

PARENT GUIDE TO STARTING KINDERGARTEN

FAQs Of Parents



HOW DO I START THE PROCESS?

You will need to fill out a registration packet - you can pick one up in person at either Shay Memorial or Amesbury High School, or you can find it online at <https://schools.amesburyma.gov/>

WHAT DO I NEED FOR REGISTERING MY CHILD INTO KINDERGARTEN?

- Completed Registration Packet
- Proof of Parent/Guardian identity - Valid Driver's License/Real ID/Photo ID Card/Passport (Proof of custody may be necessary. Legal guardianship requires additional documentation from a court or agency)
- Original Birth Certificate - the original certificate will NOT be retained by the district
- Medical Records - including proof of up to date immunizations and a recent physical examination
- Proof of Residency (see below for accepted documents which must be pre-printed with the parent/guardian's name and address)

YOU MUST PROVIDE ONE OF THE FOLLOWING TO PROVE RESIDENCY:

- Property Deed or Current Mortgage Payment or Property Tax Bill
- Fully signed and executed Purchase and Sale Agreement (occupancy date must fall within 30 days of enrollment)
- Notarized letter from builder or realtor
- Fully signed and executed Lease/Rental Agreement

YOU MUST ALSO PROVIDE TWO OF THE FOLLOWING TO PROVE RESIDENCY:


- Landline telephone bill dated within last 60 days
- Gas/Oil bill dated within last 60 days
- Electric bill dated within last 60 days
- Cable bill dated within last 60 days
- Water bill
- Bank statement dated within the last 60 days
- Voter Registration Record from Town Hall
- Payroll stub dated within last 30 days

WHEN DO THESE DOCUMENTS NEED TO BE RECEIVED AND WHERE DO I BRING THEM?

May 24, 2024 is the deadline to enroll your child for the 2024-2025 school year with a screening (more on screening next).

August 1, 2024 is the deadline to enroll your child for the 2024-2025 school year to ensure that there is enough time to register for the bus for the first day of school.

Once you have your complete registration packet with all supporting documents you will need to contact our central registrar - **Julie Hartshorn** at julie.hartshorn@amesburyma.org to set up a time to drop these documents off at Amesbury High School, 5 Highland Street.



WHAT IS THE SCREENING?



Once your registration packet is complete, you will be contacted to set up an appointment for your child to attend a screening at Shay Memorial. Screenings will be scheduled on one of the final days of school (TBD after the snow has stopped) in June. Your child will meet with one of our Kindergarten teachers, while you stay in the office lobby to fill out paperwork. They will get to see one of the kindergarten classrooms and do a vision and hearing test. The purpose of the screening is to create balanced classrooms.

WHAT TIME DOES SCHOOL START AND END?


The doors to school open at 8:15am for breakfast, the doors open to school at 8:25am for the start of school. We ask that you get your child to school by 8:30 am - your child will be marked tardy if they arrive after 8:40am. Dismissal starts at 2:51 pm and everyone has been dismissed by the office by 3:05pm.

HOW DO I CALL MY CHILD OUT ABSENT?

You can call the main phone line at 978-388-3659 before 9am or email the office secretaries at SMILES-Notes@amesburyma.org.

WHERE IS PARENT DROP OFF AND PICK UP?

If you are dropping your child off - the car lane for Shay Memorial is on the right side of the entrance to the schools. If you have students in both Cashman and Shay you would enter on the left side of the entrance. Pick up for Kindergarten is in the car lane which enters at the teacher parking lot. Students will be with their teacher at the bridge. You will be given a yellow car sign with your child's last name on it at the start of school. This should go on your dashboard on the passenger side.



WHO CAN DISMISS MY CHILD?



The office will provide you with a form with authorized people who can dismiss your child from school. Only people who are listed on this form will be allowed to dismiss your child. All individuals who dismiss your child will be required to show their ID until the office staff are familiar with you. Please be prepared or tell whomever is picking up your child to be prepared to show identification.

HOW DO I SIGN UP FOR THE SCHOOL BUS?

After July 8, 2024 registration for the bus will be open on the district website www.amesburyma.org. More information will be provided on the website at that time.



