



Amesbury Public Schools
5 Highland St.
Amesbury, MA 01913
(978)388-0507

Elizabeth McAndrews
Superintendent of Schools
Joan Liporto
Director of Finance and Operations
Dr. Lynn Catarius
Director of Student Services
Lyn Jacques
Director of Teaching and Equity

Welcome to Amesbury Public Schools!



We are looking forward to getting to know your family! Please complete this registration packet and return to the Central Registrar at Amesbury High School at 5 Highland St. Amesbury, MA 01913. Before a student may attend, all necessary paperwork, health information, and proof of residency must be submitted (exceptions may be made for students who qualify under the McKinney Vento Act or are in the care of DCF).

Parent/Guardian Checklist for Incoming Students:

- ☐ **Original Birth Certificate** - the original certificate will NOT be retained by the district
- ☐ **Completed Registration Packet** - Includes: Student Data form, Parent/Guardian/Emergency Contact Information, Home Language Survey, Request for Records Form, and Health Card
- ☐ **Medical Records** - including proof of up to date immunization records and recent physical examination
- ☐ **Proof of Custody** (if necessary) - Legal guardianship requires additional documentation from a court or agency
- ☐ **Proof of Residency (or an approved school choice form)** - Required documents are listed below. These documents must be original, not photocopied, and be pre-printed with the name and address of the student's parent or legal guardian. If these documents can't be provided to the school you will need to complete an additional form requiring notarization. Please contact the registrar to request this form. Depending on each individual situation, additional documentation may also be required. In some cases, you may be referred to the Office of the Superintendent of Schools.

Proof of Residency/Identity:

You must provide ONE of the following to prove identity:	You must provide ONE of the following to prove residency:	You must provide at least TWO of the following to prove residency:
<ul style="list-style-type: none"><input type="checkbox"/> Valid Driver's License / Real I.D.<input type="checkbox"/> Valid Massachusetts Photo Identification Card<input type="checkbox"/> Valid Passport	<ul style="list-style-type: none"><input type="checkbox"/> Property Deed or Current Mortgage Payment or Property Tax Bill<input type="checkbox"/> Fully signed and executed Purchase and Sale Agreement (occupancy date must fall within 30 days of enrollment)<input type="checkbox"/> Notarized letter from builder or realtor<input type="checkbox"/> Fully signed and executed Lease/Rental Agreement	<ul style="list-style-type: none"><input type="checkbox"/> Telephone Bill* (landline only - wireless not acceptable) dated within past 60 days<input type="checkbox"/> Gas/Oil Bill* dated within past 60 days<input type="checkbox"/> Electric bill* dated within past 60 days<input type="checkbox"/> Cable bill* dated within past 60 days<input type="checkbox"/> Water Bill<input type="checkbox"/> Bank Statement<input type="checkbox"/> Voter Registration Record from Town Hall<input type="checkbox"/> Payroll stub dated within the past 30 days

OPTIONAL Forms:

- ☐ **Application for Free/Reduced School Lunch**
- ☐ **CORI** (Criminal Offender Record Information) - if you plan on volunteering at your child's school and/or participating in field trips (these forms must be completed every 3 years).
- ☐ **Permission to Photograph** - only to be filled out and returned if you do NOT want your child photographed



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STUDENT DATA

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Legal First Name:	Preferred First Name:	Full Middle Name:
Last Name:		Date of Birth:
Address:	City:	State:
City/State/Country of Birth:		Gender:
Preferred Pronouns:		Grade:

Parent/Guardian Information

Parent/Guardian Name:	Relationship:
Primary Phone:	Email:
Parent/Guardian Name:	Relationship:
Primary Phone:	Email:

School Last Attended:	Siblings Name(s)/D.O.B:
City/State:	

Who does the student live with? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	Who has legal custody of this student? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____
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Special Services:

Is the student currently accessing the curriculum with any of the following?				
<input type="checkbox"/> Individualized Education Plan (IEP)	<input type="checkbox"/> 504 Plan	<input type="checkbox"/> English Language Services	<input type="checkbox"/> Title 1	<input type="checkbox"/> Other _____

Ethnicity & Race:

Ethnic Background: <input type="checkbox"/> No, not Hispanic or Latino		<input type="checkbox"/> Yes, Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
Race (you may select one or more races): <input type="checkbox"/> White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa <input type="checkbox"/> Black or African American: a person having origins in any of the black racial groups of Africa <input type="checkbox"/> American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment <input type="checkbox"/> Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam <input type="checkbox"/> Native Hawaiian or other Pacific Islanders: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands		

