

# Public Schools of Brookline Pre-Registration Checklist (PK-Grade 12)

Office of Student Affairs | 617-264-6492 | [www.brookline.k12.ma.us/registration](http://www.brookline.k12.ma.us/registration)

- Complete the online enrollment application and schedule appointment ([www.brookline.k12.ma.us/registration](http://www.brookline.k12.ma.us/registration)): enrollment is by appointment only
- Gather required documents (listed below) and bring to the scheduled pre-registration appointment

<input type="checkbox"/> Parent/Guardian ID: Valid MA driver's licence/ID card, Passport, Military ID, Other Government Issued photo ID		
<input type="checkbox"/> <a href="#">Affidavit of Residency</a> (Download, print and complete form)		
<input type="checkbox"/> <a href="#">School Records Release Form</a> (Download, print and complete form)		
<b>Residency (1 complete option)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Most recent mortgage payment OR property tax bill</li> <li><input type="checkbox"/> Copy of settlement statement AND record of most recent payment</li> <li><input type="checkbox"/> Copy of current signed lease AND <a href="#">Landlord Living Agreement</a> (download, print, have landlord complete form)</li> <li><input type="checkbox"/> Copy of HUD or other public housing lease AND <a href="#">Landlord Living Agreement</a> (download, print, have landlord complete form)</li> </ul>	<b>Occupancy (2 from list required)</b> <i>Utilities that service your home: utility bill dated within 45 days or "statement of service" letter or work order showing service address and connection date from the following list</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cable/Satellite TV/ Internet bill</li> <li><input type="checkbox"/> Electric Bill</li> <li><input type="checkbox"/> Gas bill</li> <li><input type="checkbox"/> Home telephone bill (cellular is not acceptable)</li> <li><input type="checkbox"/> Home/renter's insurance bill</li> </ul>	<b>Student (All applicable)</b> <i>All must be accompanied by authorized translations into English if original is not in English</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Original Birth Certificate (Required)</li> <li><input type="checkbox"/> Immunization records and most recent physical exam report (Required)</li> <li><input type="checkbox"/> Previous School Records* (Required, see below for details)</li> <li><input type="checkbox"/> ELL/ESL Records (if applicable)</li> <li><input type="checkbox"/> Custody Records (if applicable)</li> <li><input type="checkbox"/> Active IEP or 504 Plan (if applicable)</li> <li><input type="checkbox"/> Court Orders (if applicable)</li> </ul>

\* **Grades PK-K:** not required; **Grades 1-8:** most recent report card/progress report; **Grade 9:** 7th and 8th grade transcripts; **Grade 10:** 8th and 9th grade transcripts; **Grade 11:** 9th and 10th grade transcripts; **Grade 12:** 9th, 10th, and 11th grade transcripts

- Immunizations must be determined compliant by school nurse (following submission at pre-registration, prior to school attendance)

- Complete English Language Learning Screening (if applicable):

All schools must determine the language(s) spoken in each student's home to identify their specific language needs.

If a language other than English is spoken in the home, the District is required to further assess each child. Screenings will be scheduled at pre-registration, once all documents have been submitted

- Attend meeting at assigned school with student and school counselor



# THE PUBLIC SCHOOLS OF BROOKLINE

## AFFIDAVIT OF RESIDENCY

I/we \_\_\_\_\_, the undersigned parent(s) or legal guardian(s) of  
(Print Parent/Guardian's Full Name)

\_\_\_\_\_, hereby certify as follows:  
(Print All Student's Full Names)

1. I/we reside at:

No.	Street	Apt/Unit No.	Brookline, MA	Zip Code	Telephone
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2. I/we wish to enroll / continue the enrollment of the above named student in the Public Schools of Brookline for the **2017 - 2018** school year. I/we understand that pursuant to Massachusetts law and Brookline School Committee policy, students who actually reside in the Town of Brookline may attend the Public Schools of Brookline and students who do not actually reside in the Town of Brookline may not attend the Public Schools of Brookline, unless a policy exception applies.

I/we hereby acknowledge that no such policy exception applies to the above student.

3. I/we hereby certify that the above named student resides with me at the Brookline, Massachusetts address shown on this form.

4. I/we acknowledge that I am/we are required to notify the Principal/Headmaster of the above student's school, **in writing**, of any change in said student's address within five (5) calendar days of such change of address and **to provide new proof of residency** pursuant to the Public Schools of Brookline Admission policy.