KINDERGARTEN - SCHOOL YEAR 2024-2025
Q & A'S

Enrollment:

Q. What should I do to start the process?

A. Fill out the **Kindergarten Registration Packet** and return it to the Central Registrar at Amesbury High School, 5 Highland St. This packet can be found online at <https://schools.amesburyma.gov/>, or hard copies can be picked up at the high school. Please be sure to bring all additional documentation requested on the front page checklist. Paperwork can be dropped off M-F, 8-3. Please email julie.hartshorn@amesburyma.org with any questions.

Q. When do these documents need to be received?

A. **May 24, 2024** is the deadline to enroll your child for the 2024-2025 school year **AND** be guaranteed to receive a screening (more on screening below). **July 15, 2024** is the deadline to enroll for the 2024-2025 to ensure bus service begins on the first day of school. This deadline is critical in building the bus routes.

Q. What is next?

A. Once your registration packet is complete, you will be contacted at the end of March to set up an appointment for a **Kindergarten Screening**. The screening will be held during the last week of this school year. The purpose of the screening is to create balanced classrooms. Your child will meet with one of our kindergarten teachers, and visit a kindergarten classroom, while you fill out paperwork in the office lobby. A nurse will also perform a vision and hearing test.

Q. How do I sign up for the school bus?

A. After July 8, 2024 registration for the bus will be open on the district website; <https://schools.amesburyma.gov/Page/362>. More information will be provided on the website at that time. If you live 2 or more miles from the school, transportation is provided at no cost to you. If you live less than 2 miles from the school, transportation is provided for an anticipated fee of: individual rider - \$150.00; family cap - \$300.00.

School Day Logistics:

Q. What time does school start and end?

A. The doors to the school open at 8:15am for breakfast. The doors open at 8:25am for the start of school. We ask that your child arrives by 8:30 am - your child will be marked tardy if they arrive after 8:40am. Dismissal starts at 2:51 pm and everyone is dismissed by the office by 3:05pm.

Q. Where is the parent drop off and pick up?

A. If you are dropping your child off - the car lane for Shay Memorial is on the right side of the entrance to the schools. If you have students in both Cashman and Shay you would enter on the left side of the entrance. Pick up for Kindergarten is in the car lane which enters at the teacher parking lot - students will be with their teacher at the bridge. You will be given a yellow car sign with your child's last name on it at the start of school. This should be placed on your passenger side dashboard.

Q. How do I report my child's absence from school?

A. Please call the main phone line at 978-388-3659 before 9am or email the office secretaries at SMILES-Notes@amesburyma.org.

Q. Who can dismiss my child?

A. The office will provide you with a form where you can list authorized people to dismiss your child from school. Only people who are listed on this form will be allowed to dismiss your child. All individuals who dismiss your child will be required to show their ID until the office staff are familiar with you/them. Please be prepared or tell whomever is picking up your child to be prepared to show identification.

Jordan Shay Lower Elementary School
P: 978-388-3659 / F: 978-388-4479

Amesbury Middle School
P: 978-388-0515 / F: 978-388-1626



Cashman Elementary School
P: 978-388-4407 / F: 978-388-4479

Amesbury Innovation High School
P: 978-388-8037 / F: 978-388-8073

Amesbury High School
P: 978-388-4800 / F: 978-388-3393

Welcome to Amesbury Public Schools! Parent/Guardian Checklist for Incoming Students:

Student Name: _____

Date of Birth: _____ Grade: _____ School Year: 2023-2024 2024-2025

- Completed Registration Packet
- Proof of Parent/Guardian identity - Valid Driver's License/Real ID/Photo ID Card/Passport (Proof of custody may be necessary. Legal guardianship requires additional documentation from a court or agency)
- Original Birth Certificate - the original certificate will NOT be retained by the district
- Medical Records - including proof of up to date immunizations and a recent physical examination
- Proof of Residency (see below for accepted documents which must be pre-printed with the parent/guardian's name and address)


You must provide **ONE** of the following to prove residency:

- Property Deed
or Current Mortgage Payment
or Property Tax Bill
- Fully signed and executed Purchase and Sale Agreement (occupancy date must fall within 30 days of enrollment)
- Notarized letter from builder or realtor
- Fully signed and executed Lease/Rental Agreement