The answers you provide to the following questions help us to determine if you or your family may be eligible for supplemental services and/or immediate enrollment

Where is the student currently living?: (Please check ONE) <input type="checkbox"/> In permanent housing <input type="checkbox"/> In a shelter with another family or person (sometimes referred to as "doubled-up") <input type="checkbox"/> In a hotel/motel <input type="checkbox"/> In a car, park, bus, train, or campsite <input type="checkbox"/> Other temporary living situation (please describe): _____ _____ Military Family Status - Students who are children of: <input type="checkbox"/> Active duty members of the uniformed services, National Guard and Reserve on active duty orders <input type="checkbox"/> Members or veterans who are medically discharged or retired within one year <input type="checkbox"/> Members who die on active duty	In the past 3 years, have you or someone you lived with: A. Moved from one city or country to another city? <input type="checkbox"/> Yes <input type="checkbox"/> No B. Worked or looked for work in any of the following areas? Please check if yes: <input type="checkbox"/> Fish/Shellfish Processing <input type="checkbox"/> Farm Work (including tobacco) <input type="checkbox"/> Vegetable/Fruit/Meat Processing <input type="checkbox"/> Dairy Industry <input type="checkbox"/> Plant Nursery
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Parent/Guardian Signature: _____ Date: _____



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Emergency Contact Information

Student Name: _____ Date of Birth: _____
(First) (Middle) (Last) (mm/dd/yyyy)

Who has legal custody of this student? ☐ Both Parents ☐ Mother ☐ Father ☐ Other _____

CONTACT 1:

Name: _____	
Relationship: _____	
Address: _____	
City/Town: _____	
Home Phone: _____	Work: _____
Cell: _____	
Primary Email: _____	
Does this contact live with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This contact may pick up the student <input type="checkbox"/> Yes <input type="checkbox"/> No	

CONTACT 2:

Name: _____	
Relationship: _____	
Address: _____	
City/Town: _____	
Home Phone: _____	Work: _____
Cell: _____	
Primary Email: _____	
Does this contact live with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This contact may pick up the student <input type="checkbox"/> Yes <input type="checkbox"/> No	

In the event contacts #1 and #2 cannot be reached please list an additional 2 contacts below:

CONTACT 3:

Name: _____	
Relationship: _____	
Address: _____	
City/Town: _____	
Home Phone: _____	Work: _____
Cell: _____	
Does this contact live with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This contact may pick up the student <input type="checkbox"/> Yes <input type="checkbox"/> No	

CONTACT 4:

Name: _____	
Relationship: _____	
Address: _____	
City/Town: _____	
Home Phone: _____	Work: _____
Cell: _____	
Does this contact live with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This contact may pick up the student <input type="checkbox"/> Yes <input type="checkbox"/> No	

Parent/Guardian Signature: _____ Date: _____

**Amesbury Public Schools**

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HOME LANGUAGE SURVEY

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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 _____
Country of Birth _____	Date of Birth _____ (mm/dd/yyyy)	Date first enrolled in ANY US school _____ (mm/dd/yyyy)

School Information

Start Date in New School _____ (mm/dd/yyyy)	Name of Former School and Town _____	Current Grade _____
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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 language(s) does your child use? _____ seldom / sometimes / often / always
Will you require written information from school in your native language? If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? If yes, what language? _____
Parent/Guardian Signature _____	Today's Date (mm/dd/yyyy) _____



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REQUEST FOR STUDENT RECORDS

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Student's Full Name: _____	Date of Birth: ____/____/____	Grade: _____
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Requesting Records From: _____
(School District)

The above student has enrolled in the Amesbury Public School district. Please send the following educational records:

- ☐ Cumulative Records
- ☐ Attendance records
- ☐ Disciplinary records
- ☐ Health records
- ☐ Special Education Records including IEP, Evaluation Reports, and Progress Reports (if applicable)
- ☐ 504 Plan (if applicable)

For High School Students please also include the following additional records:

- ☐ High School Transcript including a list of all subjects, final grades, and credits (please include any unfinished quarter/semester grades)
- ☐ MCAS Results
- ☐ School Profile

Authorization to Release Student's Records

I have enrolled my child, _____, in the Amesbury Public School district and authorize you to release all school and health records to them.

