

Student's Name: _____

Thank you for applying to the Cambridge Public Schools! We are delighted that you are interested in our programs. Very limited seats are available in our programs for preschool-aged children, so applications will be entered into a Lottery Process. Various factors will be considered which may give special weight to your application based on the educational needs of each of our three preschool programs. These priorities and criteria are listed in the Choice section of this form. The goal of this lottery is to provide equal access to our 3-Year-Old programs while considering the educational needs of specific programs.

Required Forms: Please Complete & Sign

- 1. Application form
- 2. Home Language Survey
- 3. Health History Form
- 4. Controlled Choice Form

Required Documents: Please Submit When Applying

These documents must be submitted at the time of application with the above forms, 1 to 4. The Student Registration Center will make copies and return all original documents.

- 5. **Proof of Age** (birth certificate or passport)
- 6. **Proof of Address** - provide one of the following:
Lease • Section 8 Agreement • Purchase & Sales Agreement • Mortgage Statement • Deed
Notarized Letter from Landlord • Letter from Homeless/Transition Service Provider • Property Tax Bill
- 7. **Proof of Occupancy** - provide one document dated within 30 days
Gas Bill • Oil Bill • Electric Bill • Cable Bill • Homeless/Transition Service Provider Letter
- 8. **Proof of Parent/Guardian/Caregiver Identity** - provide one of the following:
Massachusetts Driver's License • Massachusetts Photo ID • Vehicle Registration • W-2 Form
Passport • Payroll stub or bank statement dated within 60 days • Excise or Property Tax Bill
- 9. **Student Immunization Record** (Must be submitted to the SRC at the time of application)
Please Note: In addition, you must provide your child's most recent physical exam record to the school nurse at the start of the school year.

Additional Documentation – If Applicable

- Guardianship Papers or Notarized Caregiver Authorization Affidavit:** Provide if the person registering the student is other than the parent listed on the student's birth certificate.
- Doubling Up Form:** For the student and their family who are living with relatives/friends and is not named on the Proof of Address documents or Proof of Occupancy documents. Proof of Address & Occupancy for person with whom you are staying are also required. (This form can be requested from the Student Registration Center)
- Copy of student's Individualized Education Program (IEP)** (will be forwarded to the Office of Student Services)
- Copy of student 504 Plan** (will be forwarded to the Office of Student Services)
- Previous school records:** Provide directly to student's assigned school.

Cambridge Public Schools: 3-Year-Old Program Application

FORM

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Student Information

Has the child ever registered for Cambridge Public Schools in the past? Yes No Years: _____

Grade Entering: Pre-K: 3 Years Old Pre-K: 4 Years Old Gender: Male Female Non-binary

Name (Last, First, Middle) _____

Home Address, Apt. # _____ City, State, Zip: _____

Phone: _____ Birth Date (MM/DD/YYYY): ____ / ____ / _____ Birth City: _____

Birth Country: _____

If Birth Country is not the United States Has the child completed 3 years of schooling in the US? Yes No

(Optional) In the past year, did one or both of the student's parents or guardians*:

Serve as an active duty member of uniformed services Yes No

Become medically discharged or retired from uniformed services Yes No

Die while on active duty Yes No

**Special considerations may apply, such as guardianship and other registration requirements. Family military status does not provide preference in the 3-year-old Lottery*

Parent/Guardian/Caregiver Information

<p style="text-align: center;">Parent/Guardian/Caregiver 1</p> <p>Relationship to Student: _____</p> <p>Name: _____</p> <p>Address, Apt. #: _____</p> <p>City/State/Zip: _____</p> <p>HomePhone: _____</p> <p>Cellphone: _____</p> <p>Work Phone: _____</p> <p>Email Address: _____</p> <p>Occupation: _____</p>	<p style="text-align: center;">Parent/Guardian/Caregiver 2</p> <p>Relationship to Student: _____</p> <p>Name: _____</p> <p>Address, Apt. #: _____</p> <p>City/State/Zip: _____</p> <p>HomePhone: _____</p> <p>Cellphone: _____</p> <p>Work Phone: _____</p> <p>Email Address: _____</p> <p>Occupation: _____</p>
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Do you want both parents/guardians to receive school mailings? Yes No

Emergency

In case of emergency, parents/guardians will be called first. If the school is unable to reach you, whom should we contact?

Name	Phone #	Relationship to Student
_____	_____	_____
_____	_____	_____

Education

Does your child currently: Go to Center-based Childcare or Preschool Go to a Family Childcare

Stay with Parent/Guardian/Caregiver Stay with Babysitter or Relative

Name of current Center or Provider (if other than Parent/Guardian/Caregiver): _____

Does your child receive special education or early intervention services? Yes No

Note: if you are accepted into a CPS 3-year-old program, you will be required to provide a copy of your child's IEP. Children who are already on an IEP may not be placed in Special Start through the 3-Year-Old lottery. Please speak with your child's team for more information.