You must **ALSO** provide **TWO** of the following to prove residency:

- Landline telephone bill dated within last 60 days
- Gas/Oil bill dated within last 60 days
- Electric bill dated within last 60 days
- Cable bill dated within last 60 days
- Water bill
- Bank statement dated within the last 60 days
- Voter Registration Record from Town Hall
- Payroll stub dated within last 30 days

Student Data

	Student's Legal First Name: _____ Preferred First Name: _____ Legal Middle Name: _____ Legal Last Name: _____ City/State/Country of Birth: _____ Street Address: _____ City: _____ State: _____	Date of Birth: _____ Gender: _____ Preferred Pronouns: _____ Who does the student live with? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
	School Last Attended: _____ City/State: _____ Siblings Name(s)/D.O.B: _____	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: _____

Special Services:

Is the student currently accessing the curriculum with the assistance of any of the following?

Individualized Education Plan (IEP)
 504 Plan
 English Language Services
 Title 1
 Other _____
 None

Ethnicity & Race:

Ethnic Background: 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 one or more races):

White: a person having origins in any of the original peoples 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 peoples 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

Parent/Guardian Information:

Parent/Guardian #1: Name: _____ Relationship: _____ Primary Phone: _____ Email: _____	Parent/Guardian #2: Name: _____ Relationship: _____ Primary Phone: _____ Email: _____
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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

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



Emergency Contact Information

Student Name: _____
(First) (Middle) (Last)

Date of Birth: _____

Who has legal custody of this student? Both Parents Mother Father Other (please explain): _____

CONTACT 1:

CONTACT 2:

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

CONTACT 4:

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

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 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 _____ <small>(mm/dd/yyyy)</small>	Date first enrolled in ANY US school _____ <small>(mm/dd/yyyy)</small>

School Information

Start Date in New School _____ <small>(mm/dd/yyyy)</small>	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 and caregivers - grandparents, uncles, aunts, etc.) _____ 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** _____

AMESBURY PUBLIC SCHOOLS

Where children come first!

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Amesbury High School
P: 978-388-4800 / F: 978-388-3393

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: _____ DOB: _____

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

Parent/Guardian's Signature: _____ Date: _____

For office use only: Teacher: _____



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:	Middle:	Grade:
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: Email:				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian #2 Name: Email:				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact Name: (If Parent/Guardian cannot be reached)				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Medication Permissions

<p 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. I give the school nurse permission to administer the above medications after assessment <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p 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) <input type="checkbox"/>Yes <input type="checkbox"/>No</p>
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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 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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Military Service

Is anyone in the student's immediate family actively involved in military service? Yes Relation: _____ No

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.

Parent/Guardian Name (print): _____ Parent/Guardian Signature: _____ Date: _____



Potassium Iodide (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.

<p>Reason for taking Potassium Iodide:</p> <p>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.</p>	<p>Risk of Taking Potassium Iodide:</p> <p>Taking KI is safe for most people. KI <u>should not</u> be taken if someone:</p> <ul style="list-style-type: none"> ● Is allergic to Iodine ● Has Graves Disease ● Has Thyroid Illness ● Takes Thyroid medication
<p>Potential Side Effects of Potassium Iodide:</p> <p>It is possible to experience any or all of the following side effects when taking KI:</p> <ul style="list-style-type: none"> ● Upset stomach ● Rash ● Allergic Reaction 	<p>Administration of Potassium Iodide:</p> <p>KI will only be given:</p> <ul style="list-style-type: none"> ● In case of radiological emergency ● If it is recommended by public health officials ● If a parent/guardian signs the consent form

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):

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 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:

Jordan Shay Memorial Lower Elementary School (SMS): 193R Lions Mouth Rd; **School Phone:** 978-388-3659 **Fax:** 978-388-4479

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

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

School Nurse: Kieran Ford, RN **Email:** kieran.ford@amesburyma.org

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

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

Amesbury High School (AHS): 5 Highland St; **School Phone:** 978-388-4800 **Fax:** 978-388-4919

School Nurse: Liz Shorter, BSN, RN **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, FNP-C, NCSN **Email:** Kristin.Tierney@amesburyma.org