information Click Here.](#)

Children need healthy meals to learn. Medway Public Schools offers healthy meals every school day. Your children may qualify for free meals or for reduced price meals. Please visit our web above link for more information.

or click **Save/Continue**

◀ Previous

**Save/Continue**

## Pliego de padre/tutor -

Haga clic en Aceptar para ingresar la información del padre/tutor; complete todos los campos. Tenga en cuenta que la fecha de nacimiento no es un campo obligatorio para los padres/tutores y puede eliminarse en este paso si lo desea. Se requiere designación de género. Haga clic en Siguiente para completar la sección de información de contacto. ***NO ingrese contactos de emergencia ni hermanos en esta área.***

Parent/Guardian Name: John Doe

▼ Demographics

Enter the parent/guardian you wish to enter. Please review and complete the following:

First Name	John
Middle Name	
Last Name	Doe
Suffix	
Birth Date	01/01/1970
Gender	

☒ Please check this box if this person lives at the address listed by

1 Main St  
Medway, MA 02053

**Add Parent/Guardian Title**

Please add any Parent/Guardian including yourself in this area.

Ok

Next ►

► Contact Information

Cancel Save/Continue

## Padre/Tutor: Sección de Información de Contacto -

Enumere sus números de teléfono de contacto, correo electrónico y tipo de contacto preferido. Tenga en cuenta que se requiere al menos un número de teléfono.

Haga clic en Guardar/Continuar cuando esté completo.

\* Indicates a required field

✓ Student(s) Primary Household ▶ ▼ Parent/Guardian ▶ ✓ Emergency Contact ▶ ✓ Student ▶ Completed

Parent/Guardian Name: John Doe

Demographics

Contact Information

\* This field is required

At least one Phone Number is required.

Enter the contact information and how you'd prefer to receive the different types of messages we will send you.

Contact Preferences

Emergency High Priority Attendance Behavior General Teacher Private

Cell Phone ( ) - -  
Work Phone ( ) - - x  
Other Phone ( ) - - x

Email \*jdoe@gamil.com

or

Has no e-mail

Secondary Email

✓ ✓ ✓ ✓ ✓ ✓

Description of Contact Preferences

**Emergency** - Marking this checkbox will use this method of contact for emergency messages

**High Priority** - Marking this checkbox will use this method of contact for messages labeled as High Priority Notification.

**Attendance** - Marking this checkbox will use this method of contact for attendance messages.

**Behavior** - Marking this checkbox will use this method of contact for behavior messages.

**General** - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.

**Teacher** - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments.

**Private** - Mark if number or email should be listed as private

◀ Previous

Delete

Cancel

Save/Continue

Una vez que haya ingresado su información de contacto, la verá en la sección Padre/Tutor con una marca de verificación verde. Puede agregar un **padre/tutor adicional** haciendo clic en Agregar nuevo padre/tutor o haciendo clic en Guardar/Continuar para continuar.

✓ Student(s) Primary Household ▶ ▼ Parent/Guardian ▶ Emergency Contact ▶ Student ▶ Completed

Parent/Guardian

First Name	Last Name	Gender	Completed	
Mathew	Cerqua	M	✓	Edit/Review

Please list all primary Parent/Guardian's in this area.

**Yellow** - Indicates that person is missing required information. Select the highlighted row to continue.

✓ - Indicates that person is completed.

Add New Parent/Guardian

Back

Save/Continue

Un Nombre resaltado indica que la información está incompleta o necesita revisión. Haga clic en Editar/Revisar para gestionar cualquier cambio. Los elementos que necesitan revisión aparecerán en rojo. Como se indica en la imagen de arriba.

\* Indicates a required field



### Parent/Guardian

First Name	Last Name	Gender	Completed	
John	Doe	M		<a href="#">Edit/Review</a>

Please list all primary Parent/Guardian's in this area.

**Yellow** - Indicates that person is missing required information. Select the highlighted row to continue.

✓ - Indicates that person is completed.

Highlight indicates the information needs to be reviewed

[Add New Parent/Guardian](#)

[Back](#)

[Save/Continue](#)

Haga clic en Guardar/Continuar cuando todos los padres/tutores hayan sido ingresados para acceder a la siguiente declaración.

## Pliegue de contacto de emergencia -

Ingresa los contactos de emergencia de la misma manera que los padres/tutores. Completando todos los campos en las pestañas de la sección.

**NO ENTRAR PADRES/TUTORES NI HERMANOS  
CONTACTOS DE EMERGENCIA**

Para agregar un nuevo contacto, haga clic en el botón Agregar nuevo contacto de emergencia:



### Emergency Contact

First Name	Last Name	Gender	Completed	
------------	-----------	--------	-----------	--

In AN EMERGENCY, if parent/guardian cannot be contacted, please call one of the following Emergency Contacts listed. Proper identification will be required before a student is released to emergency contacts.

**Yellow** - Indicates that person is missing required information. Select the highlighted row to continue.

✓ - Indicates that person is completed.

The maximum number of Emergency Contacts is 3

[Add New Emergency Contact](#)

Aparecerá esta ventana emergente. Haga clic en Aceptar para continuar.

✓ Student(s) Primary Household > ✓ Parent/Guardian > ▼ Emergency Contact

Contact Name:

▼ Demographics

Please enter Emergency Contacts. Do not enter Parent/Guardian(s) here if already entered in Parent/Guardian section.

First Name  
Middle Name  
Last Name  
Suffix  
Birth Date  
Gender

Next >

Ok

► Contact Information

Complete el resto de la información del contacto de emergencia.

## Pliegue de estudiante -

Cuando llegue a la declaración del estudiante, haga clic en **Agregar nuevo estudiante** para comenzar a agregar a su(s) hijo(s). Complete todas las secciones para cada niño que ingresa al jardín de infantes.

NOTA - Si ya tiene hijos en el sistema de escuelas públicas de Medway, por favor no complete la **NUEVA** solicitud de registro de estudiante. Inicie sesión en su cuenta existente, haga clic en **MÁS** en el menú de la izquierda, Registro en línea y comience el proceso de registro, siguiendo los pasos que se enumeran a continuación para agregar al estudiante a su perfil de cuenta existente.

✓ Student(s) Primary Household > ✓ Parent/Guardian > ✓ Emergency Contact > ▼ Student > Completed

Student

First Name	Last Name	Gender	School	Completed
Please include all students that need to be enrolled.				
Yellow - Indicates that person is missing required information. Select the highlighted row to continue.				
✓ - Indicates that person is completed.				

Add New Student

Back

Es importante completar todas las secciones lo más detalladamente posible. Se requieren documentos para completar la solicitud de registro y deben cargarse. Consulte las notas del paquete para conocer los documentos requeridos para completar la solicitud de registro.

Consulte las siguientes imágenes que detallan las secciones de información requerida para los estudiantes.

## Pliegue estudiantil: sección demográfica

Complete todos los campos obligatorios y haga clic en Siguiente para pasar a la siguiente sección.

✓ Student(s) Primary Household

✓ Parent/Guardian

✓ Emergency Contact

▼ Student

Completed

**Student Name:**

**▼ Demographics**

There will be a few steps for each student you enter. The first is general demographic information. Please verify or add the information below. Please update any information that is incorrect. Please enter the student's name exactly as it appears on the birth certificate. If your student has two last names, please enter both in the box marked "last name". Please enter both names without a dash in between.

Legal First Name	<input type="text"/>	*	Sex	<input type="text"/>	*	Enrollment Grade	<input type="text"/>	*
Legal Middle Name	<input type="text"/>	*	Birth Date	<input type="text"/>	*			
Legal Last Name	<input type="text"/>	*	Birth City	<input type="text"/>	*			
Suffix	<input type="text"/>		Birth State	<input type="text"/>				
Nickname	<input type="text"/>		Date Entered U.S.	<input type="text"/>				
Student Cell Number	<input type="text"/>							

Has this student ever attended Medway Public Schools?

