



PUBLIC SCHOOLS

60 Cabot Road
Danvers, MA 01923

Telephone: 978-777-4539
Fax: 978-777-8931

Welcome to
Kindergarten!

Registration Packet
Kindergarten

**Enrollment Checklist
Kindergarten**

Provide the following information with the completed registration packet:

Danvers Public Schools Registration Packet:

- ☐ Registration form
- ☐ Home Language form
- ☐ DPS Health Survey
- ☐ One Time Consent to Allow the School District to Access MassHealth (Medicaid) Benefits
- ☐ FERPA (Family Educational Rights and Privacy Act) Student Records form
- ☐ Child's birth certificate or valid passport
- ☐ Custody/Legal documentation (if applicable, see page 2 for information)
- ☐ Physical examination (within one year)
- ☐ Immunization Record (Helpful vaccines but not mandated are COVID and Influenza)
- ☐ Lead and Vision Screening
- ☐ Residency Statement (Attachment A in packet)
- ☐ IEP (Individualized Education Program) or 504 Plan (if applicable)

Evidence of Residency (provide one of the following):

- ☐ Mortgage Statement
- ☐ Lease or Rental Agreement
- ☐ Signed Landlord Affidavit (Attachment B in packet)
- ☐ Section 8 Agreement
- ☐ Property Tax Bill

Evidence of Occupancy (provide one of the following):

- ☐ Excise Tax bill
- ☐ Pay stub
- ☐ Utility bill (water, electric, cable or gas) – Credit card, mobile phone bills and are not acceptable

Evidence of Identity (provide one of the following):

- ☐ Driver's License (Valid)
- ☐ Passport (Valid)
- ☐ Government-Issued Photo ID

Kindergarten-Only Information (all are included in packet):

- ☐ Kindergarten Transition form
- ☐ DPS Kindergarten Parent Questionnaire
- ☐ Early Childhood Survey
- ☐ Kindergarten Placement Letter



Danvers Public Schools Registration Form

Please answer all questions.

Date Received: _____

Grade applying for: _____

Student Information:

Last Name: _____ First Name: _____ Middle Name: _____

☐ Male ☐ Female ☐ Non-Binary

Date of Birth: _____ City/Place of Birth: _____

Home Address: _____ Danvers, MA 01923

Home Telephone Number: _____ Mobile Number: _____

LASID # (office use only): _____ SASID # (office use only): _____

Student Ethnicity:

☐ Not Hispanic or Latino ☐ Hispanic or Latino

Race:

☐ American Indian / Alaska Native ☐ Asian ☐ Black / African American

☐ Native Hawaiian / Pacific Islander ☐ White ☐ Multi-Race

Migrant: ☐ Yes ☐ No Immigrant: ☐ Yes ☐ No

Previous School Information:

Name of School: _____

Address: _____

Telephone Number: _____ Grade: _____

Is student on an IEP (Individual Education Program)? ☐ Yes ☐ No

Is student on a 504 Plan? ☐ Yes ☐ No

Parent Information:

- ☐ Married ☐ Separated ☐ Divorced ☐ Never Married
☐ Mother Deceased ☐ Father Deceased ☐ Custodial Parent Remarried

Physical Custody:

The custodial parent must provide the school with legal documentation that supports his/her position.

- ☐ Both ☐ Mother ☐ Father ☐ Other _____

Legal Custody:

The custodial parent must provide the school with legal documentation that supports his/her position.

- ☐ Both ☐ Mother ☐ Father ☐ Other _____

Legal Access to Student Records:

The custodial parent must provide the school with legal documentation that supports his/her position.

- ☐ Both ☐ Mother ☐ Father ☐ Other _____

Please provide a second mailing address (if applicable):

Street: _____

City: _____ State: _____ Zip Code: _____

Legal Issues or Concerns (i.e. Restraining Order):

Any home concerns pertaining to your child. Per *DPS Policy 1F*, copies of court documents concerning custody and restraining orders **ARE REQUIRED TO BE PROVIDED AT THE TIME OF REGISTRATION** and are to be kept on file in the school office.