Signature of Parent/Guardian

Date

Relationship to child: _____

Mail Records to: Amesbury Public Schools / Student Services 5 Highland Street / Amesbury, MA 01913	Fax Records to: (978)388-7224	Email Records to the Central Registrar: julie.hartshorn@amesburyma.org
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Amesbury Public Schools - Student Health Information

DIRECTIONS: Parent/Guardian, please complete all areas (print), check appropriate boxes, sign, and date

Student's Legal Name: Last:	First:	M.I.
Student's Address:	City:	State:
Does Student live with parent? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide name/relationship of guardian: _____	Student's Home Phone:	Date of Birth:
Is child covered by: <input type="checkbox"/> Private health insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> None (please contact school nurse for information about state sponsored health plans for uninsured children)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Siblings name(s) & Grade(s) attending APS:

Contact & Emergency Information

	Home Phone	Work Phone	Cell Phone	Authorized Pickup	Legal Custody
Parent/Guardian #1 Name:				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Email:				<input type="checkbox"/> No	<input type="checkbox"/> No
Parent/Guardian #2 Name:				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Email:				<input type="checkbox"/> No	<input type="checkbox"/> No
Emergency Contact Name: (If Parent/Guardian cannot be reached)				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
				<input type="checkbox"/> No	<input type="checkbox"/> No

Medication Permissions

<p style="text-align: center;">Over the Counter Medications</p> <p>The following over the counter medications have been approved for use by our school physician: Tylenol, Ibuprofen, Bacitracin Ointment, Caladryl Lotion, Antacid Tablets, Contact Solution, and Benadryl.</p> <p>I give the school nurse permission to administer the above medications after assessment <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p style="text-align: center;">KI (Potassium Iodide)</p> <p>In the event of a nuclear emergency, my child may receive Potassium Iodide (see reverse for more information)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Military Service

Is anyone in the student's immediate family actively involved in military service? <input type="checkbox"/> Yes Relation: _____ <input type="checkbox"/> No

Medical Information

<p>Medications needed during the school day must have a written physician's order, written parent/guardian permission and must be supplied in the original pharmacy container.</p> <p>List any medications taken on a regular basis:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Physician diagnosed allergies:</p> <p>Foods: _____</p> <p>Medicines: _____</p> <p>Bee/Insect: _____</p> <p>Describe reaction: _____</p> <p>Does child require life saving medications? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, which medication(s)? _____</p> <p>* If prescribed please provide school nurse with an EpiPen*</p>
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<p>Check all that apply:</p> <p><input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Physical Disability: _____</p> <p>Hearing Problems: <input type="checkbox"/> None <input type="checkbox"/> Left Ear <input type="checkbox"/> Right Ear <input type="checkbox"/> Hearing Aid</p> <p>Vision Problems: <input type="checkbox"/> None <input type="checkbox"/> Wears Glasses <input type="checkbox"/> Wears Contacts</p>	<p>Last Physical Exam? _____ (please provide copy)</p> <p>Student's Physician: _____</p> <p>Does your child: <input type="checkbox"/> drink city water <input type="checkbox"/> receive fluoride</p> <p>Student's Dentist: _____ Last Exam: _____</p>
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Consent

I give the school nurse permission to share information relevant to my child's health condition with appropriate school personnel if needed for my child's health, safety, and educational needs. In the event my child requires emergency medical treatment, I give permission to exchange information with emergency medical personnel and the receiving hospital, including person to contact information and my child's physician for the purpose of referral, diagnosis and treatment.



KI INFORMATION

The Amesbury School District, in cooperation with the Massachusetts Department of Public Health (MA/DPH) has decided, with parent permission, to make Potassium Iodide (KI) available to students and staff prior to evacuation to our designated host facility which is Methuen High School. The school committee has given approval for this distribution. Participation of students in the distribution is VOLUNTARY. Student participation will require parental/guardian signature on the consent form following this notice.

This consent is reviewed annually. If you have any questions, please contact this office, the school nurse in your building and/or call the MA/DPH at (617)242-3035. We strongly urge you to read all emergency public information found at www.mass.gov (search for Potassium Iodide) or call the Massachusetts Emergency Management Association (MEMA) at (800)982-6846.