Does your child have a 504 Plan? Yes No

If Yes: Please provide 1 copy to the SRC. If your child is accepted into a 3-Year-Old Program, a copy will be provided to the program.

Demographics	<p><i>The provision of the following information is purely voluntary. Declining to provide this information will not affect the student's registration process.</i></p> <p>1. Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> White/Caucasian</p> <p>2. Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino</p>																
Siblings	<p>Please list siblings (Brothers or Sisters) We cannot guarantee your child will be admitted to a program in the same building as siblings.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name</th> <th style="width: 20%;">Birth Date</th> <th style="width: 15%;">Grade</th> <th style="width: 25%;">School</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>____/____/____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>____/____/____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>____/____/____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Name	Birth Date	Grade	School	_____	____/____/____	_____	_____	_____	____/____/____	_____	_____	_____	____/____/____	_____	_____
Name	Birth Date	Grade	School														
_____	____/____/____	_____	_____														
_____	____/____/____	_____	_____														
_____	____/____/____	_____	_____														

3-Year-Old Programs

Limited seats are available. Applications will be entered into a lottery to be assigned a random number, with priority "bonus points" added based on program-specific assignment factors. Specific needs of the programs establish assignment criteria, which can affect the order in which students are admitted. You may apply to one, two, or all three programs but please rank order your 1st, 2nd, and/or 3rd choice.

Please Rank (1, 2, 3)

Assignment Factors

_____ **Fletcher Maynard Academy Scholar College (7:45a.m.-3:45p.m.)** FMA Sibling FMA Baby U Baby U
 Scholar College consists of one classroom of 18 students who enter Fletcher- Maynard Academy (FMA) at age 3. FMA Scholar College follows the same academic calendar and same school day as the K-5 Fletcher Maynard Academy. Admission priority will be provided to siblings (brothers or sisters) of current FMA students, graduates of FMA Baby University and graduates of other Cambridge Baby University programs. **Students who complete Scholar College are automatically enrolled in Kindergarten at FMA and therefore may not participate in the Kindergarten Lottery and will not be eligible for preference points.**

_____ **Tobin Montessori Children's House (7:55 a.m.-1:55 p.m./early pickup at 11 a.m.)** Tobin Sibling
 Tobin Montessori admits 40 children between the ages of 3-4 years-old into Children's House, where children spend 3 years in the same class with the same teacher in order to foster maturity and independence. Because these students continue onto the 4-year-old classroom, there are very few (or sometimes no) seats available for children entering at age 4 or 5. By age 5, children have experienced the spiral Montessori curriculum within the same school day and academic calendar as the wider Tobin Montessori School. **Students who enter at age 3 or age 4 are automatically enrolled in Kindergarten at Tobin Montessori and therefore may not participate in the Kindergarten Lottery and will not be eligible for preference points.**

_____ **Special Start Integrated Classrooms (8 a.m-12 p.m.)** Male Female Age 3 Age 4
 Special Start's six integrated classrooms offer approximately 35 students without disabilities a low student:teacher ratio and a quality preschool curriculum within a part-time (8 a.m. - noon) school day that follows the CPS school year. Classrooms assignments are determined by the needs of the program and must be balanced by SES, age, and gender. **Students without disabilities will be required to enter the Kindergarten lottery. The location of Special Start classrooms does not affect Kindergarten placement decisions.**

I understand that pursuant to Massachusetts law and Cambridge School Committee policy, students who actually reside in the City of Cambridge may attend the Cambridge Public Schools and students who do not actually reside in the City of Cambridge may not attend the Cambridge Public Schools, unless a policy exception applies. I hereby acknowledge that no such policy exception applies to the child named on this registration form. I also acknowledge that I am required to notify the school Principal, in writing, of any changes in said student's address within five (5) calendar days of such change of address.

I understand that this certification will be relied upon by the Cambridge Public Schools for the purpose of determining the eligibility to attend the Cambridge Public Schools on the basis of residency. If it is subsequently determined that the student does not actually reside in Cambridge, I understand that the student's enrollment in the Cambridge Public Schools will be promptly terminated and that I will be liable to the Cambridge Public Schools for the student's tuition for the duration of the student's attendance in the Cambridge Public Schools.

I understand that after seven (7) years of my initial date of registration, or if I withdraw my child from CPS, my registration file will be destroyed but that I may claim my file from the Student Registration Center within the first seven years of my initial date of registration or my withdrawal of my child from CPS, whichever comes first.

I hereby certify that I can, and will upon request, substantiate all statements made on this application and that such statements are true, accurate, and complete and are made in good faith.

Parent/Guardian/Caregiver Signature: _____ **Date:** _____