

AMESBURY PUBLIC SCHOOLS

ELIZABETH MCANDREWS
SUPERINTENDENT OF SCHOOLS



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AND LEARNING

PARENT/GUARDIAN CHECKLIST FOR INCOMING STUDENTS

This cover page is for your reference only and does not need to be returned to the school.

Attached is a registration packet with forms to be completed and returned to the school. Before a student may attend any class, all necessary forms and health information must have been submitted (exceptions may be made for students who qualify under the McKinney-Vento Homeless Act).

- Original Birth Certificate** – the original certificate *will not* be retained by the school
- Visa (if not U.S. Citizen)**
- Proof of Residency** – these documents must be originals, not photocopied, and be pre-printed with the name and address of the student's parent or legal guardian*. If the documents listed below can't be provided to the school, you may meet with the principal to discuss your unique situation. If unable to provide the required documentation, you will need to complete the attached 'affidavit supporting residency' and proof of residency' forms. Depending on each individual situation, additional documentation may be required. Further, in some cases, you may be referred to the office of the Superintendent of Schools.

| All applicants must submit <i>at least</i> one document from <u>each</u> of the following columns**: | | |
|--|--|---|
| Column A - 1 document | Column B - 2 documents | Column C - 1 document |
| <ul style="list-style-type: none"> • Copy of Deed • Copy of most recent tax bill • Fully signed Purchase and Sale Agreement • Fully signed/executed lease agreement • Notarized letter from builder/realtor | <p><i>A utility bill or work order dated within the past 60 days, including:</i></p> <ul style="list-style-type: none"> • Gas Bill • Oil Bill • Electric Bill • HOME Telephone bill (not cell phone) • Cable Bill • Water Bill <p><i>Additional sources of documentation include:</i></p> <ul style="list-style-type: none"> • Payroll Stub • Bank Statement • Voter registration record from city hall | <ul style="list-style-type: none"> • Valid Driver's license • Valid Massachusetts photo Identification card • Valid passport |

* Legal guardianship requires additional documentation from a court, agency, or a notarized caregiver affidavit.

* If you are unable to provide all of the documentation at the time of registration, you **MUST** provide it within 30 calendar days of enrollment, or your child will be immediately withdrawn from the school.

PARENT/GUARDIAN CHECKLIST FOR INCOMING STUDENTS

Page Two

- Student registration form:**
 - **Student Data Sheet**
- Home Language Survey**
- Signed Request for Records Form (if applicable) – for students transferring from another school district**
- Completed Medical Records:**
 - **Immunization Record**
 - **Confidential Health History**
 - **Completed Current Physical Exam – A physical exam done within the past year prior to acceptance is acceptable.**

Any parent/guardian wishing to volunteer in a school or participate in a field trip must complete a **CORI** form. These forms must be completed every three years. Please see your school's administrative assistant for further information.

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Proof of Residency Form

Three forms of identification are required from the parent/guardian to verify residency. *The following two pages only need to be completed and notarized if the parent/guardian cannot produce the three required forms.*

Date: _____

Student Name: _____

Parent/Guardian Name(s): _____

Current Address: _____

Current Telephone Number: _____

Name of Property Owner: _____

Address of Property Owner: _____

Telephone Number of Property Owner: _____

Date Student will Enter School: _____

The undersigned do hereby certify that _____ is living at _____ in Amesbury, Massachusetts and that all records relating to the enrollment of _____ into the Amesbury Public Schools are true. Any falsifying of this information will subject me, as parent or guardian, to full tuition payment for the number of days he/she was not a legal resident of the City of Amesbury as well as the removal of the student from the Amesbury Public Schools.

Parent's Signature

Property Owner's Signature

The following documentation must be provided along with this form:

- 1) Copy of the property owner's current real estate tax bill _____
- 2) Copy of current utility bill with either the lessor or lessee's name
** due within 30 days of actual residence _____
- 3) Proof of identification of property owner: Driver's license/Passport, etc. _____

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AFFIDAVIT SUPPORTING RESIDENCE

I certify that :

Name of Parent(s) / Legal Guardian(s)

Name(s) of Child(ren) :

Reside at : _____

in the Amesbury Public School District, as of : _____
(Date)

Property Owner or Lessor Signature : _____

(Relationship to Parent/Guardian) : _____

* Parent / Guardian Signature : _____

Commonwealth of Massachusetts

County of Middlesex

Subscribed and sworn to me, a Notary Public, in and for said County and State,

this _____ day of _____, 20 _____

Notary Public : _____

Printed Name of Notary : _____

My Commission Expires : _____

** My signature confirms that the information above and supporting documentaiton I have provided the School District to prove residency are true. I understand that fraudulent claims constitute perjury, punishable by law, and can also result in the expulsion of the student from school and immediate demand for tuition by the School District.*