Reason for taking Potassium Iodide:

In case of an accident at a nuclear power plant or what is known as a radiological emergency, radioactive iodine will be released into the air. The material may be inhaled or ingested and enter the thyroid gland where it can cause cancer and/or disease. Children and infants are the most vulnerable to this occurrence. When taken by pill, Potassium Iodide (KI) floods the thyroid with non-radioactive iodine and prevents the thyroid from absorbing the radioactive material. KI needs to be taken before or shortly after exposure to radiation. KI works only to prevent the thyroid from absorbing radioactive iodine.

Risk of Taking Potassium Iodide:

Taking KI is safe for most people. KI **should not** be taken if someone:

- Is allergic to Iodine
- Has Graves Disease
- Has Thyroid Illness
- Takes Thyroid medication

Potential Side Effects of Potassium Iodide:

It is possible to experience any or all of the following side effects when taking KI:

- Upset stomach
- Rash
- Allergic Reaction

Administration of Potassium Iodide:

KI will **only be given:**

- In case of radiological emergency
- If it is recommended by public health officials
- If a parent/guardian signs the consent form

New Student Health History Form

To Parent/Guardian,

To better serve your child and provide them with the best educational experience, we request that you complete a detailed health assessment so we can address your child's needs in the classroom. Information will only be shared with school personnel who have a legitimate educational interest in the information.

This is a general assessment so we can better understand your child. Should your child require medications, or other special health treatments or procedures, additional paperwork will need to be completed. Please complete this form and contact your school nurse as needed.

PLEASE PRINT CLEARLY

Born: Male ☐ Female ☐

Student Name (Last, First, Middle)

Birth Date (Month/Day/Year)

School (Circle One):

AES/SES CES AMS AHS AIHS

Grade

Primary Care Provider Name

Clinic Name

MD Phone #

Does your child have health insurance? Yes No

Does your child have dental insurance? Yes No

If you answered "No" to either of these questions, please contact the nurse for further assistance.

Please answer these health history questions about your child to the best of your ability.

Seasonal allergies	Yes	No	Immunity Problems	Yes	No	Is your child toilet trained?	Yes	No
Allergies to food	Yes	No	"Mono" (past 1 year)	Yes	No	Has only 1 kidney or testicle	Yes	No
Allergies to medication(s)	Yes	No	Chest pain	Yes	No	Sickle Cell Disease	Yes	No
Allergy to bee / insect stings	Yes	No	Heart (Cardiac) history/problems	Yes	No	Any problems with vision	Yes	No
Anaphylaxis	Yes	No	High / Low blood pressure	Yes	No	Limited physical activity	Yes	No
Any other allergies	Yes	No	Fainting or blacking out	Yes	No	Problems running	Yes	No
Concussion(s) / Head injury	Yes	No	Bleeding more than expected	Yes	No	Uses contacts or glasses	Yes	No
Headaches	Yes	No	Asthma treatment (past 3 years)	Yes	No	Any problems hearing	Yes	No
Migraines	Yes	No	Any smoking	Yes	No	Any problems with speech	Yes	No
Traumatic brain injury	Yes	No	Problems breathing or coughing	Yes	No	Birth Defects	Yes	No
Seizure treatment (past 2 years)	Yes	No	Dental braces, caps, or bridges	Yes	No	Concerns with sleeping habits	Yes	No
Musculoskeletal problems (including cerebral palsy)	Yes	No	Does your child require a special diet?	Yes	No	Mental health/behavioral concerns (i.e., depression)	Yes	No
Any broken bones or dislocations	Yes	No	Bowel problems	Yes	No	ADHD / ADD	Yes	No
Any muscle or joint injuries	Yes	No	Stomach problems	Yes	No	Lead Poisoning	Yes	No
Any neck or back injuries	Yes	No	Excessive weight gain/loss	Yes	No	Surgeries	Yes	No
Any daily medications	Yes	No	Bladder problems	Yes	No	Any other health concerns	Yes	No
Diabetes	Yes	No	Any hospitalizations, or had any operations, procedures, or special tests?			Yes	No	

If you answered "Yes" to any of the above questions, please further explain your answers here:

All medications taken in school require a separate Medication Authorization Form signed by a health care provider and parent/guardian.