☐ Yes

☐ No

Please complete all required fields in each of the remaining sections

Next ▶

\*La información y capturas de pantalla sobre las secciones restantes se pueden encontrar al final de este documento\*

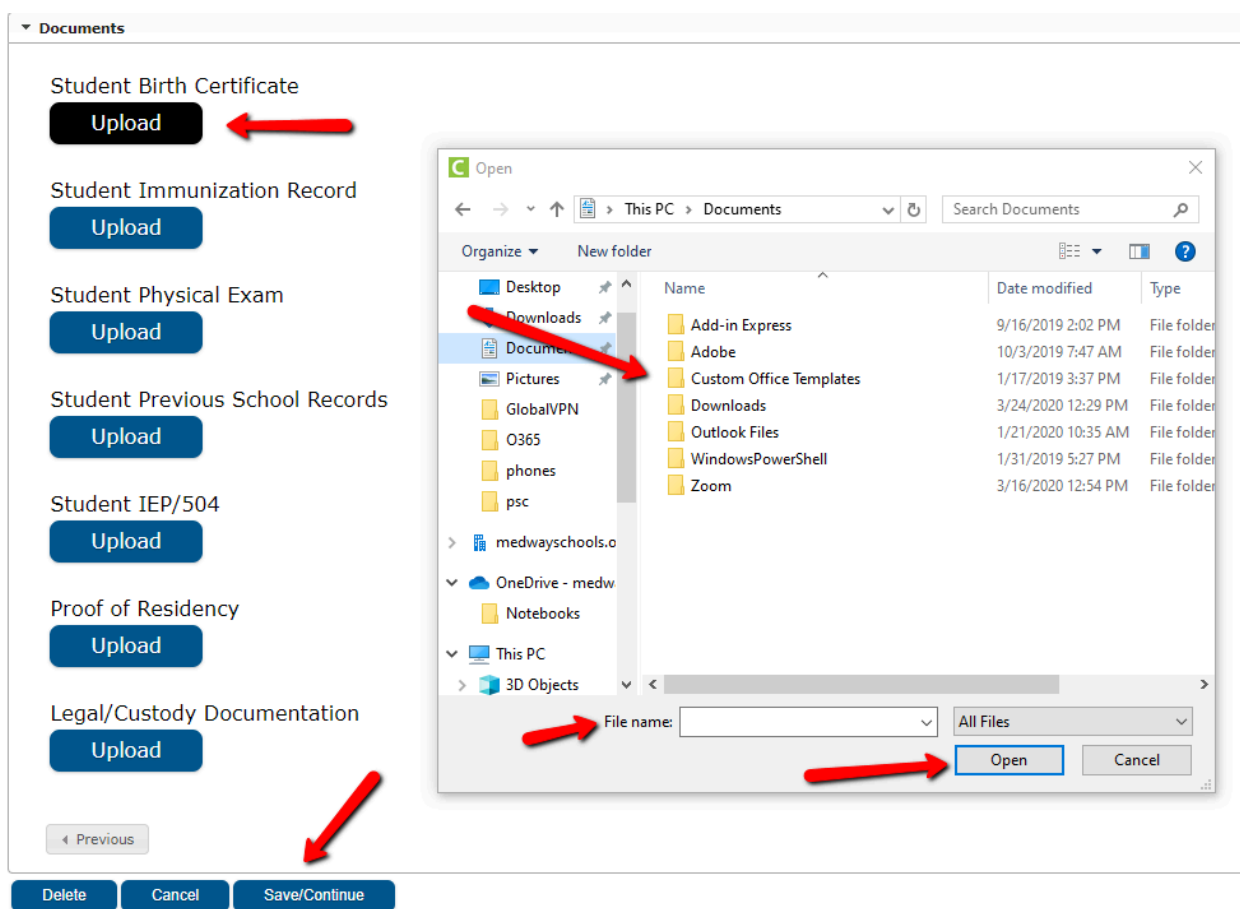
▶ Relationships - Parent/Guardians
▶ Relationships - Emergency Contacts
▶ Race Ethnicity
▶ Housing
▶ Student Services
▶ Language Information
▶ Family Military Status
▶ Health Services - Emergency Information
▶ Health Services - Over the Counter Medications
▶ Health Services - Medical or Mental Health Diagnoses
▶ Health Services - Medications
▶ Health Services - Vaccine Exemption
▶ Digital Learning Policies
▶ Documents

## Para cargar documentos

Al final del Student Pleat, deberá cargar varios documentos. Para hacer esto:

- Haga clic en Cargar
- Navegue hasta la ubicación del archivo y selecciónelo
- Haga clic en Abrir: el documento se cargará
  - Repita este paso para cada tipo de documento.

Los documentos pueden estar en cualquier tipo de formato. Si no tiene acceso a un escáner, le sugerimos utilizar un teléfono inteligente o dispositivo móvil con cámara para capturar las imágenes.



## Notas sobre cada sección de pliego estudiantil:

- Demografía
  - Porfavor complete todos los campos
- Raza Etnia
  - La ley federal no exige raza/etnia, pero las regulaciones estatales deben proporcionar una respuesta. Es aceptable elegir los valores predeterminados.
- Vivienda: estado de personas sin hogar/cuidado de crianza
- Servicios Estudiantiles - Indicadores de Necesidades Especiales
- Información de idioma: estudiante/hogar/idioma de comunicación preferido
- Encuesta DESE sobre experiencias en la primera infancia: encuesta DESE obligatoria
- Relaciones: relación entre padre/tutor y secuencia de contacto
- Estado militar familiar
- Relaciones: relación de contacto de emergencia y secuencia de contacto
- Servicios de salud
  - Información de emergencia - Médico / Dentista / Información de seguro
  - OTC sin receta: medicamentos que la enfermera puede darle a su hijo
  - Condiciones médicas/mentales: agregue cualquier alergia o condición que su hijo pueda tener. Se requiere documentación.
  - Medicamentos: enumere todos los medicamentos diarios que su hijo pueda estar tomando y NO incluidos en los medicamentos de venta libre.
  - Exención de vacunas: se requiere prueba de vacunas para los grados K, 4, 7 y 10, a menos que se solicite una exención según el capítulo 76, sección 15, de las Leyes Generales de Mass.
  - Políticas de aprendizaje digital: Política de uso digital aceptable para estudiantes y padres
- Guardar / Continuar cuando esté completo

## Paso 3: envíe su solicitud

Cuando la solicitud esté completa, siga las instrucciones para enviarla para su procesamiento. Imprima o guarde la copia PDF disponible de su solicitud. No es necesario entregar este formulario en la escuela.

You must submit your application by clicking the following button.

**Submit**

PLEASE NOTE: Prior to submitting your application you may verify all of the data you have entered by going back to the area in question or click on the PDF link below. Your information is not submitted until you click the submit button above. You will receive an email notification that you application was received after clicking submit application.

**Back**

[Application Summary PDF](#)

Si, por algún motivo, no puede completar la solicitud de una sola vez, regrese a la URL que aparece y seleccione **Volver al registro guardado**. Utilice el número de registro y su información para acceder y continuar con el proceso de ingreso al registro.

## Información adicional y capturas de pantalla -

### Pliege estudiantil: datos demográficos

▼ Demographics

Legal First Name

\*

Legal Middle Name

\*

Legal Last Name

\*

Suffix

▼

Nickname

Student Cell Number

( ) -

Sex

▼

\*

Birth Date

Q

\*

Birth City

\*

Birth State

▼

Date Entered U.S.

Q

Enrollment Grade

▼

\*

Has this student ever attended Medway Public Schools?

Yes

No

### Plegado estudiantil: Relaciones - Padres/Tutores

▼ Relationships - Parent/Guardians

At least one person must be marked as 'Guardian'.

Name	Relationship*	Guardian	Mailing	Portal	Messenger	Secondary Household	Contact Sequence*	or	No Relationship
	▼	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		▼		<input type="checkbox"/>

Description of Contact Preferences

**Guardian** - Marking this checkbox will flag this person as legal guardian to the student.

**Mailing** - Marking this checkbox will flag this person to receive mailings for the student.

**Portal** - Marking this checkbox will flag this person as a portal account, and this person will be able to view student information within the portal for this student.

**Messenger** - Marking this checkbox will flag this person to receive messages from the District's messenger system.

**Secondary Household** - Marking this checkbox will indicate that the student has a secondary household membership with this person

**Contact Sequence** - Adding a sequence number on contacts will prompt district staff to contact these persons in the order that you specify. Parent/Guardians should start with a sequence of 1.

**No Relationship** - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists.

### Plegado estudiantil: Relaciones - Contactos de emergencia

▼ Relationships - Emergency Contacts

Name	Relationship*	Contact Sequence*	or	No Relationship
Ben Demers	▼	▼		<input type="checkbox"/>

Description of Contact Preferences



## Pliegue estudiantil: raza/etnicidad

**▼ Race Ethnicity**

Is Hispanic/Latino \*

\*Please check all that apply.

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

## Pliegue estudiantil: vivienda

**▼ Housing**

Homeless Status

Is this student homeless?

☐ Yes, this student is homeless / doubling up.

☒ No, this student is not homeless / doubling up.

Is this student in foster care?

☐ Yes, this student is in foster care.

☐ No, this student is not in foster care.

I this student a ward of the state?

☐ Yes, this student is a ward of the state.

☐ No, this student is not a ward of the state.