Sibling Information:

Name	Date of Birth	Current School	Grade

Primary Contact:

First Name: _____ Last Name: _____

Address: _____ City/State/Zip: _____

Home No.: _____ Mobile No.: _____ Work No.: _____

Name of Employer: _____

Relationship to Student: _____

Email Address (personal): _____

Email Address (work or other): _____

Secondary Contact:

First Name: _____ Last Name: _____

Address: _____ City/State/Zip: _____

Home No.: _____ Mobile No.: _____ Work No.: _____

Name of Employer: _____

Relationship to Student: _____

Email Address (personal): _____

Email Address (work or other): _____

Third Contact:

First Name: _____ Last Name: _____

Address: _____ City/State/Zip: _____

Home No.: _____ Mobile No.: _____ Work No.: _____

Name of Employer: _____

Relationship to Student: _____

Email Address (personal): _____

Email Address (work or other): _____

Medical Information:

Doctor's Name: _____ Doctor's No.: _____

Dentist's Name: _____ Dentist's No.: _____

Medical Concerns: _____

Please provide us with further details (if applicable):

** In an attempt to offer better care of your child should s/he become ill during the school day, please provide us with your child's medical information. If this student has prescribed medication to be taken or kept for use when needed in school, please provide the school nurse with a written order from the doctor for the kind of medicine, dosage and time to be administered. In case of a serious accident or emergency, I give permission to administer anesthesia and any emergency measure deemed necessary by a qualified physician if I cannot be reached by due process.*

Military Status:

Is a parent or guardian in the student's household:

☐ Yes ☐ No A member of the Uniformed Services or National Guard on full-time active duty

☐ Yes ☐ No Currently deployed

☐ Yes ☐ No A veteran who retired within the past year

☐ Yes ☐ No Medically discharged within the past year

☐ Yes ☐ No Died while serving our country within the past year

☐ Other (please specify): _____

Native Language:

☐ English ☐ Other (please specify): _____

Parent or Guardian Signature: _____

Date: _____

Language Survey

Massachusetts is home to speakers of many different languages. This Language Survey helps us learn about your child's English language skills and provide support to your child if necessary to help them learn English. Please answer the questions below. If your response to any of the questions in SECTION 1 is a language other than English, the school district will give your child a test to see if they may benefit from English language support.

If you need help completing this form, please ask for assistance.

Student Name: Grade: Date of Birth (mm/dd/yyyy): Name of Parent/Guardian #1: Name of Parent/Guardian #2:	
SECTION 1: These questions will help the school identify students who may need English language supports. If your response to any question 1-3 is a language other than English, your child will be tested on their use and understanding of English to determine if English language supports are needed.	1. Please list the language(s) that parents and/or primary caregivers use to communicate with your child at home. 2. Please list the language(s) that your child currently uses to communicate with others. 3. Please list the language(s) your child first understood and used to communicate.
SECTION 2: Interpretation and Translation Services This section will let the school know if you, the parents/guardians, need an interpreter or documents translated. <i>This section is for informational purposes only and is not used to identify if your child needs support to learn English.</i>	4. In what language(s) would your family prefer to receive written communication from the school? Parent/Guardian # 1: Parent/Guardian # 2: 5. Would you prefer for the school to arrange for an interpreter to be available to you free of charge during meetings and phone calls with the school about your child (including American Sign Language or other types of sign language)? ☐ Yes ☐ No If yes, in which language(s)? Parent/Guardian # 1: Parent/Guardian # 2:

SECTION 3 [Optional]: Prior Education

This section will provide the school with background information about your student and their prior education.

This section is optional and is not used to identify if your child needs support to learn English.

6. Please list the name and location of the last school your child attended.

School Name: _____

City/town: _____ Country: _____

7. How many years has your child attended school in the United States? (beginning with kindergarten) _____ Please list the date your child first started school in the United States, if known (mm/yyyy): _____

8. Has your child ever attended school outside of the United States?

____ Yes ____ No ____ Not sure

If yes, for how many years? _____ In what language(s) did your child learn while attending school outside of the United States? _____

What is the last grade your child was enrolled in or completed? _____

9. Has your child ever received support to improve their English in United States schools?

____ Yes ____ No ____ Not sure

10. Is there anything else you think is important for the school to know about your child? (for example, special interests, talents, or concerns you have about your child's experience in school?)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date (mm/dd/yyyy): _____



Health Survey

Student's Name: _____ Date of Birth: _____

Grade: _____ Gender: _____ Physician's Name: _____

Please indicate if your child has had any of the following:

	Yes	No	Year		Yes	No	Year
High blood pressure	☐	☐	_____	Excessive worry / anxiety	☐	☐	_____
Heart condition	☐	☐	_____	Depression	☐	☐	_____
Asthma	☐	☐	_____	Ulcer	☐	☐	_____
Severe allergies	☐	☐	_____	Severe / chronic abdominal pain	☐	☐	_____
Contact with tuberculosis	☐	☐	_____	Excessive colds	☐	☐	_____
Positive tuberculin test	☐	☐	_____	Speech problem	☐	☐	_____
Tumor, growth or cancer	☐	☐	_____	Eye trouble	☐	☐	_____
Diabetes or sugar in urine	☐	☐	_____	Wears glasses	☐	☐	_____
Serious skin disease	☐	☐	_____	Frequent ear infections	☐	☐	_____
Concussion	☐	☐	_____	Hearing loss	☐	☐	_____
Frequent or severe headaches	☐	☐	_____	Frequent or painful urination	☐	☐	_____
Dizziness or fainting spells	☐	☐	_____	Intestinal trouble	☐	☐	_____
Severe head injury	☐	☐	_____	Wets or soils pants	☐	☐	_____
Seizure disorder / epilepsy	☐	☐	_____	Scoliosis in family	☐	☐	_____

	Yes	No	Year	Please explain details
Has your child suffered a concussion?	☐	☐	_____	_____
Has your child any orthopedic (bone or joint) problems?	☐	☐	_____	_____
Has your child had any operations?	☐	☐	_____	_____

	Yes	No	Year	Please explain details
Has your child had any serious illnesses or injuries other than those already noted?	☐	☐	_____	_____
Is your child allergic to any medications?	☐	☐	_____	_____
Is your child allergic to any foods?	☐	☐	_____	_____
Is your child allergic or sensitive to bee stings? If so, is the reaction local or generalized? Please explain in detail below.	☐	☐	_____	_____
Has your child been prescribed an EpiPen for his/her allergy?	☐	☐	_____	_____
Does your child require medication administration during the school day?	☐	☐	_____	_____
Does your child have any other health problems that we should be aware of?	☐	☐	_____	_____
Is your child under medical supervision for any of the above conditions? If so, please provide the physician's name and contact number.	☐	☐	_____	_____

Physician's Name: _____ Physician's Phone Number: _____

Please list all current medications:

Other: _____

If you should have any further concerns, please list in detail below or contact the school nurse to schedule a confidential conference.

Parent/Guardian Signature: _____ Date: _____



Student Records

The Family Education Rights and Privacy Act (FERPA), the federal law concerning access to student records, directs that:

An educational agency or institution shall give full rights under the Act to either parent, unless the agency or institution has been provided with evidence that there is a court order, state statute or legally binding document relating to such matters as divorce, separation or custody that specifically revokes these rights.

Similarly, the Massachusetts Student Records Regulations (603 CMR 23.00) define a "parent" as:

A student's father or mother, or guardian, or person or agency legally authorized to act on behalf of the child in place of or in conjunction with the father, mother, or guardian. The term as used in 603 CMR 23.02 shall include a divorced or separated parent, subject to any written agreement between parents or court order governing the rights of such a parent that is brought to the attention of the school principal.

As of 1998, Massachusetts law (General Laws Chapter 71, Section 34H) specified detailed procedures that govern access to student records by parents who do not have physical custody of their children.

In order for us to implement student records laws appropriately and communicate with you concerning news and school events pertaining to your child, please provide the following information:

Student's Name: _____ Address: _____

This child lives at the address above with:

☐ Mother ☐ Father ☐ Both parents ☐ Guardian(s)

☐ Parents share custody of this child.

Mother's address: _____

Father's address: _____

☐ Parents do not share custody. However, the non-custodial parent may have access to school records, teacher conferences, report cards, etc. (if not, as the custodial parent you must provide the school with legal documentation that supports your position).

☐ There are custody issues. (Please speak with the School Secretary or Principal).

Signature of Parent/Guardian completing this form

Date



Residency Statement (Attachment A)

I / We, the parent(s)/legal guardian(s) of: _____ (student name),
hereby certify as follows:

1. I/We certify that I am/we are the parent(s), legal guardian(s), of the above named student.
2. I/We wish to enroll the above named student in the Danvers Public Schools. I/We understand that pursuant to Massachusetts law and Danvers Public Schools policy, students who actually reside in the Town of Danvers may attend the Danvers Public Schools. Students who do not actually reside in the Town of Danvers may not attend the Danvers Public Schools.