Does your child take ANY medications? Please list name(s) of medication(s):

Please list any **medications** your child will need to take **during** school hours: _____

Will your child require any emergency medication (e.g. epinephrine auto-injectors, inhalers, glucagon, diastat, etc.) to be administered in school? _____

Does your child require any special health treatments or procedures (e.g. tube feeding or catheterization)? Yes No

If "Yes," please contact the school nurse for a meeting (contact info below).

Would you like to request a meeting with your school nurse to discuss your child's needs? Yes No

By signing below I agree that the above information in regards to my child have been answered to the best of my ability. Should there be any changes to my child's health status, I acknowledge that it is my responsibility to notify the nurse as soon as possible.

Print: _____ Sign: _____ Date: _____
Name of Parent/Guardian Signature of Parent/Guardian Today's Date

PERMISSION TO EXCHANGE INFORMATION

I, _____, authorize and request my child's primary care provider to exchange
Name of Parent/Guardian
information about my child's health and development with Amesbury Public Schools. The information may be provided by phone, fax, mail, or in person. I understand that the disclosed information will be considered confidential and will be used for the health and educational benefit of my child and family. Except as needed to comply with federal and state regulations, it will not be re-disclosed to any other person, school, or agency without my consent. I understand that this form will expire in one year unless I choose to cancel my permission in writing before that time.

Name of School requesting information

Signature of Parent/Guardian

Date

_____, Amesbury, MA 01913

School Mailing Address

Signature of Witness

Date

School Telephone Number

School Fax Number

Signature of School Nurse

Date

School Mailing Addresses / School Nurse Contact info:

Cashman Elementary School (CES): 193 Lions Mouth Rd; **School Phone:** 978-388-4407 **Fax:** 978-388-4479

School Nurse: Carol Greene, M.Ed, BSN, RN NCSN **Email:** Carol.Greene@amesburyma.org

Amesbury Elementary School (AES): 20 S Hampton Rd; **School Phone:** 978-388-3659 **Fax:** 978-388-4961

School Nurse: Nicole Quadros, RN, BSN **Email:** Nicole.Quadros@amesburyma.org

Amesbury Middle School (AMS): 220 Main St; **School Phone:** 978-388-0515 **Fax:** 978-388-1626

School Nurse: Jody Omohundro, RN, BSN **Email:** Jody.Omohundro@amesburyma.org

Amesbury High School (AHS): 5 Highland St; **School Phone:** 978-388-4800 **Fax:** 978-388-3393

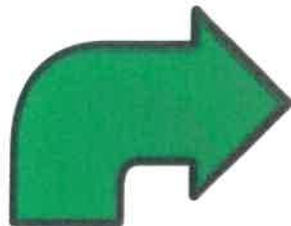
School Nurse: Liz Shorter, RN, BSN **Email:** Elisabeth.Shorter@amesburyma.org

Amesbury Innovation High School (AIHS): 71 Friend St **School Phone:** 978-388-8037 **Fax:** 978-388-8073

School Lead Nurse: Kristin Tierney, RN, FNP-C **Email:** Kristin.Tierney@amesburyma.org



Please fill out the following “Free and Reduced Price School Meals Application” regardless of whether or not you intend to use it. If you qualify you may be entitled to discounts/waivers for other Amesbury Public Schools programs.



Amesbury Public Schools

Dear Parent/Guardian:

Children need healthy meals to learn. Amesbury Public Schools offers healthy meals every school day. In School Year 2022-2023, all students will receive free breakfast and lunch at school. The Commonwealth of Massachusetts has provided money to do this for one year through the State budget. We need your help to keep providing free meals to all students in future years. Please fill out this application for free and reduced price school meals. If many families fill out and return this form, we will get more money from the federal government for free school meals now and in the future. We will also get more money for other school programs. Filling out this form also helps our community provide free summer meals to all kids, and free meals to kids in childcare. The information you provide is confidential. We follow strict federal rules to keep your information private.

If you are not receiving Supplemental Nutrition Assistance Program (SNAP) benefits and have been approved for free or reduced-price school meals, you may be eligible for SNAP which provides monthly financial assistance to purchase groceries to Massachusetts residents who qualify. Find out if you are eligible for SNAP today by calling Project Bread's FoodSource Hotline at 1-800-645-8333 and a counselor can help you apply over the phone. You can also apply on your own online at DTA Connect: <https://dtaconnect.eohhs.mass.gov/apply>

Frequently Asked Questions

DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?

No. Use one *Free and Reduced Price School Meals Application* for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **your child's school.**

SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?