# Pliego estudiantil: servicios estudiantiles

▼ Student Services

Does your student have an IEP? No ▼ \*

Has your student ever had a 504 Plan? No ▼ \*

Has your student previously received Title I services? No ▼ \*

◀ PreviousNext ▶

# Pliego estudiantil: información del idioma

▼ Language Information

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 LanguageEnglish ▼ \*

What was the first language spoken by the student?English ▼ \*

What is the language most often spoken at home?English ▼ \*

What is the language most often spoken by the student with friends?English ▼ \*

Parent/Guardian LanguageEnglish ▼ \*

◀ PreviousNext ▶

## Pliegue estudiantil: Encuesta DESE sobre experiencias en la primera infancia (solo para jardín de infantes)

### ▼ DESE Early Childhood Experience Survey

Please answer the following questions pertaining to Early Childhood Experiences, a survey collected by the Department of Elementary and Secondary Education

- ☐ My child did not have any formal early childhood program experience
- ☐ My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.
- ☐ My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.
- ☐ My child did not have formal early childhood program experience but participated in BOTH Coordinated Family and Community Engagement (CFCE) AND Parent Child Home Program (PCHP) services.
- ☐ My child attended a Licensed Family Child Care Provider for less than 20 hours per week
- ☐ My child attended a Licensed Family Child Care Provider for 20+ hours per week
- ☐ My child attended a Center Based Program for less than 20 hours per week
- ☐ My child attended a Center Based Program for 20+ hours per week
- ☐ My child attended BOTH a Licensed Family Child Care Provider AND a Center Based Program for less than 20 hours per week
- ☐ My child attended BOTH a Licensed Family Child Care Provider AND a Center Based Program for 20+ hours per week

#### Definitions:

**Coordinated Family and Community Engagement (CFCE) Services:** locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent-child activities).

**Parent Child Home Program (PCHP):** home visiting model program funded through the Department of Early Education and Care.

**Licensed Family Childcare:** refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families.

**Center-Based Care:** refers to care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools.

Instructions on how to answer the above questions can be found by clicking the link below:

[DESE Early Childhood Survey Guidance](#)

◀ Previous

Next ▶

## Pliegue estudiantil: escuela anterior

### ▼ Previous School

Please enter information regarding this student's prior schools.

#### School Information

School	<input type="text"/>	*
Address	<input type="text"/>	
City	<input type="text"/>	*
State	<input type="text"/>	▼ *
Country	<input type="text"/>	▼ *
Phone	( <input type="text"/> ) <input type="text"/> - <input type="text"/>	
Fax	( <input type="text"/> ) <input type="text"/> - <input type="text"/>	
Last grade completed	<input type="text"/>	▼

Medway Public Schools requests the following information regarding the above student in order to provide proper placement and programs.

- Mass Transfer Card - including SASID (if applicable)
- Academic Record - including Attendance
- Grades on Withdrawal - required if transfer does not occur at the end of a term or school year
- Psychological Records
- Standardized Tests
- Discipline Record
- Chapter 766 Reports - Individual Education Plan and most recent testing (if applicable)
- Health Records
- EL documentation including ACCESS for ELLs, WIDA Screener, WIDA MODEL, Reclassification form, progress reports, FELs monitoring
- Any other pertinent information concerning the child

**Your signature in the last section of this application will authorize the release of this information to Medway Public Schools**

## Pliegue estudiantil: estatus militar familiar

### ▼ Family Military Status

Is this student a child of an active duty member of the uniformed services, National Guard, or Reserve on active duty?

- ☐ Yes  
☐ No

Is this student a child of members or veterans who are medically discharged or retired within the last year?

- ☐ Yes  
☐ No

Is this student a child of a member who died on active duty?

- ☐ Yes  
☐ No

◀ Previous

Next ▶

## Plegado estudiantil: Servicios de salud - Información de emergencia

### ▼ Health Services - Emergency Information

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to make whatever emergency arrangements are necessary.

☐ Yes

☐ No

A physical exam is required of all students newly entering Medway Public Schools as well as upon entering Kindergarten, and Grades 4, 7, and 10. Please ask your healthcare provider to supply you with a signed copy of the physical exam form with immunizations and upload it to the Documents tab of this application. I give permission to the school nurse to share my child's relevant health information with appropriate school personnel. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis, and treatment.

☐ Yes

☐ No

#### Medical Contacts

Primary Care Provider

Primary Care Phone

 (  )  - 

Dentist

Dentist Phone

 (  )  - 

Insurance Provider

Insurance Policy/ID Number

## Pliege estudiantil: Servicios de salud - Medicamentos de venta libre

### ▼ Health Services - Over the Counter Medications

The following over the counter medications are ordered by the school physician for student use on an as needed basis. Please indicate if you allow your child to receive these medications on a limited basis:

Aloe Vera

Yes ▾ \*

Bacitracin

Yes ▾ \*

Benadryl (elixir and tabs)

Yes ▾ \*

Benadryl spray/ointment (supplied from home with parent consent)

Yes ▾ \*

Benzalkonium Chloride

Yes ▾ \*

Bug Spray (supplied from home with parent consent)

Yes ▾ \*

Burn Gel/First Aid Ointment

Yes ▾ \*

Calahist Clear Lotion

Yes ▾ \*

Calamine/Caladryl lotion

Yes ▾ \*

Contact Lens Solution

Yes ▾ \*

Hand Sanitizer

Yes ▾ \*

Heating pad

Yes ▾ \*

Hydrocortisone Cream 0.5-1%

Yes ▾ \*

Ibuprofen

Yes ▾ \*

Isopropyl alcohol

Yes ▾ \*

Moisturing Products

Yes ▾ \*

Saline Solution 0.9%

Yes ▾ \*

Sunblock (supplied from home with parent consent)

Yes ▾ \*

Tums

Yes ▾ \*

Tylenol

Yes ▾ \*

Vaseline/Aquafor

Yes ▾ \*

# Plegado Estudiantil: Servicios de Salud - Diagnósticos Médicos o de Salud Mental

▼ Health Services - Medical or Mental Health Diagnoses

All conditions must be accompanied by an official medical diagnoses report.

No medical or mental health conditions ☐

or

Condition*	Comments and Instructions	Remove Condition
<div></div>	<div></div>	

Add Condition

# Plegado estudiantil: Servicios de salud - Medicamentos

▼ Health Services - Medications

No medications ☐

or

Medication*	Where Taken*	Medication Type*	Comments and Instructions	Remove Medication
<div></div>	<div></div>	<div></div>	<div></div>	

Add Medication

## Pleito estudiantil: Servicios de salud - Exención de vacunas

**Health Services - Vaccine Exemption**

Proof of vaccines is required for all students.

Do you request that your child be exempt from the vaccination and immunization requirements on medical and/or religious grounds in accordance with the provisions of chapter 76, Section 15, of the Mass General Laws?

**For a Definition of Allowable Exemptions (see [MGL c. 76 §§15, 15C, 15D; 105 CMR 220](#))**

☒ Yes, I request my child be exempt.  
☐ No, I do not request my child be exempt.

Please list the vaccine and immunization requirements you request your child be exempt from:

This decision is based on: (please check all that apply and upload supporting documentaiton in the **Documents** tab)

☐ **Religious Grounds** - A religious exemption is allowed if a parent or guardian provides a written statement that immunizations conflict with their sincere religious beliefs. This should be renewed annually at the start of the school year.

☐ **Medical Grounds** - A medical exemption is allowed if a physician submits documentation attesting that immunization medically contraindicated. This must be renewed annually at the start of the school year.

I realize that according to the Massachusetts Department of Public Health, my child may be excluded from school and school functions should an outbreak of a communicable disease occur (parent/guardian initials)

☐ \* By checking this box and providing my first and last name below, I agree that this is my electronic signature and is the legal equivalent of my manual signature on this application.

Parent First Name

Parent Last Name

Today's Date

## Plegado estudiantil: acuerdos de liberación

### Release Agreements

#### ☐ Authorization for Records Release

By checking this box and signing, I hereby grant release of student records information for the above student to Medway Public Schools. Please use your mouse to digitally sign the below.

**Parent Signature**  
Please sign on the line below

## Pliegue estudiantil: políticas de aprendizaje digital

### ▼ Digital Learning Policies

[Click here to view the Medway Public Schools Digital Learning and Technology Acceptable Use Policy](#)

#### Student Acceptable Use Policy

☐ \* By checking this box and providing my first and last name in the fields below, I agree that I have read, understand, and will abide by the Digital Learning and Technology Acceptable Use Policy (#92). I further understand that any violation of the regulations is unethical and may constitute a financial expense and possible criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action and/or appropriate legal action may be taken. I also agree that my electronic signature is the legal equivalent of my manual signature on this application.

Student First Name  \*

Student Last Name  \*

#### Parent Acceptable Use Policy

☐ \* By checking this box and providing my first and last name in the fields below, I agree that I have read, understand, and will abide by the Digital Learning and Technology Acceptable Use Policy (#92). I further understand that any violation of the regulations is unethical and may constitute a financial expense and possible criminal offense. Should my child commit any violation, their access privileges may be revoked, school disciplinary action and/or appropriate legal action may be taken. I also agree that my electronic signature is the legal equivalent of my manual signature on this application.

