

**LEXINGTON PUBLIC SCHOOLS CENTRAL REGISTRATION
146 MAPLE STREET
LEXINGTON, MASSACHUSETTS 02420
(781) 861-2580 ext. 68100
LPSCentralRegistration@lexingtonma.org**

STUDENT REGISTRATION REQUIREMENTS

Outlined below is the documentation required to register a student in Lexington Public Schools. Please bring all documents to your Central Registration appointment. Registration must be fully complete in order for a student to attend Lexington Public Schools. If the student is coming from outside the United States, a Tuberculosis (TB) test may also be required before admission. Please refer to the enclosed information regarding TB.

Please note that in order to be admitted to kindergarten, a child must be 5 years of age on or before August 31, and be a Lexington resident. No exceptions will be made.

If you are unable to provide any of the required documentation for any reason, please contact Central Registration at (781) 861-2580 ext. 68100 or LPSCentralRegistration@lexingtonma.org

- Proof of Birth Certificate: Original or Certified Copy (raised seal)**
- Please bring the original certificate with you at the time of your registration appointment and a staff member will make a copy.
- Parent/Guardian Valid Photo Identification**
- Transcripts (reference specific grade level requirements online at <https://lps.lexingtonma.org/Page/10142>)**
- Proof of Residency**

Please submit at least one document from each of the following columns as proof of residency. Each document must include parent/guardian's name AND the Lexington address.		
COLUMN A	COLUMN B	COLUMN C
<ul style="list-style-type: none"> ▪ Record of the most recent mortgage payment AND/OR property tax bill ▪ Copy of standard rental lease AND most recent rental payment ▪ Copy of HUD lease, or other public housing lease AND record of most recent rental payment ▪ Copy of other lease OR signed and notarized Landlord Affidavit, Landlord Letter AND record of most recent rental payment 	<p>A utility bill or work order dated within the past 60 days showing the Lexington address, including:</p> <ul style="list-style-type: none"> ▪ Gas Bill ▪ Oil Bill ▪ Electric Bill ▪ HOME telephone bill (not cell phone) ▪ Cable Bill ▪ Water Bill 	<ul style="list-style-type: none"> ▪ Valid Driver's License showing a Lexington home address ▪ Current Vehicle Registration showing a Lexington home address ▪ Valid Massachusetts Photo Identification Card showing a Lexington home address ▪ Renter/Tenant Insurance Policy ▪ Homeowners Insurance Policy ▪ Bank or Credit Card Statement
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- Certificate of Residency Form**
- Landlord Affidavit - if applicable**
- Landlord Letter - if applicable**
- Student Health Information Form**
- Massachusetts Student Health Record, and Certificate of Immunization forms**
(A physical examination done within the past year prior to entrance is acceptable.)
- Tuberculosis Test submitted – if needed**

For entering Kindergarten students only:

- Kindergarten Parent/Guardian Questionnaire**
- Information form for Entering Kindergarteners – Completed by child’s preschool teacher**

Any parent/guardian wishing to volunteer in a school or participate in a field trip must complete a **CORI** form. Please see your school’s administrative assistant for further information.

HEALTH REQUIREMENTS

A physical examination is required at the time of entrance. This examination should be conducted by your child’s primary care provider. The exam may be reported on the Massachusetts School Health Record, or on the primary care provider’s form and returned to the school. **Required immunizations should also be included on the health record.** A physical examination done within the past year prior to entrance is acceptable, the exam must include Tuberculosis risk assessment. A vision screening is also recommended.

The physical for Kindergarten entry requires a lead screening including the date and results of the blood test; and vision screening including stereopsis results.

Massachusetts General Law c.76, §§ 15 and 15C, requires school children be immunized against hepatitis B, diphtheria, tetanus, pertussis (DTP), polio, haemophilus influenza type B (Hib), measles, mumps, rubella (German measles) (MMR), and varicella (chicken pox).

Massachusetts School Immunization Requirements*

	Preschool	Kindergarten	Grades 1-6	Grades 7-12
Hepatitis B	3 doses	3 doses	3 doses	3 doses
DTaP/DTP/DT/Td/Tdap	≥4 doses DTaP/DTP	5 doses DTaP/DTP or 4 doses if 4th dose given after 4th birthday.	5 doses DTaP/DTP or 4 doses if 4th dose given after 4th birthday.	4 doses DTaP/DTP or ≥3 doses Td; plus 1 dose Tdap
Polio	≥3 doses	4 doses (last dose must be given after 4th birthday)	4 doses (last dose must be given after 4th birthday)	4 doses (last dose must be given after 4th birthday)
Hib	1 to 4 doses	NA	NA	NA

MMR	1 dose (given on or after 1st birthday)	2 doses. (first dose given on or after 1st birthday)	2 doses. (first dose given on or after 1st birthday)	2 doses. (first dose given on or after 1st birthday)
Varicella**	1 dose (given on or after 1st birthday)	2 doses (first dose given on or after 1st birthday)	2 doses. (first dose given on or after 1st birthday)	2 doses. (first dose given on or after 1st birthday)

** **These vaccines are required for school entry unless a written medical or religious exemption is submitted.***

****VARICELLA (Chicken Pox) Disease – verified by your doctor or nurse practitioner in writing.**

(LEAD SCREENING Lead Screening is not an immunization; however, screening date and result are required to enter kindergarten.)

TUBERCULOSIS Lexington Public Schools follow the Massachusetts Department of Public Health’s recommendations for tuberculosis (TB) screening in children:

All students should have a TB risk assessment by their primary care provider at the time of scheduled physicals and upon entry to school.

If your child has a risk factor for TB, please submit a TB test to the school nurse.

Risk factors are:

- Birth, travel to, and/or resided in high-risk world regions**
- Exposure to an individual with diagnosed or suspected TB disease
- Household contact to individual with positive TB test
- Parent and/or guardian or household member from a high-risk world region
- History of immunosuppressive disease or medications that might cause immunosuppression

**High risk world regions are Africa, Asia (except Japan), Pacific Islands, Middle East, Eastern Europe, Mexico, Central or South America, and the Caribbean.

If the TB test is positive, then a negative chest X-ray report is required. BCG vaccine cannot be used in place of a TB screening test because its protection rate is unreliable and tuberculosis may occur after vaccination.

In situations when one or more cases of a vaccine-preventable or any other communicable disease are present in a school, all susceptible, **including those with medical or religious exemptions**, are subject to exclusion as described in the Reportable Diseases and Isolation and Quarantine Requirements (105 CMR 300.000).