Charles C. Cashman Elementary School



Karina Mascia-Fayles, Principal

Kathleen Bissell, Building Coordinator

Respect, Responsibility and Reflection

CONSENT TO OBTAIN AND RELEASE STUDENT RECORDS

Student: _____ **Date of Birth:** _____

Student Address: _____

Home Phone: _____ **Parent Cell:** _____

Parent/Guardian Name(s): _____

I hereby authorize Amesbury Public Schools to obtain records from or discuss above student with those listed below:

| Daycare/Preschool | Address | Phone | Contact |
|-------------------|---------|-------|---------|
| | | | |
| | | | |
| | | | |

Please provide any records or reports pertaining to the above named child which may be necessary either for the diagnostic study of the child, or professionally deemed helpful as part of the evaluation process. I understand all information will be treated as confidential.

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

Please send records to:
Cashman Elementary School
193 Lions Mouth Road
Amesbury, MA 01913

Early Childhood Education Experience Survey

Please check next to 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. Thank you!

Name of child: _____

Date of Birth: _____

- My child did not have any formal early childhood program experience
- My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.
- My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.
- My child did not have 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

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): home visiting model program funded through the Department of Early Education and Care.

Licensed Family Childcare: 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.

LASID # _____

SASID # _____

**AMESBURY PUBLIC SCHOOLS
AMESBURY, MASSACHUSETTS 01913
STUDENT DATA SHEET**

Please print (legal name/no nicknames)

First Name: _____ Full Middle Name: _____

Last Name: _____ Gender: Male _____ Female _____

Date of Birth: (month/day/year) _____ City of Birth: _____

State of Birth _____ Country of Birth: _____ Country of Origin _____

Address: _____ Apt.# _____

City of Residence: _____ State: _____ Phone: _____

Parent/Guardian Names: _____

School Last Attended: _____

Grade: _____ Special Needs: _____ Title 1: _____

Parent Email: _____ Student Email: _____

Ethnic Background (select only one)

_____ No, not Hispanic or Latino

_____ 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 more than one)

_____ White: a person having origins in any of the original people of Europe, the Middle East, or North Africa

_____ Black or African American: a person having origins in any of the black racial groups of Africa

_____ American Indian or Alaska Native: a person having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliation or community attachment

_____ 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

_____ Native Hawaiian or other Pacific Islanders: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Military Family Status: Students are children of:

_____ Active duty members of the uniformed services, National Guard and Reserve on active duty orders

_____ Members or veterans who are medically discharged or retired within one year

_____ Members who died on active duty

Parent/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 school 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 their important requirements by answering the following questions. Thank you for your assistance.

Student Information

_____ F_____ M_____
First Name Middle Name Last Name (gender)
_____/_____/_____
Country of Birth Date of Birth (mm/dd/yyyy) Date first enrolled in ANY U.S. School

School Information

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

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, aunts, uncles, 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 the U.S. (not including pre-kindergarten)

Which language(s) does your child use (circle one)

_____ seldom/sometimes/often/always

_____ seldom/sometimes/often/always

Will you require written information in your native language? Y_____ N_____

Y____N____

If yes, what language? _____

Will you require an interpreter at parent/teacher meetings?

Y____N____

If yes, what language? _____

Parent/Guardian Signature

Today's Date (mm/dd/yyyy)

KINDERGARTEN BUS INFORMATION FORM

STUDENT'S NAME _____

ADDRESS _____

BUS TO SCHOOL (circle one) FROM HOME/DAYCARE: _____

(ADDRESS IF DIFFERENT FROM HOME)

PARENT WILL PROVIDE TRANSPORTATION FROM HOME TO SCHOOL _____

ADDITIONAL NOTES: _____

BUS FROM SCHOOL (circle one) TO HOME/DAYCARE: _____

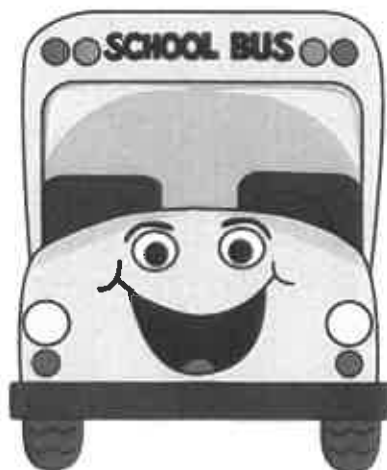
(ADDRESS IF DIFFERENT FROM HOME)

PARENT WILL PROVIDE TRANSPORTATION FROM SCHOOL TO HOME _____

ADDITIONAL NOTES: _____

PARENT'S NAME _____

PHONE NUMBER _____





Early Screening Inventory-RevisedTM Meisels et al. Parent Questionnaire

Date _____

CHILD INFORMATION

CHILD'S NAME _____ Male Female

HOME ADDRESS Street _____ Apt _____

City _____ State _____ Zip _____

Phone (_____) _____ Date of Birth _____

Who is completing this Name _____
Parent Questionnaire?