Parent First Name  \*

Parent Last Name  \*

◀ Previous

Next ▶

## Pliegue del estudiante: Acuerdo del manual del estudiante

### ▼ Student Handbook Agreement

Please visit your child's school website to view the Student/Parent handbook. After reading, please fill out the following fields:

#### Student Handbook Agreement

☒ \* By checking this box and providing my first and last name, I agree that I have read, understand, and will abide by the Student Handbook

Student First Name  First Name \*

Student Last Name  Last Name \*

#### Parent Handbook Agreement

☒ \* By checking this box and providing my first and last name, I agree that I have read, understand, and will abide by the Student Handbook

Parent First Name  First Name \*

Parent Last Name  Last Name \*

◀ Previous

Next ▶

## Pliegue de estudiante: Documentos

Haga clic en Cargar

Navegue hasta la ubicación del archivo y selecciónelo

Haga clic en Abrir: el documento se cargará

- Repita este paso para cada tipo de documento.

Los documentos pueden estar en cualquier tipo de formato. Si no tiene acceso a un escáner, le sugerimos utilizar un teléfono inteligente o dispositivo móvil con cámara para capturar las imágenes.



Documents

Student Birth Certificate

Upload

Student Immunization Record

Upload

Student Physical Exam

Upload

Student Previous School Records

Upload

Student IEP/504

Upload

Proof of Residency

Upload

Legal/Custody Documentation

Upload

Previous

Delete

Cancel

Save/Continue

Open

This PC > Documents

Search Documents

Organize New folder

Desktop

Downloads

Documents

Pictures

GlobalVPN

O365

phones

psc

medwayschools.o

OneDrive - medw

Notebooks

This PC

3D Objects

Name	Date modified	Type
Add-in Express	9/16/2019 2:02 PM	File folder
Adobe	10/3/2019 7:47 AM	File folder
Custom Office Templates	1/17/2019 3:37 PM	File folder
Downloads	3/24/2020 12:29 PM	File folder
Outlook Files	1/21/2020 10:35 AM	File folder
WindowsPowerShell	1/31/2019 5:27 PM	File folder
Zoom	3/16/2020 12:54 PM	File folder

File name:

All Files

Open

Cancel

# Inscrição on-line nas escolas públicas de Medway

## Instruções para Novos alunos

**ANTES DE VOCÊ COMEÇAR** - *Você precisará de cópias eletrônicas dos seguintes documentos durante o processo de registro online.*

- **Certidão de Nascimento de Estudante**
- **Comprovante de Residência - recente** conta de serviços públicos, nota fiscal ou contrato de compra e venda assinado
- **Formulários Médicos** - **último** diagnóstico físico, de condição de saúde e relatório de **imunização** (resumo da visita e/ou notas de progresso de uma consulta médica não são aceitáveis)
- Documentos de tutela dos pais (**se necessário** - documentos judiciais se divorciados ou separados, ordens de restrição ou pais adotivos)  
*Informações adicionais necessárias antes de começar*
- Informações de contato de emergência para contatos de emergência secundários

### Notas Adicionais:

- O processo de registro on-line deve levar aproximadamente 30 minutos.
- Recomendamos usar um PC ou Mac. O uso de smartphones para este processo pode ser extremamente difícil e não compatível com todos os dispositivos.
- Os documentos listados acima deverão ser carregados durante a inscrição de um **NOVO** aluno. Os alunos existentes já estão registrados.
- **Se você já tem filhos no sistema de escolas públicas de Medway,** por favor, **não preencha um NOVO formulário de registro de aluno.** Basta adicionar o novo aluno ao seu perfil existente fazendo login na sua conta existente, clicar em MAIS no menu esquerdo, clicar em Atualização Anual de Informações e, durante o processo, adicionar o aluno conforme descrito na **Etapa 2 - Instruções para inscrição on-line**, abaixo.
- Cada preta e seção do aplicativo possui a opção de salvar seu trabalho. Você pode pausar e retornar a esse processo a qualquer momento. **Anote seu ID** de inscrição na Etapa 1 abaixo para retornar à sua inscrição em uma data/hora posterior.
- As capturas de tela abaixo podem não estar atualizadas.
- Qualquer dúvida, envie um e-mail [parent@medwayschools.org](mailto:parent@medwayschools.org)

### Etapas para concluir este processo:

Etapa 1 - Comece o processo de registro

Etapa 2 - Instruções para registro on-line

Passo 3 - Envie sua inscrição

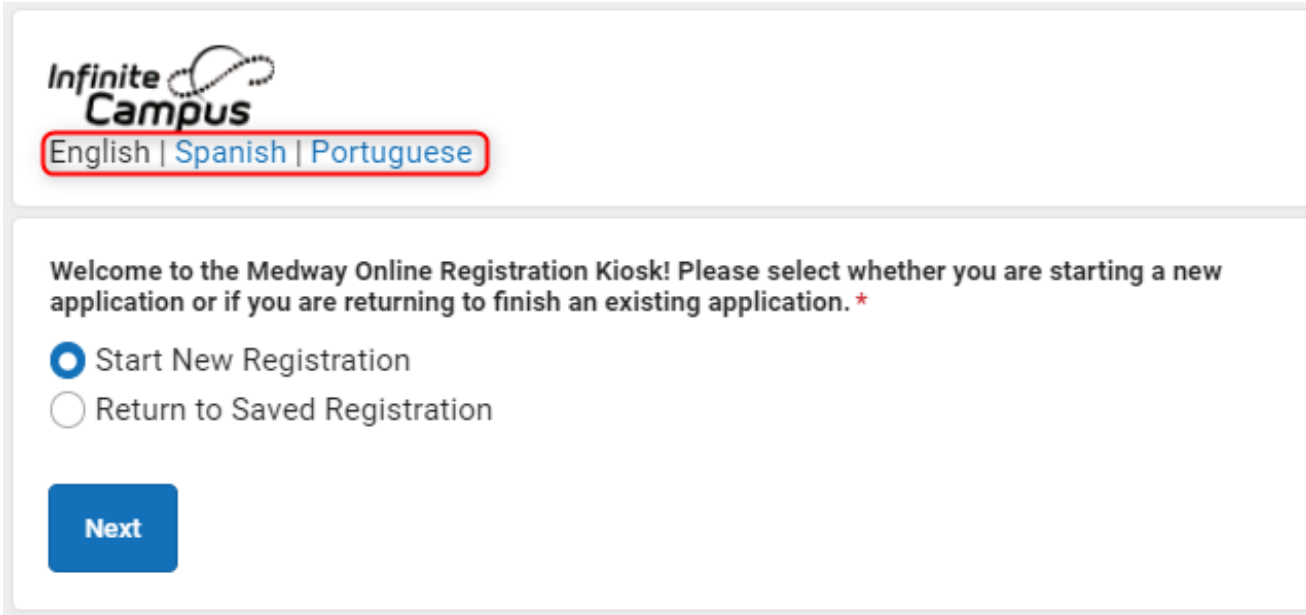
## Etapa 1 - Comece o processo de registro -

**Se você já tiver alunos no distrito, pule para a Etapa 2**

- Navegue até o site do quiosque  
<https://medwayma.infinitecampus.org/campus/OLRLoginKiosk/medway>
- Clique em “**Iniciar novo registro**”
  - Ou “Retornar ao registro salvo” se você estiver dando continuidade a uma inscrição iniciada anteriormente.
- Clique em **Próximo**
- Escolha o ano de inscrição “**2024-25 Novo registro de aluno do jardim de infância**”
- Preencha o formulário para criar uma conta e iniciar o processo de registro.
  - Todos os campos são obrigatórios para criar uma conta
  - Certifique-se de que o ano de registro esteja listado como 24-25
  - O captcha diferencia maiúsculas de minúsculas
  - Clique em Iniciar registro quando concluir
- Depois de selecionar *Iniciar registro*, anote o número do aplicativo e clique em confirmar.
- Digite seu nome para iniciar o processo de registro e clique em Enviar.

### *Capturas de tela::*

Escolha seu idioma preferido



The screenshot shows the 'Infinite Campus' logo at the top left. Below it is a language selection bar with 'English', 'Spanish', and 'Portuguese' options, where 'Portuguese' is highlighted with a red border. The main text area reads: 'Welcome to the Medway Online Registration Kiosk! Please select whether you are starting a new application or if you are returning to finish an existing application. \*'. There are two radio button options: 'Start New Registration' (which is selected) and 'Return to Saved Registration'. At the bottom left is a blue 'Next' button.

Escolha 'Iniciar Novo Registro'



English | [Spanish](#) | [Portuguese](#)

Welcome to the Medway Online Registration Kiosk! Please select whether you are starting a new application or if you are returning to finish an existing application. \*

- ☒ Start New Registration
- ☐ Return to Saved Registration

Next

Escolha 'Nova inscrição no jardim de infância 2024-2025'



English | [Spanish](#) | [Portuguese](#)

What are you registering for? \*

- ☐ 2023-24 New Student Registration
- ☒ 2024-2025 New Kindergarten Student Registration

Next

Criar conta de registro:



Please complete the information below to begin the registration process.

