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 <u>one</u> of the following):

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

Evidence of Occupancy (provide <u>one</u> 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 <u>one</u> 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 JF*, 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: _____

Home Language Survey

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 Information

First Name _____ Middle Name _____ Last Name _____ F ☐ M ☐ Gender

Country of Birth _____ Date of Birth (mm/dd/yyyy) ___/___/___ Date first enrolled in ANY U.S. school (mm/dd/yyyy) ___/___/___

School Information

Start Date in New School (mm/dd/yyyy) ___/___/20___ Name of Former School and Town _____ Current Grade _____

Questions for Parents/Guardians

What is the primary language used in the home, regardless of the language spoken by the student? _____	Which language(s) are spoken with your child? (include relatives: *grandparents, uncles, aunts, etc.*; and caregivers) _____ ☐ Seldom ☐ Sometimes ☐ Often ☐ Always _____ ☐ Seldom ☐ Sometimes ☐ Often ☐ Always
What language did your child first understand and speak? _____	Which language do you use most with your child? _____
How many years has the student been in U.S. schools? (not including pre-kindergarten) _____	Which languages does your child use? (check one) _____ ☐ Seldom ☐ Sometimes ☐ Often ☐ Always _____ ☐ Seldom ☐ Sometimes ☐ Often ☐ Always
Will you require written information from school in your native language? ☐ Yes ☐ No If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? ☐ Yes ☐ No If yes, what language? _____
Parent/Guardian Signature: X _____	___/___/20___ Today's Date: (mm/dd/yyyy)

The Home Language Survey is available in other languages at:
http://www.doe.mass.edu/ell/resources.html.

Danvers
PUBLIC SCHOOLS



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: _____

Massachusetts Parental Notice for One Time Consent to Allow the School District To Access MassHealth (Medicaid) Benefits

School District Name and Code: Danvers Public Schools 0071

School/District Contact: Student Services 978-774-6112

Dear Parent/Guardian:

The purpose of this letter is to ask for your permission (also known as consent) to share information about your child with MassHealth. Local communities in Massachusetts have been approved to receive partial reimbursement from MassHealth for the costs of certain health-related services provided by the district to your child (or children). In order for your community to get back some of the money spent on services, the school district needs to share with MassHealth the following types of information about your child: name; date of birth; gender; type of services provided, when, and by whom; and MassHealth ID.

With your permission, the school district will be able to seek partial reimbursement for services provided by MassHealth, including, among others, a hearing test or eye exam; a school physical; occupational or speech or physical therapy; some school nurse visits; and counseling services with the school social worker or psychologist. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

The school district cannot share with MassHealth information about your child without your permission. As you consider giving permission, please be advised of the following:

1. The school district cannot require you to sign up for MassHealth in order for your child to receive the health-related and/or special education services to which your child is entitled.

2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can charge MassHealth for services provided. The school district can agree to pay the co-pay or deductible if any such cost is expected.

3. If you give the school district permission to share information with and request reimbursement from MassHealth:
   a. This will not affect your child's available lifetime coverage or other MassHealth benefit; nor will it in any way limit your own family's use of MassHealth benefits outside of school.
   b. Your permission will not affect your child's special education services or IEP rights in any way, if your child is eligible to receive them.
   c. Your permission will not lead to any changes in your child's MassHealth rights; and
   d. Your permission will not lead to any risk of losing eligibility for other Medicaid or MassHealth funded programs.

4. If you give permission, you have the right to change your mind and withdraw your permission at any time.

5. If you withdraw your permission or refuse to allow the school district to share your child's records and information with MassHealth for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you.

I have read the notice and understand it. Any questions I had were answered. I give permission to the school district to share with MassHealth records and information concerning my child(ren) and their health-related services, as necessary. I understand that this will help our community seek partial reimbursement of MassHealth covered services.

Parent/Guardian Signature: _____ Date: _____

Child's Name:	Date of Birth:	SASID # (for district to add):
Child's Name:	Date of Birth:	SASID # (for district to add):
Child's Name:	Date of Birth:	SASID # (for district to add):



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 are not acceptable.	• 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: _____

Danvers Public Schools
Kindergarten Transition

In an effort to provide a successful transition to Kindergarten for your child, the Danvers Public Schools would like permission for our Kindergarten teachers to contact your child's preschool teacher.

Child's Name: _____ Child's Date of Birth: _____

☐ Yes, I give permission. (Please complete the information below)

☐ No, I do not give permission. (Please sign and date below)

☐ My child did not attend a preschool/child care/family child care program. (Please sign and date below)

Name of Preschool: _____

Address of Preschool: _____

Name of Contact Person: _____

Telephone Number: _____ Email: _____

Number of years your child attended this preschool: _____

May we request a copy of your child's preschool evaluation? ☐ Yes ☐ No

If your child has attended more than one program, please add the information for the second program below:

_____

_____

_____

_____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

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
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.