5. I/we understand that this affidavit will be relied upon by the Public Schools of Brookline for the purpose of determining the above student's eligibility to attend the Public Schools of Brookline on the basis of residency. If said student is enrolled in the Public Schools of Brookline based upon the information contained in this affidavit and it is subsequently determined that the student does not actually reside in Brookline, I/we understand that the student's enrollment in the Public Schools of Brookline may be promptly terminated and I/we may be held jointly and severally liable to the Public Schools of Brookline for the student's tuition for the full academic year.

6. I/we further certify that I am/we are the parent(s) or legal guardian(s) of the above student.

**Signed under the pain and penalties of perjury on this**

\_\_\_\_\_  
(DAY)

\_\_\_\_\_  
(MONTH)

\_\_\_\_\_  
(YEAR)

\_\_\_\_\_  
Parent/Guardian 1

\_\_\_\_\_  
Parent/Guardian 2



**THE PUBLIC SCHOOLS OF BROOKLINE  
BROOKLINE, MASSACHUSETTS 02445**

**REQUEST FOR STUDENT RECORDS**

I, \_\_\_\_\_, am the parent or guardian of

\_\_\_\_\_. I hereby authorize the release of all academic records including official transcript, testing results, discipline, health, Special Education, and any other information regarding my child to the Public Schools of Brookline. I further give permission to the Public Schools of Brookline to speak to my child's former teachers, principal, guidance counselor, and other school staff as needed.

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Previous School Information:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Public Schools of Brookline Office Use Only: Please leave this part blank**

<input type="checkbox"/> <b>Baker School</b> 205 Beverly Rd. Chestnut Hill, MA 02467  Ph: 617.879.4500 Fax: 617.879.4505	<input type="checkbox"/> <b>Edward Devotion School - Lower</b> 30 Webster St. Brookline, MA 02446  Ph: 617.879.4400 Fax: 617.739.7501	<input type="checkbox"/> <b>Edward Devotion School - Upper</b> 194 Boylston St. Brookline, MA 02446  Ph: 617.879.4930 Fax: 617.879.4981	<input type="checkbox"/> <b>Driscoll School</b> 64 Westbourne Ter. Brookline, MA 02446  Ph: 617.879.4250 Fax: 617.739.7502	<input type="checkbox"/> <b>Heath School</b> 100 Eliot St. Chestnut Hill, MA 02467  Ph: 617.879.4570 Fax: 617.739.7570	<input type="checkbox"/> <b>Lawrence School</b> 27 Francis St. Brookline, MA 02446  Ph: 617.879.4300 Fax: 617.879.4390
<input type="checkbox"/> <b>Lincoln School</b> 19 Kennard Rd. Brookline, MA 02445  Ph: 617.879.4600 Fax: 617.739.7505	<input type="checkbox"/> <b>Pierce School</b> 50 School St. Brookline, MA 02446  Ph: 617.730.2580 Fax: 617.264.6468	<input type="checkbox"/> <b>Runkle School</b> 50 Druce St. Brookline, MA 02445  Ph: 617.879.4650 Fax: 617.739.7675	<input type="checkbox"/> <b>Brookline HS</b> 115 Greenough St. Brookline, MA 02445  Ph: 617.713.5000 Fax: 617.713.5013	<input type="checkbox"/> <b>BEEP</b> 24 Webster Pl Brookline, MA 02445  Ph: 617.713.5471 Fax: 617.264.6494	<input type="checkbox"/> <b>Office of Student Affairs</b> 24 Webster Pl Brookline, MA 02445  Ph: 617.264.6492 Fax: 617.264.6494



# PUBLIC SCHOOLS OF BROOKLINE BROOKLINE, MASSACHUSETTS

## REGISTRATION/LANDLORD LIVING AGREEMENT

**This form is required to be filled out and notarized by your landlord if you are leasing your home.**

I \_\_\_\_\_, swear under oath, that the following  
(Landlord's Name- Please print)

information is true:

\_\_\_\_\_, child(ren) of  
(List all applicable children)

\_\_\_\_\_ reside at  
(Parent's name(s))

\_\_\_\_\_  
(Property Address)

of which I am the owner of said property on record.

I understand that the Public Schools of Brookline reserves the right to investigate residency if they feel that temporary residency was established for the sole purpose of attending the Public Schools of Brookline. I further understand that according to Massachusetts General Law (Chapter 76, Section 5) "Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly-attended public schools."

Signed under the pain and penalties of perjury on this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_:

\_\_\_\_\_  
(Landlord's Signature) (Date) (Print name)

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Statement of Notary Public:

### Commonwealth of Massachusetts

Norfolk County, ss.

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Public  
My Commission Expires