Registration Year  
2024-2025 New Kindergarten Student Registration

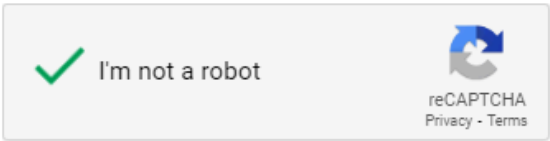
Parent/Guardian First Name \*

Parent/Guardian Last Name \*

Date of Birth (MM/DD/YYYY) \*

Email Address

Previously Attended this District \*



Begin Registration


***Digite seu nome e selecione Enviar para começar***

Welcome John Doe! Please type in your first and last name in the box below.

By typing your name into the box below you attest that you are the person authenticated into this application or an authorized user of this account, and the data you are entering/verifying is accurate and true to the best of your knowledge.

john doe

Submit



Prepare a documentação necessária e quando estiver pronto clique em “Iniciar Registro!” Observe que você pode pausar o processo de inscrição a qualquer momento e retornar quando estiver pronto, usando o número de inscrição mencionado acima.



Welcome to Medway Online Registration. Before you begin, please gather the following:

- Household information -- address and phone numbers
- Parent information -- work and cell phone numbers, email addresses
- Student information -- demographic and health/medication information
- Emergency Contact - addresses and phone numbers.

In addition to the information above, the following documents are required:

- Proof of residency:
  - Utility bill
  - Signed Purchase and Sale (occupancy must take place within sixty (60) days)
  - Current Tax Bill
- Birth Certificate
- Copy of most recent physical exam - must be within the last year
- An immunization record from the physician.
- Previous school records release form (last report card if available)
- A copy of current 504/IEP plan (if applicable)
- Legal court documentation of guardianship (if applicable)- If divorced or separated, you will need to show legal or official court documentation indicating that you are the custodial parent and have physical custody of your child.

Before You Begin  
Collect the needed forms and information

**Please note that all of the above must be presented to complete the registration process:**

NO child will be able to register without all documentation.

You may save this application at anytime and return later.

Documents may be uploaded to this application electronically (preferred) or delivered to:

**Superintendent's Office**

45 Holliston Street

Medway, MA 02058

Ph: (508)533-3222 x 3156

*Note: Required fields are marked with a red asterisk, and the district will receive the data exactly as it is entered. Please be careful of spelling, capitalization and punctuation. Dates should be entered as MM/DD/YYYY and phone numbers as xxx-xxx-xxxx.*

If you need assistance, please call (508) 533-3222 x3156 during business hours or leave a message and a representative will be back in touch with you the next business day.

Begin Registration!

## Etapa 2 - Instruções para registro on-line

Preencha cada prega e seção do aplicativo da melhor maneira possível. Os campos obrigatórios estão marcados com um asterisco vermelho \*. Após cada seção, clique em PRÓXIMO até que todas as seções da prega sejam concluídas. Quando todas as seções estiverem concluídas, clique em Salvar/Continuar para passar para a próxima prega.

NOTA - Se você já possui alunos no MPS, faça login no portal dos pais, clique em **MAIS** no menu esquerdo e depois em **Atualização Anual de Informações**. Escolha “**Iniciar registro de estudante**” para o ano letivo de 24 a 25 anos. O sistema abrirá e revisará todas as guias e informações.

Escolha “**Adicionar um aluno**” na prega do **aluno**. Você não verá os alunos **EXISTENTES** neste momento. Adicione apenas **NOVOS** alunos para serem registrados.



\* Indicates a required field

Application Number: 1191

The screenshot shows the 'Student(s) Primary Household' section of the registration form. The form is divided into sections: Primary Phone, Home Address, Mailing Address, and Free & Reduced Lunch. The 'Primary Phone' section is currently active, showing a phone number (508) 533-3333 with an asterisk indicating it is a required field. A red box labeled 'Pleats' points to the 'Primary Phone' section. A red box labeled 'Sections' points to the 'Next' button. A red box labeled 'NEXT Section' points to the 'Next' button. A red box labeled 'application number' points to the 'Application Number: 1191' text. A red box labeled 'Save/Continue to get to next pleat' points to the 'Save/Continue' button.

▼ Student(s) Primary Household

Parent/Guardian

Emergency Contact

Student

Completed

Primary Phone

Primary Phone

(508) 533-3333 \*

Next ▶

Next Section

Sections

Home Address

Mailing Address

Free & Reduced Lunch

Save/Continue

Save/Continue to get to next pleat

application number

Application Number: 1191



## Família Primária: Seção de Endereço Residencial -

- Insira suas informações de endereço. Se aparecer na caixa em verde quando você começar a digitar, você pode clicar nele para preencher automaticamente o restante das informações.

▼ Home Address

\*Please verify or add the information below. Please update any information that is incorrect. Please do not enter the entire address into the street name field.  
**Example:** If you live at 1234 East Sesame Street, 1234 should be entered into the Street Number field, E should be entered into the first N,S,E,W field, Sesame should be entered into the Street Name Only field, and St should be entered in the St,Ave,Bldv,etc. field.

Street Number 45 *	N,S,E,W ▼	Street Name Only Holliston *	St, Ave, Blvd, etc. St ▼	N,S,E,W ▼	Apartment
City	State ▼ *	Zip *	Ext.	County	

Clear Address Fields

Click on your address if it appears in box

45 Holliston St, Medway, MA 02053

Your address as entered above  
45 Holliston St

◀ Previous   Next ▶

- O comprovante de residência (conta de luz ou imposto recente ou contrato de compra e venda) deverá ser carregado no final do processo de registro.
- Clique em próximo para acessar a próxima seção.

## Domicílio primário: Seção de endereço para correspondência -

Confirme se o endereço de correspondência inserido na seção anterior é seu endereço principal.

\* Indicates a required field

▼ Student(s) Primary Household   Parent/Guardian   Emergency Contact   Student   Completed

► Primary Phone

► Home Address

▼ Mailing Address

Please use the address editor below to enter your address. You will see the formatted postal address below in the viewer. Once your address appears as it should on U.S. Postal Mail, please click "Save".  
Please do not enter the entire address into the street name field.  
**Example:** If you live at 1234 East Sesame Street, 1234 should be entered into the Street Number field, E should be entered into the first N,S,E,W field, Sesame should be entered into the Street Name Only field, and St should be entered in the St,Ave,Bldv,etc. field.

☒ The household has no separate Mailing Address

◀ Previous   Next ▶

► Free & Reduced Lunch

Save/Continue

## Agregado familiar primário: Seção de almoço grátis e com preço reduzido -

Clique no link se desejar acessar informações sobre almoço grátis e com preço reduzido.

Este link fornece informações e formulários necessários para se inscrever.

Clique em **Salvar/Continuar** para acessar a próxima prega.

\* Indicates a required field

▼ Student(s) Primary Household ► Parent/Guardian ► Emergency Contact ► Student ► Completed

► Primary Phone

► Home Address

► Mailing Address

▼ Free & Reduced Lunch

[For Free and Reduced Information Click Here.](#)

Children need healthy meals to learn. Medway Public Schools offers healthy meals every school day. Your children may qualify for free meals or for reduced price meals. Please visit our web above link for more information.

or click **Save/Continue**

◀ Previous

**Save/Continue**

## Prega dos Pais/Responsáveis -

Clique em OK para inserir as informações dos pais/responsáveis; preencha todos os campos. Observe que Data de Nascimento não é um campo obrigatório para pais/responsáveis e pode ser removido nesta etapa, se desejar.

A designação de gênero é obrigatória. Clique em Avançar para completar a seção de informações de contato..

***DO NOT enter emergency contacts or siblings in this area.***

Parent/Guardian Name: John Doe

▼ Demographics

Enter the parent/guardian you wish to enter. Please review and complete the following:

First Name	John
Middle Name	
Last Name	Doe
Suffix	
Birth Date	01/01/1970
Gender	

☒ Please check this box if this person lives at the address listed by

1 Main St  
Medway, MA 02053

**Add Parent/Guardian Title**

Please add any Parent/Guardian including yourself in this area.

Ok

Next ►

► Contact Information

Cancel Save/Continue

## Pai/responsável: Seção de informações de contato -

Liste seus números de telefone de contato, e-mail e tipo de contato preferido. Observe que é necessário pelo menos um número de telefone.

Clique em Salvar/Continuar quando terminar.

\* Indicates a required field

✓ Student(s) Primary Household ▶ ▼ Parent/Guardian ▶ ✓ Emergency Contact ▶ ✓ Student ▶ Completed

Parent/Guardian Name: John Doe

Demographics

### Contact Information

At least one Phone Number is required.

\* This field is required

Enter the contact information and how you'd prefer to receive the different types of messages we will send you.