Relationship to child _____

FAMILY

With whom has the child lived for most of the past year? _____

Other children in the family – How many older? _____ How many younger? _____

Other people living in the household _____

What language(s) are spoken at home? English Other (specify) _____

PRESCHOOL/CHILD CARE HISTORY

Has your child attended preschool/child care before? Yes No

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

Name of child's present or most recent school _____

PEARSON

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MEDICAL HISTORY

Birth

Were there any significant problems during pregnancy? Yes No

If yes, please explain:

Was your child more than 3 weeks premature? Yes No

If yes, how many weeks premature? _____

Baby's birth weight _____

Did the baby stay in the hospital longer than the mother? Yes No

If yes, please explain:

At the time of birth, did the baby — have seizures Yes No

turn blue? Yes No

Child's Health Since Birth

EYES Has your child ever had trouble seeing? Yes No

Does your child hold books and objects close to his or her face? Yes No

Have your child's eyes ever looked crossed? Yes No

Have you ever suspected that your child has vision problems? Yes No

If yes, please explain:

EARS Has your child had frequent ear infections? Yes No

Has your child ever had trouble hearing? Yes No

Have you ever suspected that your child has hearing problems? Yes No

If yes, please explain:

COORDINATION Has your child ever had trouble walking, climbing, reaching, Yes No

holding on to things?

If yes, please explain:

MEDICAL HISTORY (continued)

Child's Health

Since Birth continued

Has your child ever had any significant injuries or hospitalizations?

Yes No

If yes, please explain:

Does your child have allergies?

Yes No

If yes, please explain:

Is your child presently on any medications?

Yes No

If yes, please explain:

Please describe any other health concerns:

Yes No

SOCIAL, EMOTIONAL, AND SELF-HELP SKILLS

Can your child — feed him or herself using a spoon and/or a 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:

Do you have any concerns about your child's sleeping patterns (going to bed with difficulty or waking often during the night)? Yes No

If yes, please explain:

Is your child — highly active? Yes No

very quiet? Yes No

Is your child — toilet trained during the day? Yes No

in need of help with toileting? Yes No

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

How many hours a day does your child spend watching TV? _____

Does he or she sit very close to the TV? Yes No

Does he or she turn up the volume very high? Yes No

Are there other things you would like to tell us about your child?

CONFIDENTIAL HEALTH HISTORY

NAME _____ Gender M/F _____ D.O.B. _____
 Last First Middle

Address: _____ Home Phone: _____

Parent/Guardian _____ Employer _____ Phone _____

Parent/Guardian _____ Employer _____ Phone _____

Please list siblings with their date of birth: Date of birth:

Do you consider your child's health to be: Good _____ Fair _____ Poor _____

- | | | |
|--|---|---|
| Is there any reason why your child cannot participate in full school activities? | Y | N |
| Does your child any any medical concerns or allergies: | Y | N |
| Do these concerns require daily medications or treatment? | Y | N |
| Does your child have frequent ear infections? (more than two per year) | Y | N |
| Is your child hearing impaired? | Y | N |
| Does your child wear glasses? | Y | N |

If you have answered YES to any of the above questions, please explain below:

Parent/Guardian Signature _____ Date _____

Back to School Pup Says

By Two Years

3 doses of Hep B

4 doses of DTaP

3 doses of Polio

3 or more doses of Hib

1 dose of MMR

1 dose of Varicella

DTaP = Diphtheria, Tetanus, and Pertussis

Hib = *Haemophilus influenzae* type b

MMR = Measles, Mumps, and Rubella

By Kindergarten

3 doses of Hep B

5 doses of DTaP

4 doses of Polio

2 doses of MMR

2 doses of Varicella

By 7th Grade

3 doses of Hep B

1 dose of Tdap

3 doses of Polio

2 doses of MMR

2 doses of Varicella



VACCINATE ALL YOUR CHILDREN

For more information, contact your health care provider
or the MDPH Immunization Program:

Massachusetts Department of Public Health Immunization Program
Main Number (617) 983-6800 or Toll-Free 888-658-2850

For BOSTON providers/schools only, you may call the Boston Health Commission:
(617) 534-5611

Visit our Website at: www.mass.gov/dph/imm

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