No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Helen Nadeau, 978-420-8780 or Helen.Nadeau@amesburyma.org** immediately.

MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?

Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?

Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.

WHO QUALIFIES FOR FREE OR REDUCED PRICE MEALS?

This year, all students in our schools will get free breakfast and lunch at school. But only some students qualify as "eligible" for free meals. These are:

- All children in households receiving benefits from **MA SNAP, MA TAFDC, FDPIR, or specific categories of Medicaid** are eligible for free meals.
- **Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.**
- **Children participating in their school's Head Start program are eligible for free meals.**
- Children who meet the definition of **homeless, runaway, or migrant are eligible for free meals.**
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2022 - 2023			
Household size	Yearly	Monthly	Weekly
1	\$25,142	\$2,096	\$484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988
5	60,070	5,006	1,156
6	68,802	5,734	1,324
7	77,534	6,462	1,492
8	86,266	7,189	1,659
Each additional person:	+8,732	+728	+168

HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?

Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Lyn Catarius – 978-388-0507**

I GET WIC. CAN MY CHILDREN GET FREE MEALS?

Children in households participating in WIC may be eligible for free or reduced price meals. Please send in a completed application.

CAN I APPLY ONLINE?

No We do not have applications on line

WILL THE INFORMATION I GIVE BE CHECKED?

Yes. We may also ask you to send written proof of the household income you report.

IF I DON'T QUALIFY NOW, MAY I APPLY LATER?

Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?

You should talk to school officials. You also may ask for a hearing by calling or writing to: **Joan Liporto, 978-388-0507, joan.liporto@amesburyma.org**

WHAT IF MY INCOME IS NOT ALWAYS THE SAME?

List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?

Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?

Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base

housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?

List any additional household members on a separate piece of paper and attach it to your application. Contact **Helen Nadeau, 978-420-8780 – Helen.Nadeau@amesburyma.org to receive a second application.**

MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?

To find out how to apply for **MA SNAP** or other assistance benefits, contact your local assistance office or call the **MA SNAP Hotline at 1-866-950-3663.**

If you have other questions or need help, call 978-420-8780.

Sincerely,

Helen Nadeau - Helen.Nadeau@amesburyma.org

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-Discrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** program.intake@usda.gov

This institution is an equal opportunity provider



2022-2023 Massachusetts Application for Free and Reduced Price School Meals

If you have received a **Notice of Direct Certification – FREE** from the school district for free meals, **do not** complete this application. If you have received a **Notice of Direct Certification – REDUCED PRICE** from the school district for reduced price meals, this application may be submitted. **DO** let the school know if any children in the household are not listed on the **Notice of Direct Certification – FREE** letter you received.

STEP 1

LIST ALL Household Members who are infants, children, and students up to and including Grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read [How to Apply for Free and Reduced Price School Meals](#) for more information.

[illegible]

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPI?

STEP 3

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

review the charts titled “Sources of Income” for more information. The “Sources of Income for Children” chart will help you with the Child Income section, the “Sources of Income for Adults” chart will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here:

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total Gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	How often?				Job Assistance/Ch ipport/Alimony	How often?				nsions / Retirement Other Income	How often?			
	Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STEP 4

Contact Information and Adult Signature

Mail Completed Form To: INSERT YOUR SCHOOL/DISTRICT MAILING ADDRESS HERE

Total Household Members
(Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

XXX-XX-XXXX

Check if no SSN ☐

Street Address (if available)

Apt #

City

State

zip

Daytime Phone and Email (optional)

Printed name of adult signing the form

Signature of adult

Today's date

Error prone ☐

INSTRUCTIONS

Sources of Income

Sources of Income for Children	Example(s)
Sources of Child Income	
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security <ul style="list-style-type: none">- Disability Payments- Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Ethnicity (check one):

☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (check one or more):

☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander
☐ White

OPTIONAL

Children's Racial and Ethnic Identities

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online

at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA.

This institution is an equal opportunity provider.

For School Use Only

2022-2023 Massachusetts Application for Free and Reduced Price School Meals

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, BSA, or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

The district has an a

number, and a written description of the alleged program for Civil Rights (ASCR) about the nature and date of must be submitted to USDA by:

1. U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov
- 2.
- 3.

Total Income Household Size

Only annualize income if there are multiple pay frequencies

How often?