Cell Phone ( ) ( ) - -  
Work Phone ( ) ( ) - - x  
Other Phone ( ) ( ) - - x

Email \*jdoe@gamil.com

or

Has no e-mail

Secondary Email

Contact Preferences  
Emergency High Priority Attendance Behavior General Teacher Private

✓ ✓ ✓ ✓ ✓ ✓

#### Description of Contact Preferences

**Emergency** - Marking this checkbox will use this method of contact for emergency messages

**High Priority** - Marking this checkbox will use this method of contact for messages labeled as High Priority Notification.

**Attendance** - Marking this checkbox will use this method of contact for attendance messages.

**Behavior** - Marking this checkbox will use this method of contact for behavior messages.

**General** - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.

**Teacher** - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments.

**Private** - Mark if number or email should be listed as private

◀ Previous

Delete

Cancel

Save/Continue

Depois que suas informações de contato forem inseridas, você as verá listadas na seção Pais/Responsáveis com uma marca de seleção verde. Você pode adicionar um pai/responsável adicional clicando em Adicionar novo pai/responsável ou clicando em Salvar/Continuar para continuar.

✓ Student(s) Primary Household ▶ ▼ Parent/Guardian ▶ Emergency Contact ▶ Student ▶ Completed

### Parent/Guardian

First Name	Last Name	Gender	Completed	
Mathew	Cerqua	M	✓	Edit/Review

Please list all primary Parent/Guardian's in this area.

**Yellow** - Indicates that person is missing required information. Select the highlighted row to continue.

✓ - Indicates that person is completed.

Add New Parent/Guardian

Back

Save/Continue

Um Nome destacado indica que as informações estão incompletas ou precisam de revisão. Clique em Editar/Revisar para gerenciar quaisquer alterações. Os itens que precisam de revisão aparecerão em vermelho. Conforme listado na imagem acima.

\* Indicates a required field



Parent/Guardian

First Name	Last Name	Gender	Completed
John	Doe	M	

Please list all primary Parent/Guardian's in this area.

**Yellow** - Indicates that person is missing required information. Select the highlighted row to continue.

✓ - Indicates that person is completed.

Highlight indicates the information needs to be reviewed

Add New Parent/Guardian

Back Save/Continue

Clique em Salvar/Continuar quando todos os Pais/Responsáveis tiverem sido inseridos para acessar a próxima prega.

## Prega de contato de emergência-

Insira os contatos de emergência da mesma forma que os pais/responsáveis. Preenchendo todos os campos nas guias da seção

**NÃO ENTRE PAIS/RESPONSÁVEIS OU IRMÃOS  
COMO CONTATOS DE EMERGÊNCIA**

Para adicionar um novo contato, clique no botão Adicionar novo contato de emergência:



## Emergency Contact

First Name	Last Name	Gender	Completed
------------	-----------	--------	-----------

In AN EMERGENCY, if parent/guardian cannot be contacted, please call one of the following Emergency Contacts listed. Proper identification will be required before a student is released to emergency contacts.

**Yellow** - Indicates that person is missing required information. Select the highlighted row to continue.

✓ - Indicates that person is completed.

The maximum number of Emergency Contacts is 3

Add New Emergency Contact

Este pop-up aparecerá. Clique em OK para continuar.

The screenshot shows a web form titled "Contact Name:". At the top, there are three navigation tabs: "Student(s) Primary Household" (green), "Parent/Guardian" (green), and "Emergency Contact" (blue). The "Emergency Contact" tab is selected. Below the tabs, the form is divided into sections. The "Demographics" section is expanded, showing fields for "First Name", "Middle Name", "Last Name", "Suffix", "Birth Date", and "Gender". A red box highlights a message that says: "Please enter Emergency Contacts. Do not enter Parent/Guardian(s) here if already entered in Parent/Guardian section." At the bottom of the form, there is a "Next >" button on the left and an "Ok" button on the right. A red arrow points from the "Ok" button towards the left.

Preencha o restante das informações do contato de emergência.

## Plissado de estudante

Quando você chegar à prega do aluno, clique em **Adicionar Novo Aluno** para começar a adicionar seu(s) filho(s). Preencha todas as seções para cada criança que entra no jardim de infância.

NOTA - Se você já tem filhos no Sistema de Escolas Públicas de Medway, não preencha um NOVO formulário de registro de aluno. Faça login em sua conta existente, clique em MAIS no menu esquerdo, Registro Online, e inicie o processo de registro, seguindo as etapas listadas abaixo para adicionar o aluno ao perfil de sua conta existente.

✓ Student(s) Primary Household → ✓ Parent/Guardian → ✓ Emergency Contact → ▼ Student → Completed

### Student

First Name	Last Name	Gender	School	Completed
Please include all students that need to be enrolled.				
Yellow - Indicates that person is missing required information. Select the highlighted row to continue.				
Green - Indicates that person is completed.				

**Add New Student** **Back**

É importante completar todas as seções da forma mais completa possível. Os documentos são necessários para preencher o pedido de registro e precisam ser carregados. Consulte as notas do pacote para obter os documentos necessários para preencher o pedido de registro.

Por favor, veja as imagens a seguir detalhando as seções de informações do aluno obrigatórias.

## Plissado do aluno: seção demográfica

Preencha todos os campos obrigatórios e clique em próximo para passar para a próxima seção.

✓ Student(s) Primary Household → ✓ Parent/Guardian → ✓ Emergency Contact → ▼ Student → Completed

### Student Name:

▼ Demographics

There will be a few steps for each student you enter. The first is general demographic information. Please verify or add the information below. Please update any information that is incorrect. Please enter the student's name exactly as it appears on the birth certificate. If your student has two last names, please enter both in the box marked "last name". Please enter both names without a dash in between.

Legal First Name  \*  
 Legal Middle Name  \*  
 Legal Last Name  \*  
 Suffix  \*  
 Nickname   
 Student Cell Number (  )  -

Sex  \*  
 Birth Date  \*  
 Birth City  \*  
 Birth State  \*  
 Date Entered U.S.  \*  
 Enrollment Grade  \*

Has this student ever attended Medway Public Schools?  
☐ Yes  
☐ No

**Please complete all required fields in each of the remaining sections**

**Next**

\*Informações e capturas de tela sobre as demais seções podem ser encontradas no final deste documento\*

▸ Relationships - Parent/Guardians
▸ Relationships - Emergency Contacts
▸ Race Ethnicity
▸ Housing
▸ Student Services
▸ Language Information
▸ Family Military Status
▸ Health Services - Emergency Information
▸ Health Services - Over the Counter Medications
▸ Health Services - Medical or Mental Health Diagnoses
▸ Health Services - Medications
▸ Health Services - Vaccine Exemption
▸ Digital Learning Policies
▸ Documents

## Para fazer upload de documentos

At the end of the Student Pleat, you will need to upload various documents. To do this:

- Ao final da preta do aluno, você precisará fazer upload de diversos documentos. Para fazer isso:
- Clique em Carregar
- Navegue até o local do arquivo e selecione-o
- Clique em Abrir - o documento será carregado
  - Repita esta etapa para cada tipo de documento

Os documentos podem estar em qualquer tipo de formato. Caso não tenha acesso a um scanner, sugerimos a utilização de um smartphone ou dispositivo móvel com câmera para capturar as imagens.

Documents

Student Birth Certificate

Upload

Student Immunization Record

Upload

Student Physical Exam

Upload

Student Previous School Records

Upload

Student IEP/504

Upload

Proof of Residency

Upload

Legal/Custody Documentation

Upload

Previous

Delete

Cancel

Save/Continue

Open

This PC > Documents

Search Documents

Organize New folder

Desktop

Downloads

Documents

Pictures

GlobalVPN

O365

phones

psc

medwayschools.o

OneDrive - medw

Notebooks

This PC

3D Objects

Name	Date modified	Type
Add-in Express	9/16/2019 2:02 PM	File folder
Adobe	10/3/2019 7:47 AM	File folder
Custom Office Templates	1/17/2019 3:37 PM	File folder
Downloads	3/24/2020 12:29 PM	File folder
Outlook Files	1/21/2020 10:35 AM	File folder
WindowsPowerShell	1/31/2019 5:27 PM	File folder
Zoom	3/16/2020 12:54 PM	File folder

File name:

All Files

Open

Cancel

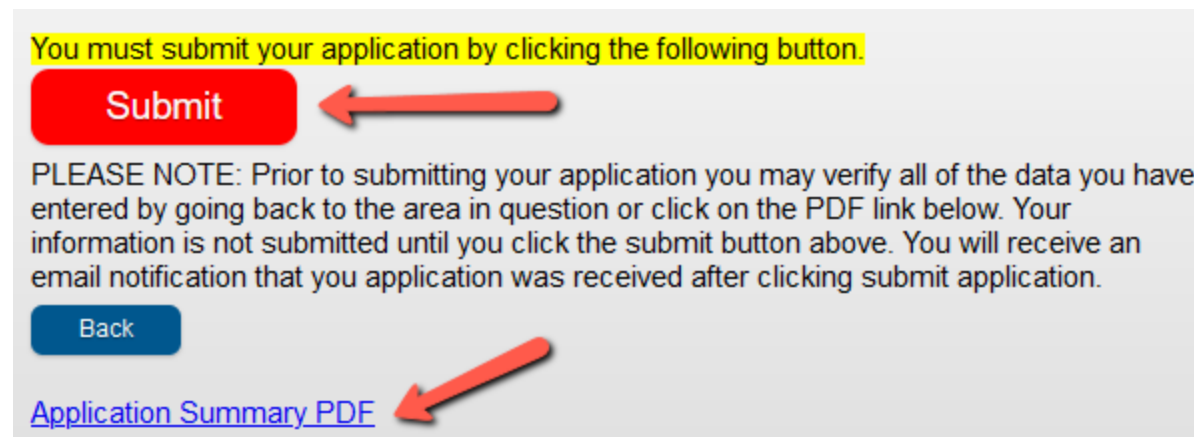


## Notas sobre cada seção de pregas do aluno:

- Demografia
  - Por favor, preencha todos os campos
- Etnia racial
  - Raça/Etnia não é exigida pela lei federal, mas uma resposta deve ser fornecida pelas regulamentações estaduais. É aceitável escolher os padrões.
- Habitação - Situação de sem-abrigo / acolhimento
- Serviços Estudantis - Indicadores de Necessidades Especiais
- Informações sobre Idioma - Aluno/Residência/Idioma de Comunicação Preferencial
- Pesquisa DESE sobre Experiência na Primeira Infância - Pesquisa DESE obrigatória
- Relacionamentos - Relacionamento entre pais/responsáveis e sequência de contato
- Status militar familiar
- Relacionamentos - Relacionamento de contato de emergência e sequência de contato
- Serviços de saúde
  - Informações de Emergência - Informações sobre Médico / Dentista / Seguro
  - Over the Counter OTC - medicamentos que a enfermeira pode dar ao seu filho
  - Condições médicas/mentais - Adicione quaisquer alergias ou condições que seu filho possa ter. Documentação é necessária.
  - Medicamentos - Liste todos os medicamentos diários que seu filho pode estar tomando e NÃO incluídos no OTC.
  - Isenção de Vacinas - A prova de vacinas é exigida para os graus K, 4, 7 e 10, a menos que uma isenção seja solicitada de acordo com o capítulo 76, seção 15, das Leis Gerais de Massa.
  - Políticas de Aprendizagem Digital - Política de Uso Aceitável de Alunos e Pais
- Salvar/Continuar quando concluir

## Passo 3 - Envie sua inscrição

Quando a inscrição for concluída, siga as instruções para enviá-la para processamento. Imprima ou salve a cópia em PDF disponível da sua inscrição. Este formulário não precisa ser entregue na escola.



The screenshot shows a web interface for submitting an application. At the top, a yellow banner reads: "You must submit your application by clicking the following button." Below this is a red "Submit" button with a red arrow pointing to it from the right. Underneath the button is a "PLEASE NOTE:" section with the following text: "Prior to submitting your application you may verify all of the data you have entered by going back to the area in question or click on the PDF link below. Your information is not submitted until you click the submit button above. You will receive an email notification that you application was received after clicking submit application." Below the note is a blue "Back" button. At the bottom, there is a blue underlined link "Application Summary PDF" with a red arrow pointing to it from the right.

Se, por algum motivo, você não conseguir preencher a inscrição de uma só vez, retorne ao URL listado e selecione **Retornar ao registro salvo**. Use o número de registro e suas informações para acessar e continuar o processo de entrada de registro

# Informações adicionais e capturas de tela -

## Plissado do aluno: dados demográficos

▼ Demographics

There will be a few steps for each student you enter. The first is general demographic information. Please verify or add the information below. Please update any information that is incorrect. Please enter the student's name exactly as it appears on the birth certificate. If your student has two last names, please enter both in the box marked "last name". Please enter both names without a dash in between.

Legal First Name

\*

Legal Middle Name

\*

Legal Last Name

\*

Suffix

▼

Nickname

Student Cell Number

( ) -

Sex

▼

\*

Birth Date

\*

Birth City

\*

Birth State

▼

Date Entered U.S.

Enrollment Grade

▼

\*

Has this student ever attended Medway Public Schools?

Yes

No

## Plissado do Aluno: Relacionamentos - Pais/Responsáveis

▼ Relationships - Parent/Guardians

At least one person must be marked as 'Guardian'.\*

Name	Relationship*	Guardian	Mailing	Portal	Messenger	Secondary Household	Contact Sequence*	or	No Relationship
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input type="checkbox"/>

Description of Contact Preferences

**Guardian** - Marking this checkbox will flag this person as legal guardian to the student.

**Mailing** - Marking this checkbox will flag this person to receive mailings for the student.

**Portal** - Marking this checkbox will flag this person as a portal account, and this person will be able to view student information within the portal for this student.

**Messenger** - Marking this checkbox will flag this person to receive messages from the District's messenger system.

**Secondary Household** - Marking this checkbox will indicate that the student has a secondary household membership with this person

**Contact Sequence** - Adding a sequence number on contacts will prompt district staff to contact these persons in the order that you specify. Parent/Guardians should start with a sequence of 1.

**No Relationship** - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists.

# Plissado do Aluno: Relacionamentos - Contatos de Emergência

▼ Relationships - Emergency Contacts

Name	Relationship*	Contact Sequence*	or	No Relationship
Ben Demers	<div>▼</div>	<div>▼</div>		<input type="checkbox"/>

[Description of Contact Preferences](#)  
**Contact Sequence** - Adding a sequence number on contacts will prompt district staff to contact these persons in the order that you specify. Parent/Guardians should start with a sequence of 1.  
**No Relationship** - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists.

## Plissado do estudante: raça/etnia

**▼ Race Ethnicity**

Is Hispanic/Latino \*

\*Please check all that apply.

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

## Plissado de estudante: habitação

**▼ Housing**

Homeless Status

Is this student homeless?

☐ Yes, this student is homeless / doubling up.

☒ No, this student is not homeless / doubling up.

Is this student in foster care?

☐ Yes, this student is in foster care.

☐ No, this student is not in foster care.

I this student a ward of the state?

☐ Yes, this student is a ward of the state.

☐ No, this student is not a ward of the state.

# Plissado Estudantil: Serviços Estudantis

▼ Student Services

Does your student have an IEP?

No ▼\*

Has your student ever had a 504 Plan?

No ▼\*

Has your student previously received Title I services?

No ▼\*

◀ Previous

Next ▶

# Plissado do aluno: informações sobre o idioma

▼ Language Information

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 Language

English ▼\*

What was the first language spoken by the student?

English ▼\*

What is the language most often spoken at home?

English ▼\*

What is the language most often spoken by the student with friends?

English ▼\*

Parent/Guardian Language

English ▼\*

◀ Previous

Next ▶

## Plissado do aluno: Pesquisa DESE sobre experiências na primeira infância (Somente para o Jardim de Infância)

### ▼ DESE Early Childhood Experience Survey

Please answer the following questions pertaining to Early Childhood Experiences, a survey collected by the Department of Elementary and Secondary Education

- ☐ My child did not have any formal early childhood program experience
- ☐ My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.
- ☐ My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.
- ☐ My child did not have formal early childhood program experience but participated in BOTH Coordinated Family and Community Engagement (CFCE) AND Parent Child Home Program (PCHP) services.
- ☐ My child attended a Licensed Family Child Care Provider for less than 20 hours per week
- ☐ My child attended a Licensed Family Child Care Provider for 20+ hours per week
- ☐ My child attended a Center Based Program for less than 20 hours per week
- ☐ My child attended a Center Based Program for 20+ hours per week
- ☐ My child attended BOTH a Licensed Family Child Care Provider AND a Center Based Program for less than 20 hours per week
- ☐ My child attended BOTH a Licensed Family Child Care Provider AND a Center Based Program for 20+ hours per week

#### Definitions:

**Coordinated Family and Community Engagement (CFCE) Services:** locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent-child activities).

**Parent Child Home Program (PCHP):** home visiting model program funded through the Department of Early Education and Care.

**Licensed Family Childcare:** refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families.

**Center-Based Care:** refers to care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools.

Instructions on how to answer the above questions can be found by clicking the link below:

[DESE Early Childhood Survey Guidance](#)

◀ Previous

Next ▶

## Plissado do Aluno: Escola Anterior

### ▼ Previous School

Please enter information regarding this student's prior schools.

#### School Information

School	<input type="text"/>	*
Address	<input type="text"/>	
City	<input type="text"/>	*
State	<input type="text"/>	▼ *
Country	<input type="text"/>	▼ *
Phone	( <input type="text"/> ) <input type="text"/> - <input type="text"/>	
Fax	( <input type="text"/> ) <input type="text"/> - <input type="text"/>	
Last grade completed	<input type="text"/>	▼

Medway Public Schools requests the following information regarding the above student in order to provide proper placement and programs.