3. I/We hereby certify that effective _____ (date), the above-name student is/will be residing at the following address in Danvers, Massachusetts with:

Parent(s)/Guardian(s) Name: _____

Street Address: _____

Home Telephone: _____

4. I/We acknowledge that I am/we are required to notify the Danvers Public Schools, in writing, of any change in the student's address within ten (10) calendar days of such change of address.
5. I/We understand this Residency Statement will be relied upon by the Danvers Public Schools for the purpose of determining the above student's eligibility to attend the Danvers Public Schools on the basis of residency. I/We further understand that the Danvers Public Schools reserves the right to investigate the above-named student's residency and to require additional documentation to prove residency. If the said student is enrolled in the Danvers Public Schools based upon the information provided and it is subsequently determined that the student does not actually reside in Danvers, I/we will be liable to the Danvers Public Schools for the student's tuition for the full academic year(s).
6. I/We understand that all applicants must reside in the Town of Danvers pursuant to Massachusetts General Laws, Chapter 76, section 5, which states:

Every person shall have a right to attend the public schools of the town where he actually resides, subject to the following section. No school committee is required to enroll a person who does not actually reside in the town unless said enrollment is authorized by law or by the school committee. 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. No person shall be excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex, gender identity, religion, national origin or sexual orientation.

Signed under the pains and penalties of perjury on this _____ day of _____,
in the year _____.

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

This form must be submitted at the time of registration, along with:

1. Certified documentation obtained by the Danvers Town Clerk sufficient to show Town Census was completed;
2. For students whose parents are divorced or separated, a divorce decree, custody agreement, proof of guardianship and/or other documents to verify that the student is a resident of Danvers;
3. At least one document from each of the three columns below:

Evidence of Residency	Evidence of Occupancy	Evidence of Identity
• Record of mortgage payment made within the past 60 days • Lease and/or Rental Agreement identifying address and effective dates, and signed by both parties • Signed Landlord Affidavit (Attachment B) • Section 8 Agreement • Property tax bill within the last year with name and address stated	• Utility (gas, oil, electric, home phone, cable, water) bill or work order dated within the past 60 days with name and address stated • Pay stub with name and address stated • Excise tax bill with name and address stated. Note: Credit-card and mobile phone bills <u>are not acceptable</u>.	• Valid MA Driver's License • Valid U.S. passport • Valid MA Government-Issued Photo ID card

Individuals having difficulty producing the required documentation should contact the Superintendent.



Landlord Residency Verification (Attachment B)
(Complete only if the home you are living in is owned or leased by a third party).

I hereby certify that I am the legal owner of the property at:

_____ Danvers, MA 01923.

I also certify that _____ and his/her child(ren)

(list all names)

are my tenants and live at the above address.

Check one:

☐ I have received a rental payment within the last 30 days for the lease/sub-lease of said premises.

☐ I hereby state that the above-named party resides at the address with no rental payment.

I understand that the Danvers Public Schools reserves the right to investigate residency. 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."

By signing below, I attest that the information that I have provided in this declaration is accurate.

Signed under the pains and penalties of perjury on this _____ day of _____
in the year _____.

Landlord's Signature: _____

Landlord's Name (please print): _____

Date: _____



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danverspublicschools.org

SY25-26 Financial Assistance Consent Form

We understand that district fees can sometimes be a financial burden, and our goal is to ensure all students have equitable access to every opportunity. To assist families, our district offers financial support to waive certain fees for those who qualify. To determine eligibility for this assistance, we kindly request your consent to securely check your household's participation in various state and federal programs, such as SNAP, TANF, or Medicaid, as this data helps us identify families who automatically qualify for support. By providing your consent, you help us ensure that all eligible students receive the financial relief they need.

By signing below, I give consent for Danvers School Lunch to share the direct certification status of my child(ren) with the Business Office for the purpose of granting financial assistance with district fees.

Parent/Guardian Name (printed)

Parent/Guardian Name (signature)

Student Name(s):

Daniel Bauer
Superintendent of Schools
978.777.4539 ext. 2430
bauer@danvers.org

Kristen Anderson
Assistant Superintendent
978.777.4539 ext. 2281
anderson@danvers.org

Pamela Crum
Business Manager
978.774.4800 ext. 2438
crum@danvers.org

Kimberley Bevan
Human Resources Manager
978.774.4800 ext. 2432
bevan@danvers.org



Danvers Public Schools Parent Questionnaire

Child Information:

Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female ☐ Non-Binary

Preschool/Child Care History:

Did your child attend preschool/child care? ☐ Yes ☐ No

If yes, for how long? ☐ 6 months ☐ 1 year ☐ 2 years ☐ More than 2 years

If yes, name of child's present or most recent school: _____

If yes, did your child have Early Intervention? ☐ Yes ☐ No

If yes, what were the services? _____

If yes, for how long? _____

Developmental History:

How old was your child when he/she:

	Approximate Age	Comments
Sat unassisted	_____	_____
Crawled	_____	_____
Walked	_____	_____
Spoke single words	_____	_____
Combined words	_____	_____
Spoke simple sentences	_____	_____
Toilet trained	_____	_____

Are there/have there been any feeding problems (i.e. sucking, swallowing, drooling, chewing, etc.)?