Weekly	Bi-Weekly	2x Month	Month	Annually
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

Eligibility:

Free	Reduced	Denied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Categorical Eligibility ☐

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Athletics & Extracurricular programs**.
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Transportation Program**.

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call Joan Liporto at 978-388-0507, x7019 or e-mail at liportoj@amesburyma.gov

Return this form to: Joan Liporto, Director of Finance & Operations, Amesbury Public Schools, 5 Highland Street, Amesbury, MA 01913.

SHARING INFORMATION WITH MEDICAID/CHIP

nDear Parent,

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (CHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and CHIP that your children are eligible for free or reduced price meals, **unless you tell us not to.*** Medicaid and CHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or CHIP, fill out the form below and send in.

(Sending in this form will not change whether your children get free or reduced price meals).

-
- ☐ **No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Joan Liporto** at **978-388-0507 x7019** or e-mail:

liporto@amesburyma.gov

Return this form to: **Joan Liporto, Director of Finance & Operations, Amesbury Public Schools, 5 Highland Street, Amesbury, MA 01913**

IMPORTANT: When returning this *signed* CORI, please attach a photocopy of your license.

Thank you!



AMESBURY PUBLIC SCHOOLS

5 Highland St., Amesbury, MA 01913

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Amesbury Public Schools is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Amesbury Public Schools to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Amesbury Public Schools with written notice of my intent to withdraw consent to a CORI check.

The Amesbury Public Schools may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Amesbury Public Schools must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

SCHOOL AND DEPARTMENT

POSITION

(e.g. volunteer, teacher, coach, etc.)

LAST NAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH*

SOCIAL SECURITY NUMBER* (6 digits)

GENDER

PLACE OF BIRTH (TOWN/CITY/STATE)

MOTHER'S MAIDEN NAME

PRIOR LAST NAMES, MAIDEN or Alias (if applicable)

Address:

Former Address (es) (5 yrs. prior):

Telephone number

Driver's License No. /Issuing State

Height

Weight

Eye Color

The above information was verified by reviewing the following form of non-expired government issued photographic identification:

☐ MA Driver's License

☐ MA Identification

☐ Passport

☐ Other

Requested By:

VERIFYING EMPLOYEE

SIGNATURE OF CORI AUTHORIZED EMPLOYER

Carol L. Bartlett



Amesbury Public Schools
5 Highland St.
Amesbury, MA 01913
(978)388-0507

Elizabeth McAndrews
Superintendent of Schools
Joan Liporto
Director of Finance and Operations
Dr. Lynn Catarius
Director of Student Services
Lyn Jacques
Director of Teaching and Equity

Information About the Use of Your Child's Photograph



We are very proud of the accomplishments that our students make and we enjoy sharing that news with the community. There may be times throughout the school year when photos are taken and shared online, with the newspaper or published on our website.

***ONLY** fill out this form if you **DO NOT** want your child's photo to be used online or shared with the newspaper*

I **DO NOT** want my child's name/photo to be published in the paper or online. I understand that the only exception will be for the yearbook.

Child's Name: _____ Grade: _____ Teacher: _____

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____ Date: _____



**Keep the
following
documents
for your
reference**

AMESBURY PUBLIC SCHOOLS 2022-2023

0-000 August 2022						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	TI	TI	TI	26	27
28	29	PD	PD			

20-092 January 2023						
S	M	T	W	Th	F	S
1	H	3	4	5	6	7
8	9	10	11	12	PRT	14
15	H	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

13-180 June 2023						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	H	20	M	M	M	24
25	M	27	28	29	30	

18-018 September 2022						
S	M	T	W	Th	F	S
				T	2	3
4	H	ST	7	8	9	10
11	12	13	14	15	16	17
18	19	20	PD	22	23	24
25	26	27	28	29	30	

15-107 February 2023						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	PRT	11
12	13	14	15	16	17	18
19	H	V	V	V	V	25
26	27	28				

Calendar Codes						
Indicates No School Days						
ER = Early Release Day						
H = Holiday						
M = No School: Make-up Days						
PD = Professional Development						
PRT = Prof. Release Time Day						
ST = Student 1 st Day						
T = Teacher/Staff Only						
TI = New Teacher Induction Days						
V = School Vacation						

20-038 October 2022						
S	M	T	W	Th	F	S
2	3	4	5	6	PRT	8
9	H	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