- Mass Transfer Card - including SASID (if applicable)
- Academic Record - including Attendance
- Grades on Withdrawal - required if transfer does not occur at the end of a term or school year
- Psychological Records
- Standardized Tests
- Discipline Record
- Chapter 766 Reports - Individual Education Plan and most recent testing (if applicable)
- Health Records
- EL documentation including ACCESS for ELLs, WIDA Screener, WIDA MODEL, Reclassification form, progress reports, FELs monitoring
- Any other pertinent information concerning the child

**Your signature in the last section of this application will authorize the release of this information to Medway Public Schools**

## Plissado de estudante: Status Militar Familiar

### ▼ Family Military Status

Is this student a child of an active duty member of the uniformed services, National Guard, or Reserve on active duty?

- ☐ Yes  
☐ No

Is this student a child of members or veterans who are medically discharged or retired within the last year?

- ☐ Yes  
☐ No

Is this student a child of a member who died on active duty?

- ☐ Yes  
☐ No

◀ Previous

Next ▶

## Plissado do Estudante: Serviços de Saúde - Informações de Emergência

### ▼ Health Services - Emergency Information

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to make whatever emergency arrangements are necessary.

☐ Yes

☐ No

A physical exam is required of all students newly entering Medway Public Schools as well as upon entering Kindergarten, and Grades 4, 7, and 10. Please ask your healthcare provider to supply you with a signed copy of the physical exam form with immunizations and upload it to the Documents tab of this application. I give permission to the school nurse to share my child's relevant health information with appropriate school personnel. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis, and treatment.

☐ Yes

☐ No

#### Medical Contacts

Primary Care Provider

Primary Care Phone

 (  )  - 

Dentist

Dentist Phone

 (  )  - 

Insurance Provider

Insurance Policy/ID Number

## Plissado do estudante: Serviços de saúde - Medicamentos de venda livre

### ▼ Health Services - Over the Counter Medications

The following over the counter medications are ordered by the school physician for student use on an as needed basis. Please indicate if you allow your child to receive these medications on a limited basis:

Aloe Vera

Yes ▾ \*

Bacitracin

Yes ▾ \*

Benadryl (elixir and tabs)

Yes ▾ \*

Benadryl spray/ointment (supplied from home with parent consent)

Yes ▾ \*

Benzalkonium Chloride

Yes ▾ \*

Bug Spray (supplied from home with parent consent)

Yes ▾ \*

Burn Gel/First Aid Ointment

Yes ▾ \*

Calahist Clear Lotion

Yes ▾ \*

Calamine/Caladryl lotion

Yes ▾ \*

Contact Lens Solution

Yes ▾ \*

Hand Sanitizer

Yes ▾ \*

Heating pad

Yes ▾ \*

Hydrocortisone Cream 0.5-1%

Yes ▾ \*

Ibuprofen

Yes ▾ \*

Isopropyl alcohol

Yes ▾ \*

Moisturing Products

Yes ▾ \*

Saline Solution 0.9%

Yes ▾ \*

Sunblock (supplied from home with parent consent)

Yes ▾ \*

Tums

Yes ▾ \*

Tylenol

Yes ▾ \*

Vaseline/Aquafor

Yes ▾ \*



# Plissado do Estudante: Serviços de Saúde - Diagnósticos Médicos ou de Saúde Mental

▼ Health Services - Medical or Mental Health Diagnoses

All conditions must be accompanied by an official medical diagnoses report.

No medical or mental health conditions ☐

or

Condition*	Comments and Instructions	Remove Condition
<div></div>	<div></div>	

Add Condition

# Plissado do Estudante: Serviços de Saúde - Medicamentos

▼ Health Services - Medications

No medications ☐

or

Medication*	Where Taken*	Medication Type*	Comments and Instructions	Remove Medication
<div></div>	<div></div>	<div></div>	<div></div>	

Add Medication

# Plissado do Estudante: Serviços de Saúde - Isenção de Vacinas

▼ Health Services - Vaccine Exemption

Proof of vaccines is required for all students.

Do you request that your child be exempt from the vaccination and immunization requirements on medical and/or religious grounds in accordance with the provisions of chapter 76, Section 15, of the Mass General Laws?

**For a Definition of Allowable Exemptions (see [MGL c. 76 §§15, 15C, 15D; 105 CMR 220](#))**

☒ Yes, I request my child be exempt.

☐ No, I do not request my child be exempt.

Please list the vaccine and immunization requirements you request your child be exempt from:

This decision is based on: (please check all that apply and upload supporting documentaiton in the **Documents** tab)

☐ **Religious Grounds** - A religious exemption is allowed if a parent or guardian provides a written statement that immunizations conflict with their sincere religious beliefs. This should be renewed annually at the start of the school year.

☐ **Medical Grounds** - A medical exemption is allowed if a physician submits documentation attesting that immunization medically contraindicated. This must be renewed annually at the start of the school year.

I realize that according to the Massachusetts Department of Public Health, my child may be excluded from school and school functions should an outbreak of a communicable disease occur (parent/guardian initials) \*

☐ \* By checking this box and providing my first and last name below, I agree that this is my electronic signature and is the legal equivalent of my manual signature on this application.

Parent First Name

Parent Last Name

Today's Date

◀ Previous

Next ▶

# Plissado do Aluno: Acordos de Liberação

▼ Release Agreements

☐ **Authorization for Records Release**

By checking this box and signing, I hereby grant release of student records information for the above student to Medway Public Schools. Please use your mouse to digitally sign the below.

**Parent Signature**  
Please sign on the line below

Clear

## Plissado do Aluno: Políticas de Aprendizagem Digital

### ▼ Digital Learning Policies

[Click here to view the Medway Public Schools Digital Learning and Technology Acceptable Use Policy](#)

#### Student Acceptable Use Policy

☐ \* By checking this box and providing my first and last name in the fields below, I agree that I have read, understand, and will abide by the Digital Learning and Technology Acceptable Use Policy (#92). I further understand that any violation of the regulations is unethical and may constitute a financial expense and possible criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action and/or appropriate legal action may be taken. I also agree that my electronic signature is the legal equivalent of my manual signature on this application.

Student First Name  \*

Student Last Name  \*

#### Parent Acceptable Use Policy

☐ \* By checking this box and providing my first and last name in the fields below, I agree that I have read, understand, and will abide by the Digital Learning and Technology Acceptable Use Policy (#92). I further understand that any violation of the regulations is unethical and may constitute a financial expense and possible criminal offense. Should my child commit any violation, their access privileges may be revoked, school disciplinary action and/or appropriate legal action may be taken. I also agree that my electronic signature is the legal equivalent of my manual signature on this application.

Parent First Name  \*

Parent Last Name  \*

◀ Previous

Next ▶

## Plissado do Aluno: Contrato do Manual do Aluno

### ▼ Student Handbook Agreement

Please visit your child's school website to view the Student/Parent handbook. After reading, please fill out the following fields:

#### Student Handbook Agreement

☒ \* By checking this box and providing my first and last name, I agree that I have read, understand, and will abide by the Student Handbook

Student First Name  First Name \*

Student Last Name  Last Name \*

#### Parent Handbook Agreement

☒ \* By checking this box and providing my first and last name, I agree that I have read, understand, and will abide by the Student Handbook

Parent First Name  First Name \*

Parent Last Name  Last Name \*

◀ Previous

Next ▶

## Plissado do Aluno: Documentos

Clique em Carregar

Navegue até o local do arquivo e selecione-o

Clique em Abrir - o documento será carregado

- Repita esta etapa para cada tipo de documento

Os documentos podem estar em qualquer tipo de formato. Caso não tenha acesso a um scanner, sugerimos a utilização de um smartphone ou dispositivo móvel com câmera para capturar as imagens.

Documents

Student Birth Certificate

Upload

Student Immunization Record

Upload

Student Physical Exam

Upload

Student Previous School Records

Upload

Student IEP/504

Upload

Proof of Residency

Upload

Legal/Custody Documentation

Upload

Previous

Delete

Cancel

Save/Continue

Open

This PC > Documents

Search Documents

Organize New folder

Desktop

Downloads

Documents

Pictures

GlobalVPN

O365

phones

psc

medwayschools.o

OneDrive - medw

Notebooks

This PC

3D Objects

Name	Date modified	Type
Add-in Express	9/16/2019 2:02 PM	File folder
Adobe	10/3/2019 7:47 AM	File folder
Custom Office Templates	1/17/2019 3:37 PM	File folder
Downloads	3/24/2020 12:29 PM	File folder
Outlook Files	1/21/2020 10:35 AM	File folder
WindowsPowerShell	1/31/2019 5:27 PM	File folder
Zoom	3/16/2020 12:54 PM	File folder

File name:

All Files

Open

Cancel