☐ Yes ☐ No If yes, please describe:

Social, Emotional and Self-Help Skills:

Can your child:

Feed him or herself using a spoon and/or fork? ☐ Yes ☐ No

Wash and dry his or her own hands? ☐ Yes ☐ No

Help with dressing or dress with little assistance? ☐ Yes ☐ No

Stay with a babysitter? ☐ Yes ☐ No

Speak so that he or she can be understood by others? ☐ Yes ☐ No

Express his or her thoughts and needs easily? ☐ Yes ☐ No

Do you have any concerns about your child's appetite or willingness to try different foods?

☐ Yes ☐ No If yes, please explain below:

Is your child:

Highly active? ☐ Yes ☐ No Very quiet? ☐ Yes ☐ No

Toilet trained during the day? ☐ Yes ☐ No

In need of help with toileting? ☐ Yes ☐ No If yes, please explain below:

Does your child:

Play with blocks, boxes, cups or other construction toys without help? ☐ Yes ☐ No

Use crayons and/or markers to scribble or draw? ☐ Yes ☐ No

Listen to stories being read? ☐ Yes ☐ No

Turn pages of a book and look at pictures? ☐ Yes ☐ No

Recall stories or events? ☐ Yes ☐ No

Enjoy playing alone or with imaginary friends? ☐ Yes ☐ No

Talk with your friends/relatives who come to visit? ☐ Yes ☐ No

Follow simple, age-appropriate directions? ☐ Yes ☐ No

What are your child's favorite activities?

Does your child have opportunities to play with other children? ☐ Yes ☐ No

**Danvers Public Schools
Preschool to Kindergarten Transition Authorization Form**

In an effort to provide a successful transition for your child into Kindergarten, the Danvers Public Schools would like to request your permission for the Danvers Public School team to visit your child's program to observe them. In addition, the district team will connect with your child's early learning program.

Child's Name

Date of Birth

☐ Yes, I give permission for the Danvers Public Schools Team to contact and visit my child's preschool program (please complete below).

☐ No, I do not give permission for the Danvers Public Schools Team to contact and visit my child's preschool (please sign & date below)

☐ My child did not attend a preschool/childcare/Head Start/Child Care program (please sign & date below)

Name of Preschool Program:	
Address of Preschool:	
Name of Contact Person:	
Email of Contact Person:	
Phone Number of Contact Person:	
Number of years attended	
May we request a copy of your child's most recent evaluation?	☐ Yes ☐ No
Has your child(ren) attended any other early learning programs?	☐ Yes ☐ No
If yes, please list below.	

Parent/Guardian Name (please print)

Parent/Guardian Signature (please sign)

Today's Date



Danvers Public Schools
Early Childhood Education Experience Survey

Please check the option that best describes your child's preschool experience in the school year prior to entering Kindergarten. Select one option only, and indicate hours where applicable.

Name: _____ Date of Birth: _____

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

Program 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) Services: Home-visiting model program funded through the Department of Early Education and Care (EEC).

Licensed Family Child Care: 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.



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KINDERGARTEN PLACEMENT LETTER

Kindergarten classes in our elementary schools are subject to class size caps. In the event that enrollment at any school exceeds the cap for the number of kindergarten classes at a school, children will be placed at one of the other elementary schools in our town through our enrollment flex zones.

You will be notified at the Parent Orientation of your child school assignment.

It is the policy of the Danvers Public Schools not to retain Kindergarten students for a second year in kindergarten

Your signature below indicates that you have read and fully understand the above statement.

Parent/Guardian name (please print): _____

Parent/Guardian signature: _____

Student Name (please print): _____

Date: _____

Daniel Bauer
Superintendent of Schools
978.777.4539 ext. 2430
bauer@danvers.org

Mary Wermers
Assistant Superintendent
978.777.4539 ext. 2281
wermers@danvers.org

Pamela Crum
Business Manager
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Kimberley Bevan
Human Resources Manager
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