23-130 March 2023						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	PRT	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

STUDENT YEAR: 180
SCHOOL STARTS: 9/6/22
SCHOOL ENDS: 6/20/23

18-056 November 2022						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	PD	9	10	H	12
13	14	15	16	17	18	19
20	21	22	ER	H	V	26
27	28	29	30			

15-145 April 2023						
S	M	T	W	Th	F	S
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	V	V	V	V	V	22
23	24	25	26	27	28	29
30						

SCHOOL HOURS:		DISMISSAL TIMES:	
		ER	PRT
7:30-2:30	High School	10:50	11:30
7:40-2:25	Middle School	10:50	11:30
8:30-3:00	Elementary	11:30	12:00

Approved: 2/7/22

Revised: 2/15/22

16-072 December 2022						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	PRT	10
11	12	13	14	15	16	17
18	19	20	21	ER	V	24
25	V	V	V	V	V	31

22-167 May 2023						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	H	30	31			

2022-2023 SCHOOL YEAR



Transportation Services

The Amesbury Public Schools provides transportation to students as required by Massachusetts General Law. By Law, we are required to transport students who live 2 or more miles in Grades K through 6.

For students that live under 2 miles in Grades K through 6 or are in Grades 7 through 12, transportation services are provided for a fee.

In spring 2021, the Amesbury School Committee voted to reduce the transportation fee. The following are the new rates: Individual rider - \$150.00; Family cap - \$300.00.

- ★ *You can register for transportation online at <https://schools.amesburyma.gov/Page/362>.*
- ★ *If you have questions please contact Joan Liporto at (978)388-0507 or joan.liporto@amesburyma.org*

AMESBURY PUBLIC SCHOOLS RESOURCE PERSONNEL 2022-2023



<p>Amesbury Elementary School - 20 South Hampton Road (978)388-3659</p> <p>Principal, James Montanari Building Coordinator, Ellen Lincoln Nurse, Nicole Quadros Adjustment Counselor, Jessica Moody Special Education Facilitator, Rae Pritchett Psychologist, Melissa Lashure</p>	<p>Cashman Elementary School - 193 Lions Mouth Road (978)388-4407</p> <p>Principal, Karina Mascia Building Coordinator, Amy Mitchell Nurse, Carol Greene Adjustment Counselors, Edna Jarman and Megan Hoyt Special Education Facilitator, Lori Klucznik Psychologist, Melissa Lashure</p>
<p>Amesbury Middle School - 220 Main Street (978)388-0515</p> <p>Principal, Jarred Haas Assistant Principals, Adam Denio and Jessica Stryhalaleck Nurse, Jody Omohundro Guidance Counselors, Caitlin Bailey and Kathleen Scott Adjustment Counselors, Clancey Paul and Matthew Jarvis Special Education Facilitator, Larissa Vincent Psychologist, Devin Hirschfield</p>	<p>Amesbury High School - 5 Highland Street (978)388-4800</p> <p>Principal, Danielle Ricci Assistant Principals, Alina Lingley and Glen Gearin (Athletic Director) Nurse, Elisabeth Shorter Guidance Counselors, Susan Saurman, Kerri Coen, and Matthew Sydow Adjustment Counselors, Rachael Dobbs and Cara Sullivan Special Education Facilitator, Katie Gately Psychologist, Devin Hirschfield</p>
<p style="text-align: center;">Amesbury Innovation High School - 71 Friend St. (978)388-8037</p> <p>Principal - Eryn Maguire Guidance and Adjustment Counselor - Bethany Noseworthy</p>	
<p>Central Office Administration - 5 Highland Street (978)388-0507 or (978)388-0531 (SPED)</p> <p>Superintendent of Schools, Elizabeth McAndrews Director of Finance (including Transportation and Food Services), Joan Liporto Director of Teaching and Learning, Lynn Jacques Director of Special Education and Student Services, Dr. Lynn Catarius</p>	<p>Central Office Support Staff (978)388-0507 or (978)388-0531 (SPED)</p> <p>Payroll Coordinator, Candace MacLean Accounts Payables and Receivables Coordinator, Sarah St. John Central Office Administrative Assistant, Carol Bartlett Administrative Assistant to the Superintendent, Daniel Grayton Special Education Administrative Assistant (including transportation), Wanda Ouellet Special Education Administrative Assistant and Central Registrar, Julie Hartshorn</p>

