PUBLIC SCHOOLS

60 Cabot Road
Danvers, MA 01923

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




# Registration Packet
# Pre-K

Updated 2023

**Enrollment Checklist**
**Preschool**

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 passport (bring original and we will copy)
- ☐ Custody/Legal documentation (if applicable)
- ☐ Physical examination (within one year)
- ☐ Immunization Record (Including the influenza Vaccine)
- ☐ Lead and Vision Screening (for Preschool and Kindergarten only)
- ☐ 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 and mobile phone bills are not acceptable

**Evidence of Identity** (provide <u>one</u> of the following):

- ☐ Driver's License
- ☐ Passport
- ☐ Government-Issued Photo ID

**Preschool Information** (included in packet):

- ☐ Preschool Parent Questionaire

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

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

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## 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):** |

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**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 <u>do not</u> 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<br>• Lease and/or Rental Agreement identifying address and effective dates, and signed by both parties<br>• Signed Landlord Affidavit (Attachment B)<br>• Section 8 Agreement<br>• 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<br>• Pay stub with name and address stated<br>• Excise tax bill with name and address stated.<br>**Note:** Credit card and mobile phone bills are not acceptable. | • Valid MA Driver's License<br>• Valid U.S. passport<br>• 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
# 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